

Cochrane UK Mid-year report

December 2022



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Director's Introduction

The first half of this year has been a busy time for Cochrane UK. We have been engaged in a wide range of activities, the details of which are set out in the report that follows.

Special activities

In the light of the changes to the UK-based Cochrane Review Group (CRGs), we have been supporting the editorial bases of these groups, and their members, in different ways. In conjunction with Cochrane's Central Team, we worked to ensure that the transition from CRGs to "Thematic Hubs" will be a smooth one. We also know that many CRGs will not be transitioning to become such hubs – at least not immediately – so we are working to make sure that their content and the intelligence they hold about their communities of practice are not lost.

Plans for the first Cochrane Colloquium for five years are progressing well. We know from experience that organizing an international meeting for 1400 delegates is no small task but are confident that things are progressing well.

Business as usual

All our usual activities – of which there are many – continue. One of these worth mentioning specifically is training. We have always provided this for UK-based Cochrane authors, and not just people in the UK working with UK-based CRGs. So, the impact of the closure of some UK CRGs has been negligible. In fact, we seem to be getting more people coming forward for training now than in the past. We hope to build the capacity and breadth of our training offerings as we see this as a potential income stream for the future. As always, I am immensely grateful to the talented and conscientious team at Cochrane UK for all their hard work. Thank you!

Martin J Burton

Director

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

Since April 2022, Cochrane UK has hosted a hybrid event for the Cochrane Community, two virtual workshops for nurses, midwives and allied health professionals and a webinar for consumers. We also launched a new Review Author Training course. Figure 1 illustrates the training events delivered by Cochrane UK during this period and the number of registrations and attendances per event.

Figure 1 – Cochrane UK Training Events, April to December 2022.



¹ 161 authors enrolled and were granted access to an online learning platform

² Of 141 registrations, 28 did not meet the eligibility criteria and only 80 were approved due to the capacity of the workshop

³ Of 154 registrations, 12 did not meet the eligibility criteria and only 132 were approved due to the capacity of the workshop

Review Author Training

Cochrane UK launched a distance-learning course for Cochrane authors based in the UK and authors affiliated with UK-based Cochrane Review Groups. This course has been designed specifically for an online audience and aims to support authors conducting high-quality systematic reviews, specifically Cochrane intervention reviews. We worked closely with the Cochrane UK faculty team and Cochrane Learning and Support Service to produce the training materials in short, bite-sized chunks to allow participants to choose their own pace of learning.

We developed eight new modules covering Cochrane methods, consumer involvement, writing an abstract and sharing the review after publication. Each module includes interactive learning activities, quizzes, discussion forums, pre-recorded lectures, live online workshops, and web clinics from topic experts. More information about the Review Author Training programme is available on the Cochrane UK website [here](#).

Since the launch of the course in June 2022, 161 authors have enrolled, and we have hosted 32 workshops and web clinics. The results of a recent survey (October 2022) show that over 90% of the 33 survey respondents found the Review Author Training course very or extremely helpful.

Cochrane: Collaborating for the Future

“Cochrane: Collaborating for the Future” took place as a hybrid (in-person and virtual) event in May 2022, in Manchester. The event offered the opportunity for the Cochrane Community in the UK to debate and discuss different ideas for the future, building upon the foundations set out in Cochrane Editor-in-Chief, Karla Soares-Weiser’s, Future of Evidence Synthesis report. There were 195 registrations; 104 participants attended the in-person event and 63 joined remotely.

Cochrane systematic reviews and evidence-based practice: a workshop for nurses, midwives and allied health professionals

Cochrane UK and Cochrane Ireland hosted a workshop for nurses, midwives and allied health professionals in June 2022. It aimed to improve the understanding of evidence-based practice and appraisal of systematic reviews from the perspective of users of evidence. Due to the high demand and positive feedback, we repeated the workshop in October 2022. In total, there were 287 registrations, 212 approved registrations and 109 attendances.

Cochrane Colloquium

The team at Cochrane UK are hosting and organizing the Cochrane Colloquium due to take place at the Queen Elizabeth II Centre (QEII) in London, on 4th to 6th September 2023.

We have chosen the theme ‘Forward together for trusted evidence’ to explore the challenges for the future around the trustworthiness of health information whilst also celebrating 30 years of producing trusted evidence.

There has been much interest from the Cochrane Community in attending an in-person event and we are working on an interesting and varied scientific programme.

Transition support service

We continue to support the Cochrane Review Groups and Cochrane Editorial Unit during the transition to a new production model. We have been managing a new title proposal process on behalf of the Central Editorial Service, receiving all Cochrane title proposals. Since the launch on 18th June until 30th November 2022, we have processed 290 title proposals. We are working closely with the Central Editorial Team to review and improve processes in preparation to hand over this service in April 2023.

We are in the process of reviewing the projects at Cochrane UK to develop plans on how these projects will be managed over the remaining contract period. We are working with colleagues at Cochrane and Metaxis to review the processes and technology we use to manage the Guidelines Project. This project maintains an important dataset that is integrated with individual reviews in the Cochrane Library. The dataset is also used extensively to provide a measure of impact in regular external reporting and on request for a wide variety of purposes. We are in the early stages of this review and will aim to develop clear plans for how the project can be continued beyond 2025.

Strategic Objective 2: Sharing our evidence

Evidently Cochrane

Between 1st April 2022 and 31st October 2022, we published 38 new *Evidently Cochrane* blogs. These highlighted 163 reviews across the range of Cochrane’s output, including Diagnostic Test Accuracy Reviews, Rapid Reviews, Scoping Reviews, Living Systematic Reviews, Network Meta-Analyses, and a Prognosis Review from 38 Cochrane Review Groups (21 UK based). Twenty-nine blogs were linked to national and international guidelines or policy documents and 23 blogs were linked to health awareness events or campaigns, NHS priorities or topical news.

We continue to work through all our blogs to assess them for changes in context (such as clinical practice changes) as well as to ensure they include the latest Cochrane evidence, and to add trustworthy resources, where possible. Substantially revised blogs are republished, while some blogs are archived, ensuring that readers will find up-to-date and useful content that is fully accessible. In this period, we revised 28 blogs.

Short blogs

We have introduced a new type of blog, which is short and easy to read. These are designed to be a “quick look” at the evidence for decision-making and to point to helpful resources. The first was published in June 2022 on cataract surgery for people who need surgery on both eyes. Others have looked at evidence on treatments for thrush, salt substitutes, and the accuracy of lateral flow tests to detect COVID-19.

Special series and ‘living blogs’

We published three blogs in a special series to coincide with UK Dementia Action Week in May 2022, on dementia diagnosis, preventing dementia, and drugs for agitation in people with dementia.

We have introduced a new ‘living blog’ as a round-up collection of blogs and other resources on a topic, which we will continually update as new blogs and resources become available. Living blogs on dementia and on pressure ulcer management have joined our existing round-up collections on breastfeeding, antibiotic awareness and COVID-19.

To date, we have published 54 blogs relating to the COVID-19 pandemic and we maintain a ‘living blog’ as a round-up of evidence on COVID-19 to keep track of this fast-moving evidence base. During this reporting period, this living blog has been revised nine times to incorporate new or updated Cochrane COVID-19 Reviews, many of them Living Systematic Reviews or Rapid Reviews, covering the latest information on prevention and control, diagnosis, treatment, aftercare and the impact of the pandemic on other areas of health and wellbeing. As new treatments are emerging for managing COVID-19, we have compiled two new living blogs: one on treatments for mild COVID-19 disease and the second on treatments for moderate to severe COVID-19 disease. These have already been updated twice in this period as new evidence became available.

Media highlights

Cochrane has been mentioned 912 times in the UK media between April and November 2022 and 5,600 times across the world. A Cochrane Review on [talking therapies for dementia](#) attracted the most [media coverage](#), assisted by a press release written and issued by University College London. Journalists continue to draw on Cochrane Reviews to provide evidence-based information in their articles. Here are some examples:

[E-cigarettes – the evidence - Guardian](#) Letters

[Running the marathon - BBC Online](#)

[Urinary incontinence in mothers - The Telegraph](#)

[Taking pain killers - Daily Mail](#)

[Long Covid treatments - Guardian.](#)

[Over diagnosis in breast cancer - Guardian.](#)

[Calorie counts on menus - Independent.](#)

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

Cochrane UK Fellowships

Dr James Garrard completed his Cochrane UK Fellowship in October 2022. Dr Rebecca Gould (Cochrane UK Fellow 2020-2021) continues to work one day per week with the Cochrane UK team.

The Cochrane UK and Ireland Trainee Advisory Group (CUKI-TAG) continue to meet every three to four months and future journal clubs are planned to focus on critical appraisal skills.

James and Rebecca have published several blogs for *Evidently Cochrane* over the last six months. James has written one, [Recognising and managing frailty in older adults](#) and Rebecca three [Running shoes and lower limb running injuries in adults](#), [Exercise training for adults having maintenance dialysis](#), and [Preparing for an operation with lifestyle changes](#) (written in collaboration with a Cochrane UK Consumer Champion).

Alongside colleagues from Cochrane Ireland, they were involved in the development and delivery of the two online workshops for nurses, midwives and allied health professionals which ran in June and October 2022 and provided a practical introduction to Cochrane systematic reviews and evidenced-based practice.

James and Rebecca have also delivered schools outreach talks on evidence-based practice to sixth-form students interested in careers in medicine and health care.

Cochrane UK Consumer Champions

During this period, the Cochrane UK Consumer Champions (Brian Devlin, Dolapo Ogunleye, Genna White, Heather Still, Holly Loughton, Olivia Fulton and Sophie Jones) have worked as a group or individually on the activities listed below.

Aims and activities:

Aim: Developing links with a wider group and network of consumers, and raising awareness of evidence-based health care and Cochrane

- Using social media to disseminate Cochrane resources and initiatives
- Contributing to *Evidently Cochrane* blogs:
- [‘Preparing for an operation with lifestyle changes’](#) (June 2022)
- [‘Exercise training for adults having maintenance dialysis’](#) (July 2022)

- Planning and participating in the webinar ‘Making good health decisions: what’s best for you?’ (October 2022)
- Contributing to the planning of an event for consumers (students, allied health professionals and medical trainees) due to take place in September 2023

Aim: Promoting wider patient and public involvement within Cochrane and other relevant groups

- Co-producing the content on Patient and Public Involvement for the new Review Author Training programme
- Reviewing the plans for involving consumers submitted by participants of the Review Author Training course
- Producing a video to raise awareness of cancer and diversity in health care and research, which will be included in the Cochrane UK Schools Talks
- Contributing to the planning of the next Colloquium - Cochrane London 2023 – and participating in the Patients Included Advisory Board

Making health decisions: what’s best for you?

Cochrane UK hosted a webinar for anyone making health decisions on World Evidence-Based Healthcare (EBHC) Day. We have developed and hosted the webinar with the collaboration of patients and health professionals. Our Cochrane UK fellow, Rebecca, together with Dr Rufaro Ndokera (Cochrane UK Fellow 2017-18) collaborated as a panel member and co-chair respectively.

The webinar presented an illustrated video telling Sarah Chapman’s story about making a healthcare decision [A life-changing health decision: Sarah's story](#). The patient and healthcare panel reflected on their experiences and some important things to consider when making health decisions. Of 145 registrants, 53 joined the webinar. The webinar was followed by a [blog](#) with useful resources published on *Evidently Cochrane*.

Strategic Objective 4: Developing a programme to evaluate our activities

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.

All data below are in reference to the period **1st April to 31st October 2022**.

NICE Clinical Guidelines

NICE has published 27 guidelines: of these, 21 (**78%**) have been informed by 262 Cochrane Reviews from 31 Cochrane Review Groups (17 UK based):

- 16 clinical guidelines (7 new; 9 updates) – 16 (**100%**) informed by 207 Cochrane Reviews
- 4 Public Health guidelines (3 new; 1 update) – 3 (**75%**) informed by 50 Cochrane Reviews
- 2 new Social Care guidelines – 1 (**50%**) informed by 4 Cochrane Reviews
- 5 updated COVID-19 rapid guidelines - 1 (**20%**) informed by 1 Cochrane Review

Other NICE guidance and advice using Cochrane Reviews

- 11 Technology Appraisal Guidance informed by 19 Cochrane Reviews from 10 Cochrane Review Groups (5 UK based)

SIGN (Scottish Intercollegiate Guidelines Network) Guidelines

SIGN has published two updated guidelines, both of which (**100%**) have been informed by 14 Cochrane Reviews from two Cochrane Review Groups (both UK based).

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

118 Cochrane Reviews from 30 Cochrane Review Groups (16 UK based) have been used to inform 57 of 116 (**49%**) NICE Clinical Knowledge Summaries.

Cochrane Reviews related to the COVID-19 response

We continue to monitor the [subset of Cochrane Reviews related to COVID-19](#), and the use of these reviews in clinical guidelines, and additional guidance documents. This section provides a brief update on the number of reviews, and their use in clinical guidelines.

As of 31 October 2022, there are **51 Reviews** included in this subset. Eight of these reviews have been updated at least once since April 2020. Twenty-two of the 51 (**43%**) have been published, or co-published, by **7 UK-based Cochrane Review Groups (CRGs)**.

Thirty-two of the 51 reviews (**63%**) have been conducted by **authors from England, Scotland, Wales and the island of Ireland**.

Are these reviews being used to inform clinical guidelines?

Twenty-nine of the 51 reviews (**57%**) by **11 CRGs (6 UK-based)** have been used to inform **61 guidelines and 3 evidence reviews**, which include two National Institute for Health

and Care Excellence (NICE) guidelines, one Scottish Intercollegiate Guidelines Network (SIGN) guideline, and 17 World Health Organization (WHO) guidelines/guidance.

Eleven of these guidelines and two evidence reviews have been updated at least once since their inception, retaining the use of Cochrane Reviews, and often adding further reviews from this subset as they have become available.

The most frequently used review to date is: “*Convalescent plasma or hyperimmune immunoglobulin for people with COVID-19: a living systematic review*” from Cochrane Haematology (with authors from England) in 9 guidelines (5 Europe/Scandinavia, 1 Australia, 1 China, 1 India, 1 WHO) and 1 evidence review. Twenty-two reviews have been used in more than one guideline.

In October 2022, we took a general snapshot of the entire collection of Cochrane Reviews currently published in the Cochrane Library (Issue 10, 2022), to see what proportion have been used in guidelines. Of the **8915 reviews** published, **6362** reviews (any version) are **in guidelines (71%)**. Below is the subset of data covering the proportion of published reviews in guidelines produced by each of the Cochrane Review Groups based in the UK. For **all groups over half** of their portfolio of reviews are **in guidelines** (range 52% to 96%). **Sixteen groups** have **71% or more** of their reviews in guidelines, **five** have **over 80%** and **one** (Cochrane Incontinence) has **96%** in guidelines. These are shown on the table overleaf.

UK Review Groups	Number of reviews in guidelines	Number of published reviews (11 October 2022)	% in guidelines
Incontinence	86	90	96%
Airways	340	396	86%
Pain, Palliative & Supportive Care	272	316	86%
Stroke	185	220	84%
Pregnancy & Childbirth	557	668	83%
Tobacco Addiction	79	97	81%
Epilepsy	88	111	79%
Skin	102	129	79%
ENT	113	152	74%
Neuromuscular	109	148	74%
Vascular	143	192	74%
Common Mental Disorders	157	217	72%
Wounds	130	180	72%
Dementia & Cognitive Improvement	131	185	71%
Gynaecological, Neuro-oncology & Orphan Cancer	161	228	71%
Heart	155	218	71%
Eyes & Vision	161	255	63%
Infectious Diseases	129	214	60%
Injuries	89	152	59%
Cystic Fibrosis & Genetic Disorders	117	203	58%
Effective Practice & Organisation of Care	101	175	58%
Oral Health	124	215	58%
Bone, Joint & Muscle Trauma	91	158	56%
Developmental, Psychosocial & Learning Problems	109	202	54%
Schizophrenia	130	252	52%
Total	3859	5373	72%

Diversification of Cochrane evidence - Charting the production of Cochrane Reviews which tackle complexities in evidence syntheses

To tackle complexities in evidence synthesis, different types of Cochrane Reviews are now being produced; these include Cochrane Diagnostic Test Accuracy Reviews, Prognosis 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 a very recent stage of development and

production, such as Cochrane Prognosis Reviews or those using a living systematic review design.

We have charted whether UK-based Cochrane Review Groups are producing these types of specialist 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 specialist methods, are being used to inform clinical guidelines, as one measure of their usefulness to stakeholders.

We note that Cochrane Living Systematic Reviews are now being used to inform the first Living Guidelines on the detection, prevention, control and treatment of COVID-19 in Australia, Germany, the Netherlands and the UK (NICE COVID-19 rapid guideline); some of these reviews with a living design are also Diagnostic Test Accuracy Reviews.

Type of Review	No. of Reviews (Issue 11, 2022)	No. of Cochrane Review Groups (UK-based)	% of Reviews with UK-or Ireland-based authors	% of Reviews used to inform guidelines	No. of guidelines (all versions) informed by Cochrane Reviews	% of Reviews with UK- or Ireland-based authors used in guidelines
Diagnostic Test Accuracy (2008-)	176	39 (21 UK-based)	74% (130 of 176)	69% (121 of 176)	305	68% (88 of 130)
Network Meta-analysis (2010-)	81	42 (21 UK-based)	77% (62 of 81)	60% (49 of 81)	263	60% (37 of 62)
Living Systematic Review (2017-)	32	15 (8 UK-based)	56% (18 of 32)	66% (21 of 32)	74	61% (11 of 18)
Qualitative Evidence Synthesis (2013-)	20	13 (9 UK-based)	70% (14 of 20)	45% (9 of 20)	23	43% (6 of 14)
Prognosis (2017-)	13	21 (11 UK-based)	85% (11 of 13)	31% (4 of 13)	8	36% (4 of 11)