

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

**Annual report
April 2022 – March 2023
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Contents

Director’s Introduction	3
Strategic Objective 1: Training and development programmes to support evidence production.....	4
Review Author Training.....	4
Cochrane UK Events	4
Cochrane systematic reviews and evidence-based practice: a workshop for nurses, midwives and allied health professionals	4
Cochrane UK Consumer Champions	5
Strategic Objective 2: Sharing our evidence.....	6
Evidently Cochrane blogs.....	6
Media highlights	8
Strategic Objective 3: Promoting awareness and understanding of healthcare research and evidence	9
Teaching secondary school pupils about Evidence-Based Medicine.....	9
Making good health decisions webinar	9
Students 4 Best Evidence (S4BE).....	10
Strategic Objective 4: Developing a programme to evaluate our activities	11
Use of Cochrane Reviews to inform guidelines	11
Use of the Cochrane UK guideline dataset to provide information to the Cochrane Community and other stakeholders (June 2022 to May 2023).....	15
Cochrane publications (01 April 2022 to 31 March 2023) by authors from England, Scotland, Wales and the island of Ireland	16
Diversification of Cochrane evidence - Charting the production of Cochrane Reviews which tackle complexities in evidence syntheses	17
Time to first use in guidelines of the most recent version of Cochrane Reviews published in the last five years by UK-based Review Groups.....	19

Director's Introduction

2022 to 2023 has been a challenging year in Cochrane with many changes within the organization. Not least amongst these was the closure of many of the UK-based Review Groups. Notwithstanding this, the team at Cochrane UK have continued to deliver on our agreed programme of activities, and indeed have continued the development of a number of them. I commend to you, particularly, the new online training offerings, produced in conjunction with the central Cochrane team. There has been much uncertainty about the future of Cochrane UK, but as I write this in July 2023, it is clear that NIHR's funding for the Centre will come to an end in March 2024. Cochrane is seeking a new future for Cochrane UK, to include not only a new host organization, but also a new vision and plan for how the UK Centre might best contribute to Cochrane's overarching goals and aspirations.

Thirty years ago, evidence-based practice was, if not in its infancy, only beginning to become embraced within the healthcare community in the UK. Some of the battles that Cochrane fought to promote this within the UK, and to train people how to prepare and use high-quality systematic reviews, have been won. At the same time, Cochrane is no longer the sole provider of training in evidence-based medicine (EBM) and systematic reviewing, nor does it have a monopoly on producing high-quality evidence synthesis reports. As I leave Cochrane for pastures new, I will watch with interest to see how Cochrane decides to engage with the broader evidence synthesis community in the UK, to determine what the UK's needs are within the EBM and evidence synthesis spaces, and to determine how it might best meet these needs. Or perhaps it will feel that, as a global organization, its mission – even as it manifests in the UK – might be more concerned with issues of global health and equity, and less UK-focused. Time will tell. In the meantime, I commend this report to you, and give my heartfelt thanks to the truly outstanding team at Cochrane UK. They have been a pleasure to work with and the Centre's achievements are a testament to their professionalism, integrity and enthusiasm.

Martin Burton, Director
Cochrane UK

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

Cochrane UK supports evidence production and evidence-based practice through our learning and development programme. This includes a training programme for review authors, workshops for healthcare professionals and events for the Cochrane community and those with an interest in evidence.

Review Author Training

In June 2022, 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](#).

From June 2022 to March 2023, 206 authors have enrolled in the programme and we have hosted 40 workshops and web clinics. The results of a survey sent in October 2022 show that over 90% of the 33 survey respondents found the Review Author Training course very or extremely helpful.

Cochrane UK Events

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. More information on this event can be found in the Cochrane UK [December update](#).

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. More information on this event can be found in the Cochrane UK [December update](#).

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.

We have developed an exciting programme that will be of interest to those engaged in evidence production, co-production, dissemination, implementation and policy making, as well as those making individual healthcare decisions.

Content is arranged in four streams:

- producing trusted evidence;
- advocating for trusted evidence;
- informing health and care decisions;
- co-production and working together.

In March 2023, we received a total of 809 abstracts and 126 workshop submissions. These were reviewed by the Abstract and Workshop Committee and accepted submissions are now part of the scheduled programme which can be viewed [here](#).

Cochrane UK Consumer Champions

During this period, Cochrane UK collaborated with 7 patients and/or patient advocates (Cochrane UK Consumer Champions) with the aim of:

- Developing links with a wider group and network of consumers, and raising awareness of evidence-based health care and Cochrane
- Promoting wider patient and public involvement within Cochrane and other relevant groups

The Cochrane UK Consumer Champions have worked as a group, and individually, on the following activities:

- 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
- 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

Strategic Objective 2: Sharing our evidence

Evidently Cochrane blogs

Between 1st April 2022 and 31st March 2023, we published 57 new *Evidently Cochrane* blogs. In addition, we revised 44 existing blogs in the light of new Cochrane evidence, ensuring they remain up to date and useful. These blogs are written by Cochrane UK's Knowledge Brokers and Fellows, or by guest bloggers sharing their expertise as patients, health professionals and researchers.

These blogs highlighted 216 reviews across the range of Cochrane's output, including Diagnostic Test Accuracy Reviews, Rapid Reviews, Scoping Reviews, Living Systematic Reviews, Network Meta-Analyses, and Prognosis Reviews from 42 Cochrane Review Groups (23 UK based). Thirty-eight blogs were linked to national and international guidelines or policy documents and 30 blogs were linked to health awareness events or campaigns, NHS priorities or topical news.

During this reporting period, we have introduced a new, short format blog to act as a "quick look" at evidence for decision making and to point to helpful resources. The first short blog was published in June 2022 on [cataract surgery for people needing surgery on both eyes](#). Other short format blogs in this series on *Evidence for Everyday Health Choices*, include:

- "[Treatments for vaginal thrush: a quick look](#)" (July 2022)
- "[Salt substitutes vs regular salt: a quick look](#)" (August 2022)
- "[Covid tests: how good are LFTs \(lateral flow tests\)? A short blog](#)" (August 2022)
- "[Treatments to prevent travel sickness: a quick look](#)" (November 2022)
- "[Ear drops to remove earwax: a quick look](#)" (March 2023)

We also published three blogs in a special series to coincide with UK Dementia Action Week in May 2022:

- "[Dementia diagnosis by phone and video: pitfalls and possibilities](#)"
- "[Preventing dementia: what's the evidence](#)"
- "[Drugs for agitation in people with dementia: benefits and risks](#)"

We have compiled a new 'living blog' as a round-up collection of blogs and other resources on dementia, which we will continually update as new blogs and resources become available. This collection of evidence adds to our growing umbrella collections of trustworthy evidence and resources in important areas for the health of the nation:

- "[Hearing conditions: evidence, experience and resources](#)" (March 2023)
- "[Dementia: evidence, experience and resources](#)" (last updated March 2023)
- "[Breastfeeding: a round-up of Cochrane evidence](#)" (last updated October 2022)
- "[Antibiotic awareness: a round-up of Cochrane evidence](#)" (last updated December 2022)
- "[COVID-19 evidence: a Cochrane round-up](#)" (last updated December 2022)

To date, we have published 56 blogs with content relating to COVID-19, the most recent on [the efficacy and safety of COVID-19 vaccines](#) (December 2022). We maintain three ‘living blogs’ on COVID-19, which are regularly and frequently updated as new evidence from Cochrane Reviews, many of them living systematic reviews, is published. These three living blogs highlight 49 reviews from 12 Cochrane Review Groups (six UK based):

- One is a [round-up of evidence on COVID-19](#), covering the latest information on prevention and control, diagnosis, treatment, after care and the impact of the pandemic on other areas of health and wellbeing. During this reporting period, this living blog has been revised ten times to incorporate new evidence.
- The second living blog is on [emerging treatments for mild COVID-19 disease](#) (revised three times)
- The third is on [emerging treatments for moderate to severe COVID-19 disease](#) (revised four times).

Updating and enhancing our blogs to keep them relevant and useful

As well as continuing to revise existing blogs in the light of new Cochrane evidence, we are continuing to make other revisions to reflect changes in practice or context and to add useful resources. We are prioritizing updating the most popular blogs and continue this work on an ongoing basis. We are also assessing our early blogs and archiving them where this is most appropriate, aiming to have a site where the content is all up to date and useful, and meets accessibility requirements.

Reach and impact of *Evidently Cochrane*

During this period, the website recorded over half a million page views, which is 75% fewer than the previous year (513,987 vs 2,071,686). However, these viewing figures (obtained via Google Analytics) are no longer a reliable estimate of site traffic. This is because, in late February 2022, new regulations mean that many more web users are opting out of being tracked via Google Analytics. As a result, the data collected are now likely to be a considerable underestimate of traffic to the site, and are no longer comparable with data from previous years.

Besides viewing figures, one way we are able to gauge the impact of the blogs is through the comments people share, either on the blogs themselves or on social media. Some blogs continue, frequently, to attract comments from people sharing their health experiences and finding a community there. For example, see [Pregnancy after stillbirth: experience and evidence gaps](#) or [Living and dying well after stroke](#).

Media highlights

Cochrane has been mentioned over 11,000 times in the media between April and March 2023, with 1,600 of these mentions in the UK.

A portion of the high-profile coverage focused on the debate over mask wearing during the COVID-19 pandemic and Cochrane's published review: [Physical interventions to interrupt or reduce the spread of respiratory viruses](#). Many journalists and bloggers picked up on the debate and asked if this Cochrane Review stated mask wearing was ineffective, with the more informed looking at the methodology and the range of included studies. [View a summary of the media and social media interest in this review](#).

Closer inspection of coverage in this period highlights the media outlets who are covering Cochrane Reviews and news regularly, this includes Nature, *BMJ* and the Lancet with around 100 articles each over the year. In terms of the popular news, the Mail Online was the top runner with 17 articles.

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

Teaching secondary school pupils about Evidence-Based Medicine

During this period Rebecca Gould, Cochrane UK Fellow, and Selena Ryan-Vig, Cochrane UK Knowledge Broker, continued to offer teaching sessions for pupils at secondary school, aged 15 to 18. James Garrard, former Chair of the Cochrane UK Trainees Advisory Group and Katie Webster, Cochrane UK Fellow in Learning and Development, also delivered a number of these sessions, alongside Rebecca Gould. The sessions aim to encourage critical thinking about healthcare claims, particularly claims in the media, and introduce students to Cochrane and evidence-based medicine (EBM).

Between 1st April 2022 and 31st March 2023, the Cochrane UK team delivered six sessions (five online; one in-person). The sessions reached approximately 150 pupils (the majority being year 12 students interested in studying healthcare-related subjects at university). This has included:

- Three online sessions hosted by Cochrane UK and Cochrane Ireland
- Two sessions organized in collaboration with the Nuffield Department of Surgical Sciences, Oxford University, for prospective medical students
- One session organized in collaboration with a secondary school in Oxfordshire

Rebecca Gould and Selena Ryan-Vig have had an abstract accepted for the 2023 Cochrane Colloquium, where they will deliver a presentation about Cochrane UK's outreach work.

Making good health decisions webinar

In October 2022, we hosted a free webinar: *'Making health decisions: what's best for you?'*. Brian Devlin, Heather Still (two of our Cochrane UK Consumer Champions), and Sarah Chapman (Cochrane UK Knowledge Broker) came together with Rebecca Gould (Cochrane UK Fellow), Faro Ndokera (former Cochrane UK Fellow) and Emma Doble (Cochrane UK Patient and Consumer Co-ordinator) to reflect on their experiences, and talk about some important things to consider when making health decisions.

[You can watch a full recording of the webinar.](#)

Following this, Sarah Chapman published a [blog for anyone making health decisions](#), big or small. The blog looks at some key things that can help people make a choice that feels right for them and reduce the risk that they will regret their choices later on. Included are links to good resources and to some *Evidently Cochrane* blogs in which people have discussed their health decisions and shared things that helped them.

Students 4 Best Evidence (S4BE)

S4BE has now been an active student blogging community for 10 years, with the addition of the Spanish-language site nearly three years ago, and the Portuguese-language site two years ago. The English-language site had over one million page views over the last 12 months, which has been a consistent figure since 2018. Our popular blogs remain the statistical tutorials and fundamentals of evidence-based health care, for example, '[Prevalence vs. Incidence: what is the difference?](#)' received over 117,000 unique page views in the last 12 months.

Since June 2022, 13 students have published 20 blogs on a range of topics which include statistical tutorials (for example, heterogeneity, internal/external validity, and rapid reviews), topics of general interest (health literacy, evidence gaps maps) and reviews of resources (risk communication in public health, making health decisions). We were also delighted to have a recent series of blogs focused on the Epistemonikos database which was co-written by their Knowledge Broker, Cochrane Brazil's Knowledge Translation Project Co-ordinator, and a Doctor based in Chile.

We now report directly to the Cochrane membership team, confirming who has written blogs for us, which ensures these students gain the requisite Cochrane membership points on their profiles.

S4BE continues to provide a platform for students to learn more about evidence-based health care, contribute to a well-established blogging site, provide an opportunity for students to enhance their CV or résumé, and find a path into Cochrane past their graduations.

Strategic Objective 4: Developing a programme to evaluate our activities

Use of Cochrane Reviews to inform guidelines

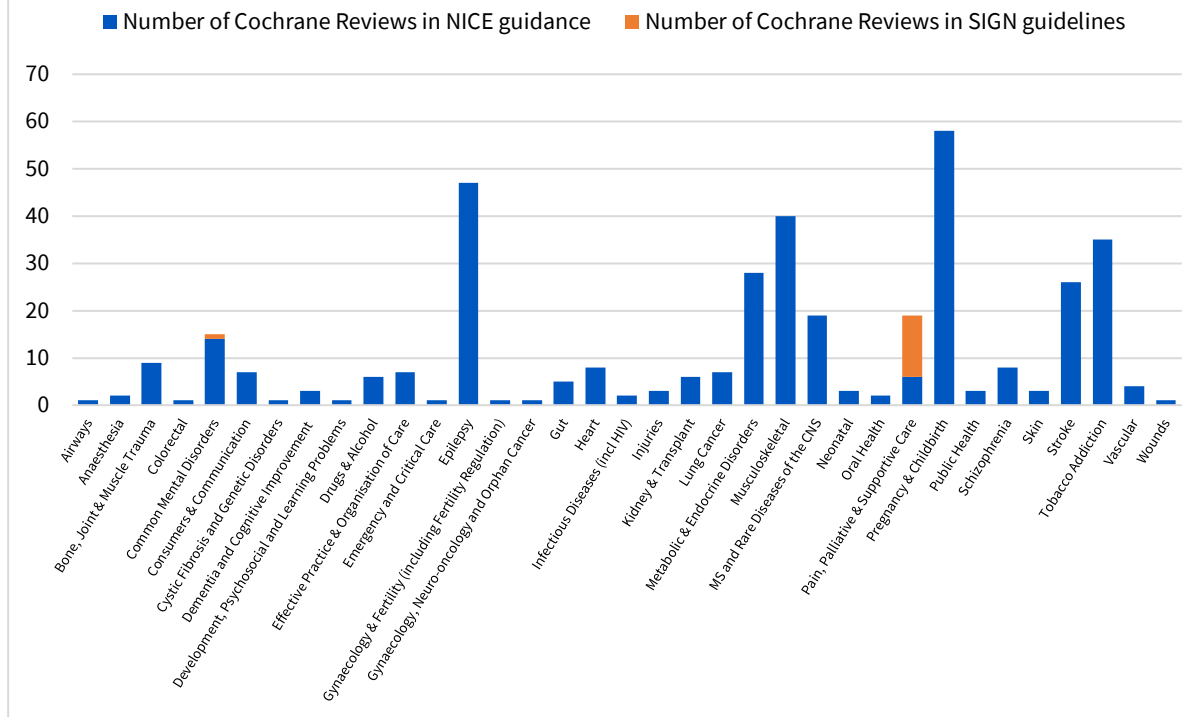
Use of Cochrane Reviews to inform UK-published healthcare guidance (NICE Guidance, SIGN guidelines)

One method we use to monitor the impact of Cochrane Reviews in healthcare decision-making is to identify where they have been used to inform evidence-based clinical guidelines. We continue to check guideline developers' websites to capture newly published guidelines. This maintains the currency of the Cochrane UK guidelines data set of Cochrane Reviews that have informed healthcare guidance worldwide. Our data include a subset on UK-published guidance.

In the reporting period (**April 2022 to March 2023**), **383 Cochrane Reviews** from **35 Cochrane Review Groups (CRGs)** (21 UK based) have been used to inform **33 of 40 (83%)** UK published guidelines (NICE Clinical Guidelines, NICE Public Health Guidance, NICE Social Care Guidelines, NICE COVID-19 Rapid Guidelines and SIGN Guidelines) (see Figure 1).

The maximum number of reviews used from any one CRG is 58 (Pregnancy and Childbirth).

Figure 1: 383 Cochrane Reviews used to inform UK healthcare guidance (NICE Guidance & SIGN Guidelines) published between April 2022 and March 2023



Further details on the use of Cochrane Reviews in these guidelines are below:

NICE Clinical Guidelines

NICE has published 10 new clinical guidelines and 13 updates: **23 (100%)** of these have been informed by **251** Cochrane Reviews from 27 CRGs (16 UK based).

SIGN (Scottish Intercollegiate Guidelines Network) Guidelines

SIGN has published 2 updates (1 updated twice in this period) of which both **(100%)** were informed by a total of **14** Cochrane Reviews from 2 CRGs (both UK based).

NICE Public Health Guidance, Social Care Guidelines, Antimicrobial Prescribing Guidelines, and COVID-19 Rapid Guidelines

- NICE has also published:
 - 3 new Public Health Guidance documents and 1 update: **3 (75%)** of these were informed by **53** Cochrane Reviews from 12 CRGs (7 UK based)
 - 4 new Social Care guidelines and 2 updates: **4 (67%)** of these were informed by 64 Cochrane Reviews from 10 CRGs (8 UK based).
 - 5 updated COVID-19 Rapid Guidelines: **1 (20%)** of these has been informed by **1** Cochrane Review.

Which guidelines have cited the most Cochrane Reviews?

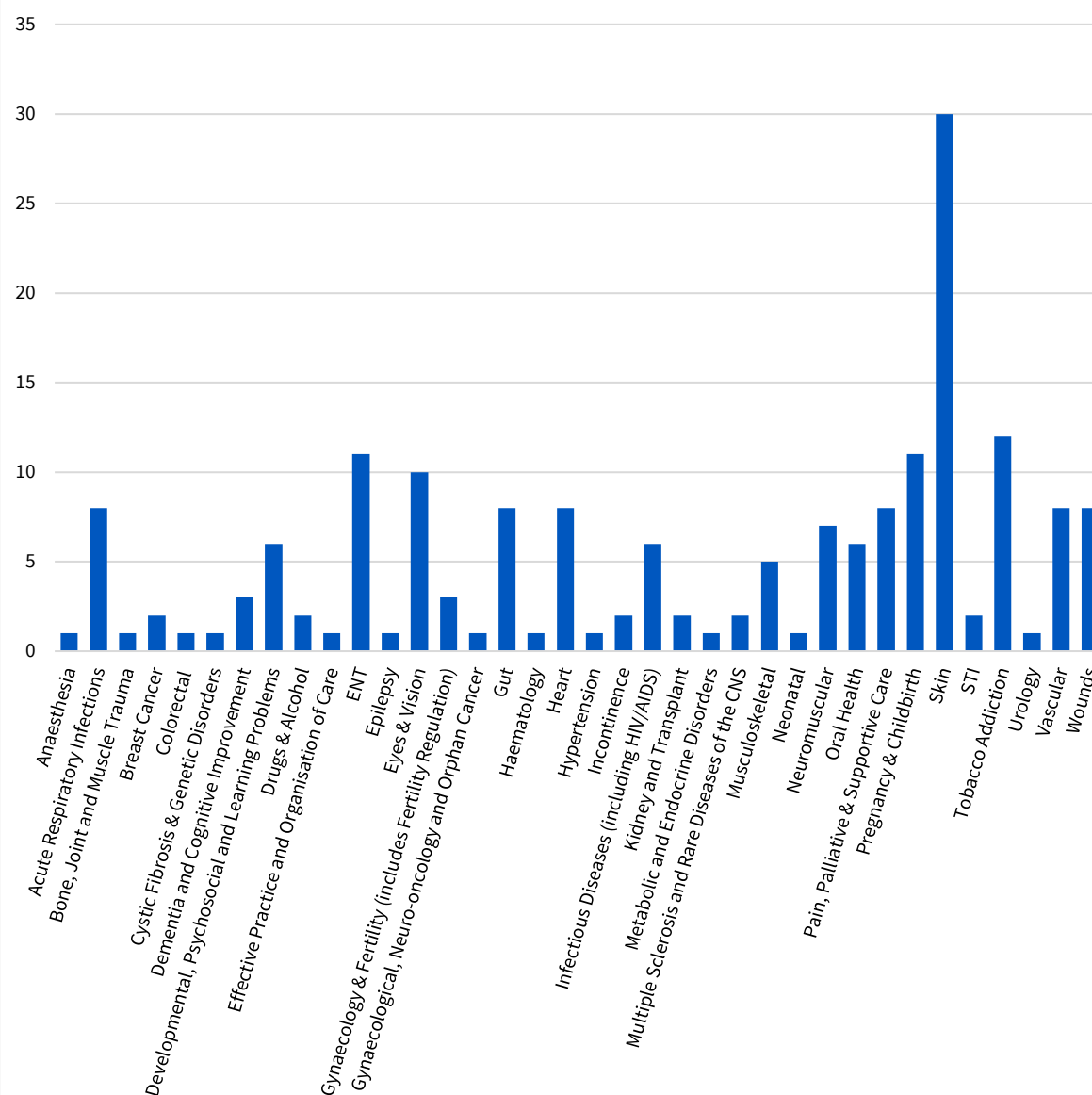
Eight guidelines have used over 15 Cochrane Reviews to inform their guidance:

- **Epilepsies in children, young people and adults** (NICE NG217) has used 45 reviews from 2 CRGs (both UK based)
- **Tobacco: preventing uptake, promoting quitting and treating dependence** (NICE NG209) has used 43 reviews from 7 CRGs (4 UK based)
- **Intrapartum care for healthy women and babies** (NICE CG190) has used 43 reviews from 2 CRGs (1 UK based)
- **Osteoarthritis in over 16s: diagnosis and management** (NG226) has used 38 reviews from 4 CRGs (3 UK based)
- **Multiple sclerosis in adults: management** (NG220) has used 21 reviews from 3 CRGs (2 UK based)
- **National clinical guideline for diagnosis and initial management of acute stroke and transient ischaemic attack (TIA)** (NG128) has used 19 reviews from 3 CRGs (2 UK based)
- **Cardiovascular disease: risk assessment and reduction, including lipid modification** (CG181) has used 17 reviews from 7 CRGs (4 UK based)
- **Social work with adults experiencing complex needs** (NG216) has used 16 reviews from 9 CRGs (7 UK based)

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

In the reporting period (April 2022 to March 2023), 182 Cochrane Reviews from 36 CRGs (20 UK based) have been used to inform 83 of 160 (52 %) NICE Clinical Knowledge Summaries (see Figure 2).

Figure 2: 182 Cochrane Reviews used to inform primary care guidance in NICE Clinical Knowledge Summaries published from April 2022 to March 2023



- maximum number of reviews used from any one CRG is 30 (Skin)
- maximum number of reviews from any one CRG to inform any one Clinical Knowledge Summary is 11 (Tobacco Addiction)
- The top four Clinical Knowledge Summaries using the highest number of Cochrane Reviews are:
 - Smoking Cessation (11 Cochrane Tobacco Addiction Reviews)
 - Psoriasis (8 Cochrane Skin Reviews)
 - Eczema – atopic (6 Cochrane Skin Reviews)
 - Pre-conception – advice and management (4 Cochrane Pregnancy & Childbirth Reviews; 1 Cystic Fibrosis and Genetic Disorders Reviews; 1 Tobacco Addiction Reviews)

Use of the Cochrane UK guideline dataset to provide information to the Cochrane Community and other stakeholders (June 2022 to May 2023)

Over the last year, we have continued to populate our guideline dataset with newly published, and updates of, worldwide healthcare guidelines. This enables us to provide an information service to Central Cochrane and the wider Cochrane Community, details of which are provided below. We now have records for over 7,700 guidelines citing Cochrane Reviews which are also displayed in the Cochrane Library under the corresponding version of the review.

Due to the structure of the database, which sits within the Cochrane Register of Studies (CRS), we are beginning discussions with Metaxis (who developed and maintain our bespoke database) as to the changes required once all reviews are published under the Central Editorial Service rather than Cochrane Review Groups (CRGs). We want to ensure the database remains relevant, useable, and efficient for future use.

Central Cochrane

Emma Thompson (Advocacy and Partnerships Lead) – In support of Emma’s work with the World Health Organization (WHO) we continue to monitor and report on the use of Cochrane reviews to inform WHO accredited guidelines. Recent analyses, sent to Emma, show that 125 Cochrane reviews from 16 Cochrane Review Groups have been used to inform 20 of 26 (77%) of WHO accredited guidelines published in 2022.

Toby Lasserson (Deputy Editor In Chief) – Over this period, we have reported on the proportion of Cochrane Reviews used in guidelines, by CRG, plus provided overview figures for subsets of reviews using more specialized methods (diagnostic test accuracy reviews, prognosis reviews, qualitative evidence syntheses, network meta-analyses and living systematic reviews). We also analysed and shared data on the time it takes from publication for a Cochrane Review to be used in a guideline.

Roses Parker (Commissioning Editor) - For the purposes of prioritising commissioning of updates to reviews, we provided Roses with details of where any Cochrane Review has been cited in a guideline, together with the corresponding guideline information and identifiable totals where a review has been used multiple times.

Judith Deppe (Multi-language Programme Manager) – Judith is currently working with Rossella Salandra, from the University of Bath, on a research project about the impact of Cochrane Plain Language Summary translations. To assist in their project, we provided the same data as given to Roses Parker.

Cochrane Review Groups

As in previous years, we provided **all UK-based CRGs** with data on where their reviews have been used to inform national and international guidelines for the preceding two years. These data are also sent to NIHR to support the CRGs in their annual reporting.

In addition to this, we continue to provide a service for bespoke requests, one of which this year was for **Cochrane Airways** in support of a Researchfish submission.

National Institute for Health and Care Excellence (NICE)

In addition to the standard annual guideline data on all CRGs, we provided **Chris Stevenson (Senior Impact Manager)** data on the use of Cochrane Reviews in guidelines for NIHR-funded CRGs to inform the NIHR Outcomes Framework. We also gathered information **for Rob Squire (Research Manager, Evidence Synthesis Programme)** to support his work on an urgent joint paper with the Department of Health and Social Care (DHSC) relating to the Secretary of State for Health and Social Care's priority areas. In response to this, we provided data on the proportion of newly published reviews from NIHR-funded CRGs which were used in guidelines for the period January 2020 to December 2022, the use of a subset of specialist methods reviews in guidelines, all Cochrane Reviews and protocols published by NIHR-funded groups within that period, and an update on the publication of reviews relating to Incentive Awards and Programme Grants.

Wiley

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 1st January 2020 to 31st March 2022) 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 2021.

Other

As part of their annual reporting to funders, the National Blood Transfusion Service Systematic Review Initiative request data on the use of their Cochrane Reviews in informing guidelines. This is currently a subset of 53 reviews.

Cochrane publications (01 April 2022 to 31 March 2023) by authors from England, Scotland, Wales and the island of Ireland

During the last year (April 2022 to March 2023), 591 Cochrane publications were made accessible in the Cochrane Library; of these, 213 were protocols and 378 were reviews, of which 175 were updates. Just under half of these (286: 48%) were completed by Cochrane authors from the UK (England, Scotland, Wales and Northern Ireland) and Ireland.

England

The majority (90%) were by authors from England (256 of 286 publications: 80 protocols and 176 reviews, of which 87 were updates).

Scotland

Eighty-two authors from Scotland completed 35 Cochrane publications: 9 protocols and 26 reviews, of which 14 were updates.

Wales

Sixteen authors from Wales completed 12 Cochrane publications: four protocols and eight reviews, of which five were updates.

Island of Ireland

Northern Ireland

Seventeen authors from Northern Ireland completed 12 Cochrane publications: six protocols and six reviews, of which two were updates.

Republic of Ireland

Seventeen authors from Northern Ireland completed 12 Cochrane publications: six protocols and six reviews, of which two were updates.

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 an initial 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 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 specialist methods, are being used to inform clinical guidelines, as one measure of their usefulness to stakeholders.

Type of Review	No. of Reviews (Issue 3, 2023)	No. of Cochrane Review Groups producing these types of reviews (UK-based)	% of Reviews with UK- or Ireland-based authors	% of Reviews used to inform guidelines	No. of guidelines (including updates) informed by these types of Cochrane Reviews	% of Reviews with UK- or Ireland-based authors used in guidelines
Diagnostic Test Accuracy (2008-)	177	39 (21 UK-based)	73% (130 of 177)	71% (125 of 177)	345	69% (90 of 130)
Network Meta-analysis (2010-)	86	42 (20 UK-based)	77% (66 of 86)	62% (53 of 86)	294	62% (41 of 66)
Living Systematic Review (2017-)	36	15 (8 UK-based)	56% (20 of 36)	61% (22 of 36)	94	60% (12 of 20)
Qualitative Evidence Synthesis (2013-)	23	13 (9 UK-based)	70% (16 of 23)	39% (9 of 23)	25	38% (6 of 16)
Prognosis (2017-)	15	23 (12 UK-based)	93% (14 of 15)	33% (5 of 15)	11	36% (5 of 14)

We note that UK- or Ireland-based authors have expertise in specialist methods of review production and are involved in over half of Cochrane Living Systematic Reviews, almost three-quarters of Diagnostic Test Accuracy Reviews, Network Meta-analyses and Qualitative Evidence Syntheses, and almost all Prognosis Reviews. Guideline developers are increasingly using more specialist types of Cochrane Review, including Diagnostic Test Accuracy Reviews and Network Meta-analyses. We note that Cochrane Living Systematic Reviews are now being used in the first Living Guidelines on the detection, prevention, control and treatment of COVID-19 in the UK (NICE guideline), Australia, Germany and The Netherlands; some of these reviews with a living design are also Diagnostic Test Accuracy Reviews and network meta-analyses.

Cochrane Reviews by UK-based Cochrane Review Groups, published in Issue 3, 2023 of the Cochrane Library, addressing complexities in evidence syntheses

All UK-based Cochrane Review Groups are involved in the production of reviews using specialist methods to address complexities in evidence synthesis and many have produced specialist reviews of more than one type, according to the priorities in their respective healthcare areas. Cochrane Airways has produced reviews using each type of specialist method.

UK-based Cochrane Review Groups	No. of Diagnostic Test Accuracy Reviews (Protocols; Reviews)	No. of Network Meta-analyses (Protocols; Reviews)	No. of Living Systematic Reviews (Protocols; Reviews)	No. of Qualitative Evidence Syntheses (Protocols; Reviews)	No. of Prognosis Reviews (Protocols; Reviews)	TOTAL
Airways	3 (0; 3)	7 (3; 4)	1 (0; 1)	2 (1; 1)	1 (1; 0)	14
Bone, Joint & Muscle Trauma	3 (0; 3)	2 (0; 2)	0	0	0	5
Common Mental Disorders	2 (2; 0)	9 (7; 2)	0	4 (4; 0)	1 (0; 1)	16
Cystic Fibrosis & Genetic Disorders	3 (2; 1)	0	0	0	0	3
Dementia & Cognitive Improvement	31 (5; 26)	3 (1; 2)	0	0	3 (1; 2)	37
Developmental, Psychosocial & Learning Problems	1 (0; 1)	1 (1; 0)	0	1 (0; 1)	2 (1; 1)	5
Effective Practice & Organisation of Care	0	0	0	20 (8; 12)	0	20
ENT	3 (3; 0)	0	3 (0; 3)	0	1 (1; 0)	7
Epilepsy	1 (1; 0)	2 (1; 1)	0	0	2 (1; 1)	5
Eyes & Vision	8 (4; 4)	5 (1; 4)	1 (0; 1)	0	3 (2; 1)	17
Gynaecological, Neuro-oncology & Orphan Cancer	17 (5; 12)	5 (1; 4)	4 (0; 4)	0	3 (1; 2)	29
Heart	0	12 (10; 2)	1 (0; 1)	0	2 (1; 1)	15
Incontinence	1 (1; 0)	2 (1; 1)	0	0	0	3
Infectious Diseases	33 (8; 25)	2 (1; 1)	9 (2; 7)	3 (1; 2)	0	47
Injuries	2 (0; 2)	4 (4; 0)	0	0	0	6

Methodology	0	0	0	3 (2; 1)	0	3
Neuromuscular	2 (2; 0)	0	0	0	0	2
Oral Health	9 (1; 8)	2 (0; 2)	0	0	0	11
Pain, Palliative & Supportive Care	0	3 (1; 2)	0	1 (1; 0)	1 (1; 0)	5
Pregnancy & Childbirth	11 (3; 8)	7 (2; 5)	0	1 (0; 1)	0	19
Schizophrenia	4 (2; 2)	0	0	0	0	4
Skin	13 (1; 12)	5 (2; 3)	1 (0; 1)	0	0	19
Stroke	8 (2; 6)	4 (1; 3)	0	0	0	12
Tobacco Addiction	1 (0; 1)	3 (1; 2)	1 (0; 1)	1 (0; 1)	0	6
Vascular	11 (7; 4)	1 (0; 1)	0	0	1 (1; 0)	13
Wounds	0	4 (0; 4)	0	0	1 (0; 1)	5
TOTAL	167 (49; 118)	83 (38; 45)	21 (2; 19)	36 (17; 19)	21 (11; 10)	328

Time to first use in guidelines of the most recent version of Cochrane Reviews published in the last five years by UK-based Review Groups

In October 2022, we took a general snapshot of the entire collection of Cochrane Reviews published in the Cochrane Library (Issue 10, 2022) to see what proportion had been used in guidelines. The subset of data covering the proportion of reviews in guidelines produced by Cochrane Review Groups based in the UK, revealed that for each group over half of their portfolio of reviews (**any version**) were in guidelines (range 52% to 96%). **Sixteen groups** had **71% or more** of their reviews in guidelines, **five** had **over 80%** and **one** (Cochrane Incontinence) had **96%** in guidelines (see mid-year report, [December update](#), for details).

Ideally, we would wish evidence from the **most recent version** of Cochrane Reviews be used in guidelines and this within as short a time as possible after publication to provide optimal currency of data. We checked the most recent version only of Cochrane Reviews and updates published by UK-based Cochrane Review Groups in the last five years (January 2018 to October 2022) in Issue 10, 2022 of the Cochrane Library, to see how many were in guidelines and the time to first use in guidelines since publication of the current version of these reviews.

UK-based Cochrane Review Group No. of newly published/updated reviews in last 5 years (Jan 2018 to Oct 2022) in guidelines (Cochrane Library Issue 10, 2022)	Time to first use in guidelines (most recent version of review only)				
	0 to 6 mths	7 to 12 mths	13 to 24 mths	25 to 36 mths	Over 3 yrs
Airways 34 of 81 (42%)	8 (24%)	12 (35%)	7 (21%)	6 (18%)	1 (3%)
Bone, Joint & Muscle Trauma 4 of 23 (11%)	1 (25%)	2 (50%)	1 (25%)	0	0
Common Mental Disorders 21 of 66 (32%)	3 (14%)	5 (24%)	6 (29%)	7 (33%)	0
Cystic Fibrosis & Genetic Disorders 9 of 118 (8%)	2 (22%)	0	4 (44%)	3 (33%)	0
Dementia & Cognitive Improvement 31 of 66 (47%)	1 (3%)	5 (16%)	19 (61%)	5 (16%)	1 (3%)
Developmental, Psychosocial & Learning Problems 15 of 67 (22%)	0	3 (20%)	6 (40%)	5 (33%)	1 (7%)
Effective Practice & Organisation of Care 19 of 63 (30%)	3 (16%)	1 (5%)	4 (21%)	10 (53%)	1 (5%)
ENT 10 of 33 (30%)	1 (10%)	1 (10%)	7 (70%)	1 (10%)	0
Epilepsy 21 of 60 (35%)	1 (5%)	3 (14%)	9 (43%)	7 (33%)	1 (5%)
Eyes & Vision 27 of 100 (27%)	1 (4%)	11 (41%)	9 (33%)	4 (15%)	2 (7%)
Gynaecological, Neuro-oncology & Orphan Cancer 31 of 92 (34%)	1 (3%)	5 (16%)	17 (55%)	5 (10%)	3 (10%)
Heart 25 of 59 (42%)	2 (8%)	7 (28%)	8 (32%)	8 (32%)	0
Incontinence 8 of 16 (50%)	0	2 (25%)	4 (50%)	2 (25%)	0
Infectious Diseases 23 of 77 (30%)	13 (57%)	3 (13%)	3 (13%)	1 (4%)	3 (13%)
Injuries 6 of 18 (33%)	0	1 (17%)	3 (50%)	1 (17%)	1 (17%)
Neuromuscular 6 of 28 (21%)	0	0	5 (83%)	1 (17%)	0
Oral Health 18 of 73 (25%)	2 (11%)	6 (33%)	5 (28%)	4 (22%)	1 (6%)
Pain, Palliative & Supportive Care 21 of 42 (50%)	3 (14%)	1 (5%)	9 (43%)	7 (33%)	1 (5%)
Pregnancy & Childbirth 72 of 108 (67%)	16 (22%)	21 (29%)	22 (31%)	8 (11%)	5 (7%)
Schizophrenia 16 of 43 (37%)	1 (6%)	1 (6%)	2 (13%)	6 (38%)	6 (38%)
Skin 24 of 49 (49%)	3 (13%)	6 (25%)	8 (33%)	3 (13%)	4 (17%)
Stroke 37 of 72 (57%)	5 (14%)	5 (14%)	19 (51%)	6 (16%)	2 (5%)
Tobacco Addiction 23 of 36 (64%)	0	6 (26%)	15 (65%)	2 (9%)	0
Vascular 17 of 85 (20%)	2 (12%)	6 (35%)	6 (35%)	3 (18%)	0
Wounds 8 of 42 (19%)	0	0	5 (63%)	3 (38%)	0

The **most recent version of at least one review** from **19 UK-based Review Groups** are in **guidelines** within **0 to 6 months of being published** (range 1 to 16), **69 reviews** in total. The most reviews used in this shortest timeline are from three groups that cover healthcare topics of relevance to a wide population globally: Pregnancy and Childbirth (16 reviews), Infectious Diseases (13 reviews) and Airways (8 reviews). All three groups have, over the years, established close working relationships with accredited guideline developers, including membership on guideline development groups, aligning priority setting initiatives to address specific research questions or outstanding uncertainties, aligning respective workflows, sharing pre-publication data, or through reviews being directly commissioned by the guideline producers, such as the World Health Organization, with whom Cochrane has a formal partnership.

Other factors that may influence the timely uptake of Cochrane evidence are the use of efficient, extensive literature surveillance techniques by guideline developers to trigger regular, frequent updates or, more recently, their adoption of a living guideline approach, to identify and incorporate trustworthy evidence likely to address existing gaps or change guideline recommendations as soon as such evidence becomes available, particularly in topic areas of urgent global health concern or with a fast-moving research base. Of the guidelines that have used Cochrane Reviews within six months of their publication, seven are living guidelines, 22 are regularly and frequently updated, 18 result from a close working relationship between the Cochrane group and the guideline developer, and nine cover a topic area of urgent global health concern (for example COVID-19).

Where the need for urgency is less marked, other patterns of use emerged, dependent on guideline production cycles, including in specific topic areas, where the research base is relatively stable and guideline developers regularly but less frequently update specific guidelines. For example, the first use in guidelines for the majority of current Cochrane Dementia Reviews was within 13 to 24 months after publication (19 reviews).