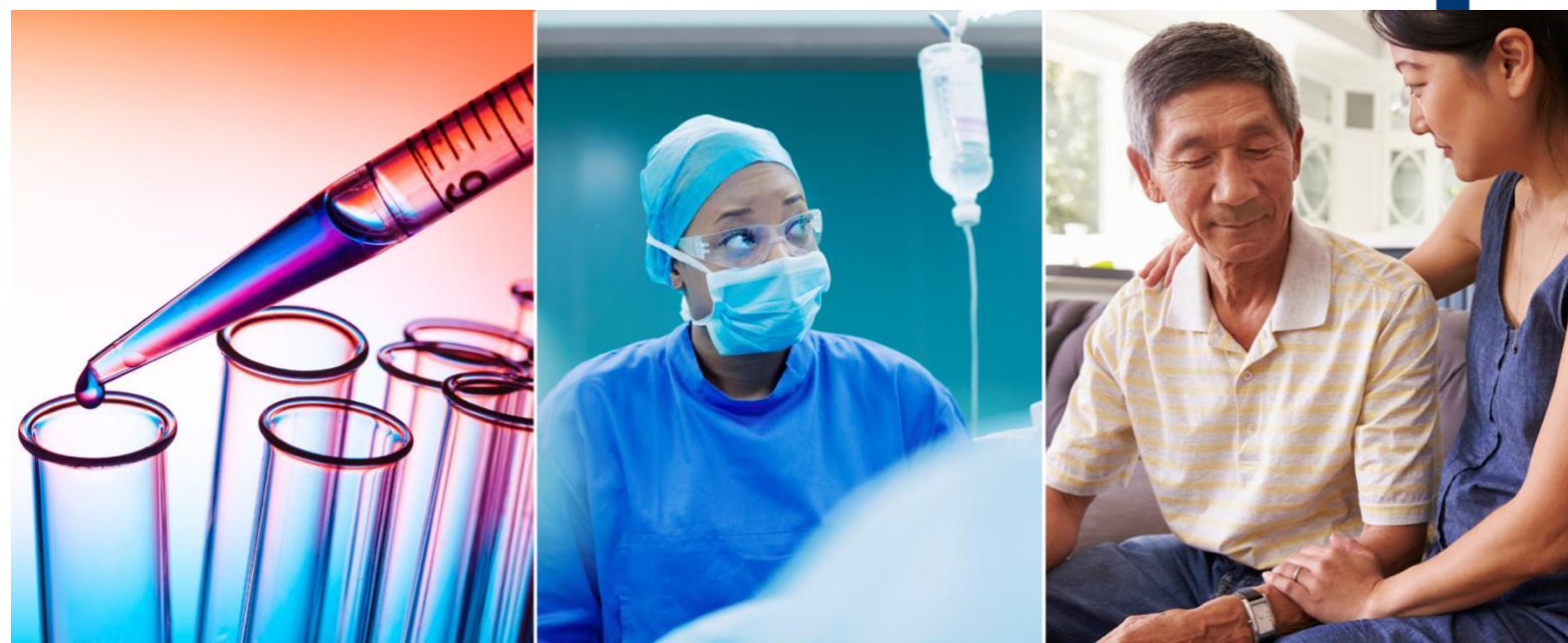


**Cochrane UK
Evidence Synthesis Programme
Advisory Group Meeting (ESPAG)**

**Annual report
April 2021 – March 2022
June 2022**



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
Transition support service.....	5
Review Author Publications.....	5
Strategic Objective 2: Sharing our evidence.....	10
Evidently Cochrane blogs	10
Blogshots and video summaries.....	11
Revised guidance for bloggers	11
Working with the media	11
Strategic Objective 3: Promoting awareness and understanding of healthcare research and evidence	13
Teaching secondary school pupils about Evidence-Based Medicine	13
Community talks	13
Students 4 Best Evidence (S4BE)	14
Cochrane UK Consumer Champions	14
Cochrane UK Trainees	16
Strategic Objective 4: Developing a programme to evaluate our activities	17
Use of Cochrane Reviews to inform guidelines	17
Diversification of Cochrane evidence - Charting the production of Cochrane Reviews which tackle complexities in evidence syntheses.....	22
Use of the Cochrane UK guideline dataset to provide information to the Cochrane Community and other stakeholders (June 2021 to May 2022)	25

Director's Introduction

The interesting times continue. Just as the world begins to return to the 'new normal' following the Covid-19 pandemic, Cochrane is undergoing very significant organizational changes. These changes are a response to the changing needs of the world for high-quality evidence syntheses. Even more than in the past, there is a need for prioritized, promptly produced, living, up-to-date evidence syntheses of various types. The pandemic has raised public awareness of evidence in general, and trial evidence in particular, to a degree that was unimaginable beforehand. Promoting and encouraging the public understanding of health research, and disseminating the results of Cochrane's reviews, have never been more important.

This Annual Report relates to the financial year 2021-2022, and as you will see, the team at Cochrane UK have been busy pursuing all our strategic objectives. What may be less obvious is that we have been working closely with senior Cochrane leadership to identify the optimal future configuration for Cochrane, and planning for 2022-23. This will be a challenging year for us because in addition to our "business as usual" activities described below, we are developing transition support activities to manage the changes that are afoot which will have a significant impact on Cochrane activity in the UK. As the direct infrastructure funding for Cochrane Review Groups (CRGs) based in the UK comes to an end, Cochrane seeks to develop a number of "Thematic hubs" to support communities of practice and interest and to provide the clinical and patient expertise so necessary to ensure that evidence syntheses are relevant to users. Cochrane UK is working with the CRG staff to facilitate the development of these hubs. We are also working with the CRGs to ensure that the most important reviews in their production pipelines are completed to the highest standards.

On top of all of this, we have also been asked to host Cochrane's global event (traditionally – but perhaps no longer – called the Colloquium) in the autumn of 2023. Watch this space.

Finally, as usual I would like to thank the fantastic team here at Cochrane UK without whom none of this work would be possible.

Martin Burton, Director
Cochrane UK

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

Cochrane UK supports evidence production through our training and development programme. This includes a training programme for review authors, ad hoc training sessions for editorial staff and events for the Cochrane community in the UK.

Review Author Training

Due to the pandemic, we delivered Review Author training virtually this year, incorporating synchronous and asynchronous learning. There were 115 Review Author attendances across 12 virtual sessions, with positive participant feedback.

The need to deliver training differently provided an opportunity to develop a new training programme for authors conducting Cochrane Intervention Reviews. The programme aims to increase the variety of training resources available and introduce flexibility for participants on how they access and use the course materials. We developed eight new modules covering Cochrane methods, consumer involvement, writing an abstract and sharing the review after publication. We worked closely with the 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. Each module includes interactive learning activities, quizzes, discussion forums, pre-recorded lectures, live online workshops, and web clinics from topic experts. The course will launch in June 2022 as a distance learning programme on a Learning Experience Platform. [More information about the Review Author training programme is available on the Cochrane UK website here.](#)

Cochrane UK Events

Virtually Cochrane

As a result of the pandemic, Cochrane UK and Cochrane Ireland were challenged to reimagine the annual symposium and offer an engaging virtual event to all those involved with, or interested in planning, doing, sharing and using health and healthcare evidence. There is information on this event in [the Annual Report 2020-2021 here](#). The [event programme is available on the Cochrane UK website here](#), with links to the recordings of the sessions.

Cochrane: Collaborating for the Future

“Cochrane: collaborating for the future” took place as an in-person 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. A post-event summary will be included in the mid-year report 2022-2023 in December.

Transition support service

Since the [December mid-year report 2021-2022](#) the team at Cochrane UK has been working with the Central Editorial Service team to establish transition and handover processes for UK-based Cochrane Review Groups. We have held joint meetings with groups to agree on the handover of the review portfolio and knowledge translation activities. We are also developing methods to ensure that the CRG's 'intelligence' about their community (for example, in terms of people and organizations with whom they work) is preserved and in due course transferred to those responsible for the administration of Cochrane's Thematic Hubs.

For groups that no longer have access to Information Specialist skills within the team, we have agreed and supported a process to manage any additional work arising from the search peer review recommendations. This aims to ensure that important, in-progress reviews proceed to publication. We have established a database of freelance Information Specialists, who can respond to requests from Cochrane Review Groups (CRGs) seeking Information Specialist input early in the review process.

In June 2022, Cochrane will launch a new route for those proposing a Cochrane Review title. This new process uses existing Cochrane technology systems and processes and will be managed via the team at Cochrane UK.

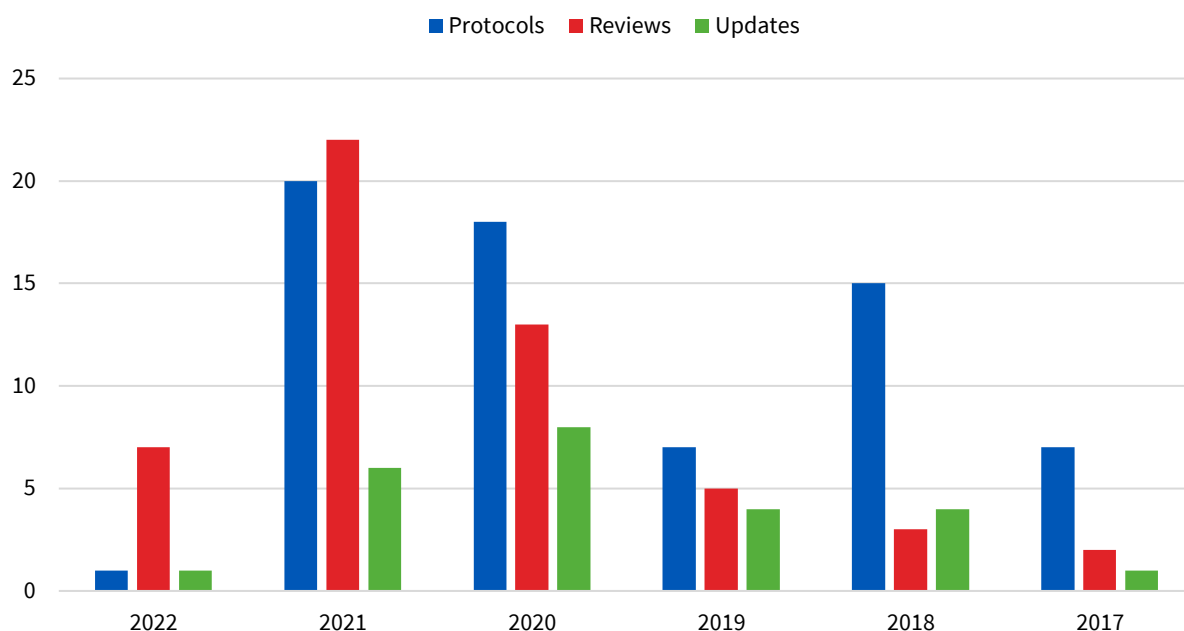
We are also working closely with the Central Editorial Service team to meet with all the remaining UK-based groups to understand the reviews in progress and to agree on timelines for publication and handover to the Central editorial team.

Review Author Publications

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.

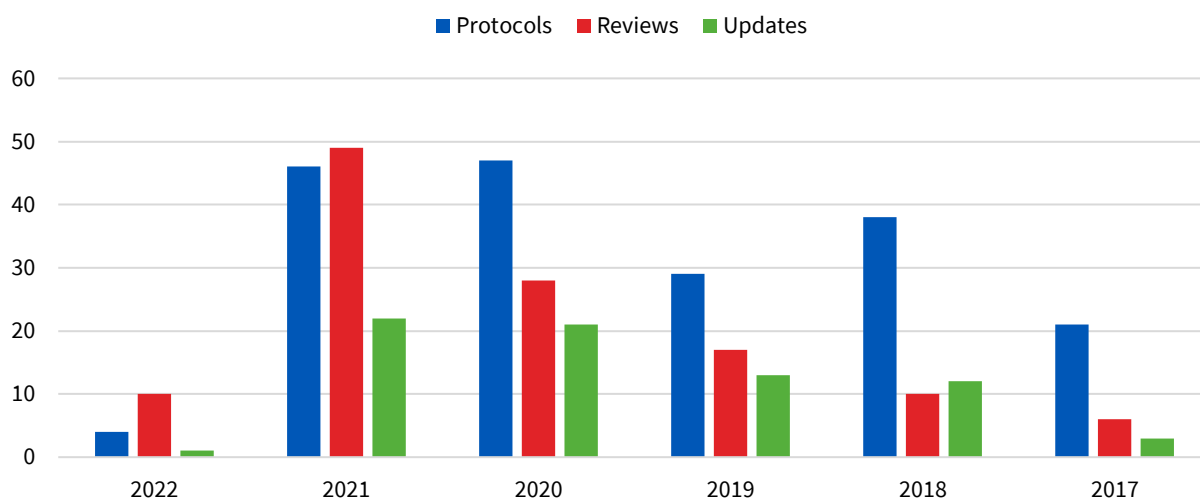
We searched Issue 3, 2022 of the Cochrane Database of Systematic Reviews in the Cochrane Library. During the five-year period from January 2017 to March 2022, 283 participants attending Cochrane UK training events worked on 219 review titles; approximately a third are yet unpublished (n=75) (Figure 1). Of the 144 that have been published, 68 are protocols (47%), and 76 are reviews (53%) of which 24 are updates.

Figure 1: Publication status (at Issue 3, 2022 of the Cochrane Library) of the registered titles of participants who attended Cochrane UK training events (January 2017 to March 2022)



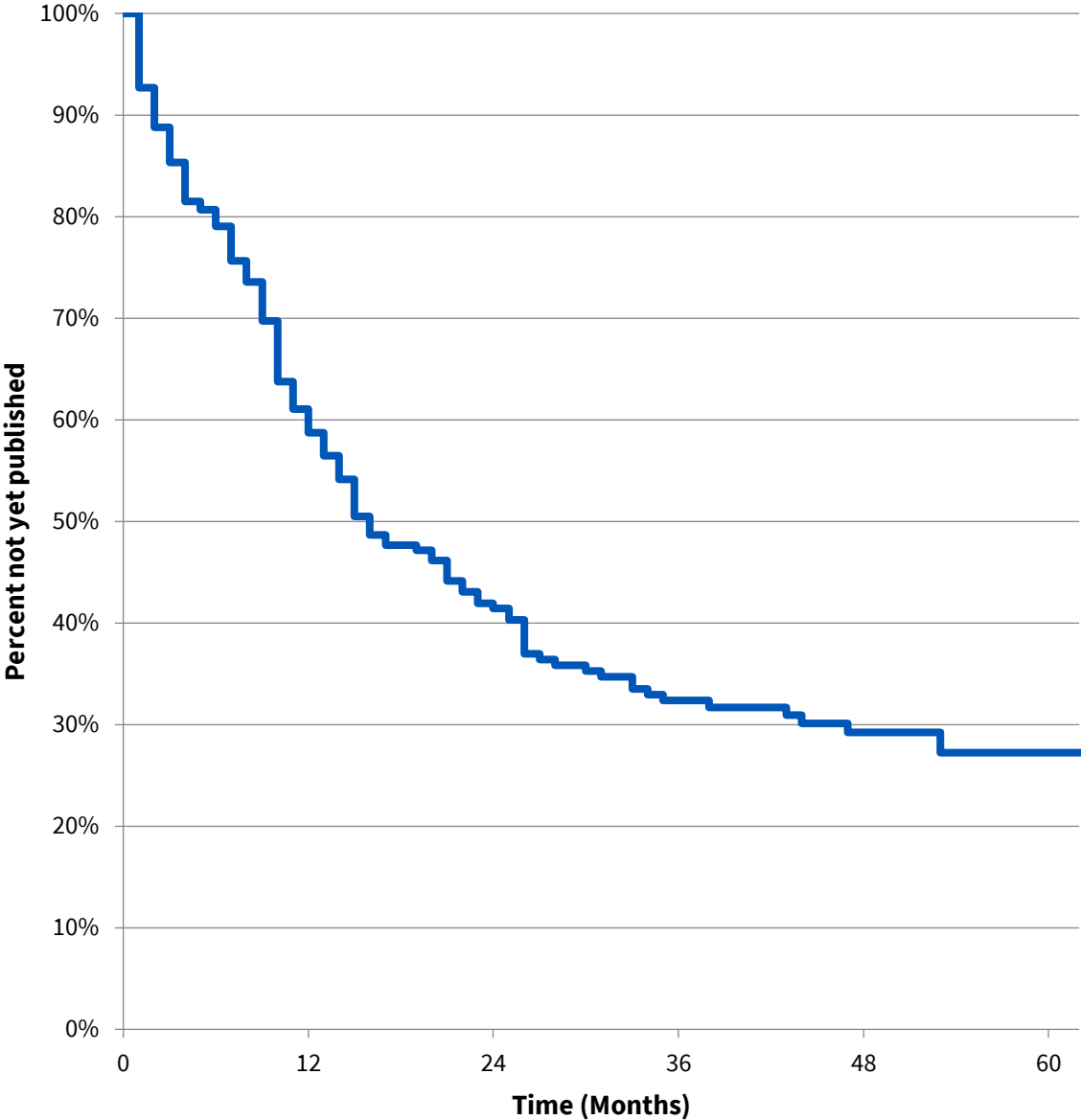
We also tracked the participants, by searching for their names as authors, to determine how many Cochrane publications they have achieved during the five-year period of the data set (2017 to 2022). Of the 283 participants who attended Cochrane UK training events between January 2017 and March 2022, about a third have not yet published (n=98) and 185 are named authors on 185 protocols, 120 reviews and 72 review updates (range: 1 to 18) (Figure 2).

Figure 2: Cochrane publications (as at Issue 3, 2022 of the Cochrane Library) by participants who attended Cochrane UK training events (January 2017 to March 2022)



We also calculated how soon after attending their first Cochrane UK Review Author training event between January 2017 and March 2022, participants went on to publish a Cochrane publication (a protocol, review or update of a review). We plotted the likelihood of publication using a Kaplan Meier graph. After one year, just under half (41%) are likely to have achieved publication; by the end of two years this is likely to have increased to 59%, and by the end of the five years almost three-quarters are likely to have published (73%) (Figure 3).

Figure 3: Likelihood of participants* publishing a Cochrane publication following attendance at their first Cochrane UK review author training event



*24 participants with publications prior to attending training have been excluded from this analysis.

Cochrane publications (01 April 2021 to 31 March 2022) by authors from England, Scotland, Wales and the island of Ireland

During the last year (April 2021 to March 2022), 692 Cochrane publications were made accessible in the Cochrane Library; of these, 237 were protocols and 455 were reviews, of which 207 were updates. Just over half of these (366: 53%) were completed by Cochrane authors from the UK (England, Scotland, Wales and Northern Ireland) and Ireland.

England

The majority (92%) were by authors from England (338 of 366 publications: 114 protocols and 224 reviews, of which 111 were updates).

Scotland

Seventy-six authors from Scotland completed 50 Cochrane publications: 10 protocols and 40 reviews, of which 27 were updates.

Wales

Twenty-three authors from Wales completed 13 Cochrane publications: three protocols and 10 reviews, of which four were updates.

Island of Ireland

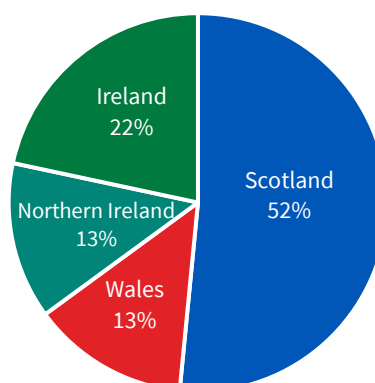
Northern Ireland

Fifteen authors from Northern Ireland completed 13 Cochrane publications: three protocols and 10 reviews, of which seven were updates.

Republic of Ireland

Forty-nine authors from Ireland completed 21 Cochrane publications: five protocols and 16 reviews, of which two were updates.

Cochrane publications by authors from Scotland, Wales, Northern Ireland and Ireland in the Cochrane Library published between 01 April 2021 and 31 March 2022



Cochrane publications by authors from England, Scotland, Wales, Northern Ireland and Ireland in the last three years (01 April 2019 to 31 March 2022)

		April 2019 – March 2020	April 2020 – March 2021	April 2021– March 2022
Wales	No. of Authors	32	17	23
	No. of Publications	17	11	13
Scotland	No. of Authors	77	79	76
	No. of Publications	47	55	50
Northern Ireland	No. of Authors	35	21	15
	No. of Publications	13	16	13
Ireland	No. of Authors	74	78	49
	No. of Publications	25	35	21
England	No. of Publications	340	373	338

Strategic Objective 2: Sharing our evidence

Evidently Cochrane blogs

Between 1st April 2021 and 31st March 2022, we published 49 new *Evidently Cochrane* blogs, including 10 blogs in a special series on “[Living with long-term conditions](#)”. These have been 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 289 reviews across the range of Cochrane’s output, including Network Meta-Analyses, Diagnostic Test Accuracy Reviews, Prognosis Reviews, Qualitative Evidence Syntheses, Methodology Reviews, Living Systematic Reviews, Rapid Reviews and Overviews from 43 Cochrane Review Groups (23 UK based). Twenty-two 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.

To date, we have published 46 blogs with content relating to COVID-19. 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. 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. The second is on [emerging treatments for mild COVID-19 disease](#) and the third is on [emerging treatments for moderate to severe COVID-19 disease](#). These three living blogs highlight 41 reviews from 12 Cochrane Review Groups (six UK based).

We continue to publish round-ups of the latest evidence and resources relevant to: 1) allied health; 2) maternity care; 3) nursing, every two months.

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 (29 during this period) we are now making other revisions to reflect changes in practice or context and to add useful resources. We are also adding some follow-up blogs which continue the story, sharing developments in the patient journey or in clinical practice, for instance, and highlighting new opportunities to participate in research.

We are prioritizing for updating the most popular blogs and plan to do this on a regular 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.

Technical improvements to *Evidently Cochrane*

During this period, the website had over two million page views, which is 7.5% fewer than the previous year (2,071,686 vs 2,238,706). Ongoing technical problems with the *Evidently Cochrane* website have affected our publication schedule and traffic to the site. Between October 2021 and March 2022, we had major disruption to our publishing schedule while Minervation, the team who look after the site, were trying to fix the issues and then rebuilding the site. We do continue to see indications of the impact the blogs can have, as people engage with them through the comments facility and 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](#).

Blogshots and video summaries

While we did publish some blogshots and video summaries during this time, we have decided to discontinue this form of dissemination. We have found that relatively few Cochrane Reviews are suitable for sharing in this format. For example, many reviews have more outcomes and comparisons than can be shared in the available space, which carries the risk of selective reporting. We continue to share reviews on social media in other ways.

Revised guidance for bloggers

In January 2022, we updated [the guide to blogging, which we share with everyone who writes for *Evidently Cochrane*](#). In this latest version (January 2022), we have shortened and simplified the guidance (previously updated in June 2020). We have also included new tips on writing about risk and additional links to more helpful resources for writing.

Working with the media

Cochrane has been mentioned 11,100 times in global media coverage this year, with over 1600 mentions in the UK.

COVID testing continued to be of interest in the media, with many articles citing the Cochrane Review on rapid point-of-care tests as the UK government's testing strategy was debated in the British media.

In April 2021, the British media cited a newly published Cochrane Review on antidepressants and safety concerns. The article discussed safety concerns and how and when to stop taking antidepressants. We have briefed journalists to support various articles, including an article in *Nature*, "[How COVID broke the evidence pipeline](#)" and the accompanying editorial, "[Evidence-based medicine: how COVID can drive positive change](#)"

In October 2021, Cochrane held its first global advocacy event, [Cochrane Convenes](#). This brought together leaders from across the world to explore and recommend the changes needed in evidence synthesis to prepare for and respond to future global health emergencies.

The event included attendees from the UK media. In February 2022, [a report with recommendations](#) was published and shared with the media via a press release.

A Cochrane author team has won the inaugural [Harding Prize for Useful and Trustworthy Communication](#) for the Cochrane Review on hydroxychloroquine for COVID-19. The Cochrane team were joint winners of the prize, sharing it with the Office for National Statistics Infection Survey. The prize was awarded by the Winton Centre for Risk and Evidence Communication at the University of Cambridge to celebrate individuals and teams who had communicated information in a trustworthy and useful way.

Links to media highlights are included here:

- Lisa Bero in Nature on research integrity/fraud
<https://www.nature.com/articles/d41586-022-00025-6>
- The Conversation: Low carb diets <https://theconversation.com/do-low-carb-diets-help-you-lose-weight-heres-what-the-science-says-176368>
- Stamp out fake clinical data by working together:
<https://www.nature.com/articles/d41586-022-00025-6>

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

Teaching secondary school pupils about Evidence-Based Medicine

During this period, Lynda Ware, Cochrane UK Senior Fellow in General Practice and Selena Ryan-Vig, Cochrane UK Knowledge Broker, continued to offer online teaching sessions for pupils at secondary school, aged 15 to 18. The sessions aim to encourage critical thinking about healthcare claims, particularly claims in the media, and introduce students to evidence-based medicine (EBM).

Between 1st April 2021 and 31st March 2022, Lynda Ware and Selena Ryan-Vig delivered 11 online sessions, reaching approximately 950 students (the majority being year 12 students interested in studying healthcare-related subjects at university).

This has included:

- Three sessions organized in collaboration with the Widening Access Teams of universities:
 - Glasgow University
 - Imperial College London
 - Brighton and Sussex Medical School in collaboration with Kent and Medway Medical School
- Four sessions organized in collaboration with secondary schools in:
 - Buckinghamshire
 - Hampshire
 - Oxfordshire
 - Greater London
- Two sessions organized in collaboration with Balliol College (Oxford University)
- Two sessions, hosted by Cochrane UK and Cochrane Ireland

Lynda Ware retired in April 2022 and Rebecca Gould, Cochrane UK Fellow, will now be working alongside Selena Ryan-Vig on our outreach programme.

Community talks

This year, Cochrane UK community talks were targeted at University of the Third Age (U3A) groups to reach larger, more diverse audiences than the previous talks to the Women's Institute. During this period, Lynda Ware delivered more than ten sessions.

Rebecca Gould has taken over from Lynda Ware in delivering outreach talks to schools and the community. She presented her first online talk in March 2022, which was a national talk for the University of the Third Age, with over 100 people attending.

Students 4 Best Evidence (S4BE)

As of June 2022, S4BE has 13,300 Twitter followers and 11,300 Facebook followers, with 300+ students from all over the world having written over 600 blogs.

Among the blogs published over the last year, students have written statistical tutorials, introduced readers to the concepts of economic analysis, provided an overview of shared decision making, and reported on the creation of learning materials. We were contacted by a medical student who has set up MEDICS (Medical Education in Data Interpretation Curricula in Statistics), an online platform focussed on providing a fundamental level of statistical thinking for every medical student in the United States. We supported the publication of a blog to introduce the initiative to the S4BE audience, with the aim of increasing student involvement in the project.

We continue to partner with [Trip](#), a search platform aimed at helping health professionals find evidence to support their practice as efficiently as possible. This partnership offers S4BE members free access to the TripPro database. S4BE has established a new partnership with [Covidence](#), the primary screening and data extraction tool for Cochrane authors. As part of this partnership, we will co-host several Q&A sessions for students and early career professionals with thought leaders working in evidence production. The first of these sessions will be on 'Living Systematic Reviews' with Julian Elliott (Chief Executive Officer of Covidence and Lead for Evidence Systems at Cochrane). We plan to co-host these sessions later in 2022.

Cochrane UK Consumer Champions

We launched the Cochrane UK Consumer Champions initiative in 2020 with four Consumer Champions and recruited a second cohort of four new Consumer Champions in 2021.

The Consumer Champions project aims to:

- develop links with a network of healthcare consumers, consumer groups and organizations
- raise awareness of evidence-based health care in general and Cochrane in particular, within consumer and patient communities
- promote patient and public involvement within Cochrane groups and the work of Cochrane.

Progress and activities

The Consumer Champions have worked as a group, and individually, on the activities listed below.

Aim: To develop links with a network of healthcare consumers, consumer groups and organizations

- Using social media to disseminate Cochrane resources and initiatives.
- Writing *Evidently Cochrane* blogs
 - “Living with a long-term condition: five perspectives”. (Read [part 1](#); and [part 2](#)) (July 2021)
 - “[Developmental Language Disorder: reflections as a mum and speech and language therapist](#)” (October 2021)
 - “[Preparing for an operation with lifestyle changes](#)” (June 2022).
- Participating in the Tweet chat “Language Matters: the use and misuse of language when talking about long-term conditions”.
- Sharing consumer peer review tasks from Cochrane TaskExchange with their communities.
- Planning the initiative “Champions’ week” to raise awareness on evidence-based decision making, due to take place in September 2022. This will comprise a webinar for healthcare consumers on “Making good health decisions” and blogs on shared decision making.

Aim: To raise awareness of evidence-based health care in general and Cochrane in particular, within consumer and patient communities

- Co-producing the content on Patient and Public Involvement for the new Review Author Training programme
- Planning a video from a patient’s perspective to be integrated within the Cochrane UK Schools Talk
- Contributing to a wide range of Cochrane initiatives from a consumer perspective, such as:
 - Evaluation of Cochrane’s Plain Language Summary Project
 - Cochrane community engagement workshop “The Future of evidence synthesis in Cochrane – People and expertise” and survey on the model for Future Cochrane
 - Survey to inform developments to the Cochrane Review format
 - Users’ experience with *Cochrane TaskExchange*

Evaluation

Between June and July 2021, the project co-ordinators undertook an interim evaluation of the Cochrane UK Consumer Champions project. This report reflected on the Consumer Champion Contribution, cost of the project and learning for the project team for future work. The [report of the interim evaluation is available on the Cochrane UK website](#).

Cochrane UK Trainees

Cochrane UK and Ireland Trainee Advisory Group (CUKI-TAG)

This year, the work of the UK trainees has continued to be impacted by the COVID-19 pandemic resulting in less frequent CUKI-TAG meetings. A new Cochrane UK and Ireland Trainee Advisory Group committee was elected in January 2022. The trainee group worked on a twitter-based tutorial and other members of the committee are involved in blogging on *Evidently Cochrane*.

Our Cochrane UK Fellow, James Garrard, held a week-long twitter-based tutorial on How to run a successful journal club. CUKI-TAG members have contributed to several blogs on *Evidently Cochrane* over the past year, details are in the [December update](#). More recently, James published three blogs on *Evidently Cochrane*: [Preventing dementia: what's the evidence?](#); [Stroke: advances in treatment offer hope for patients](#); [Drugs for agitation in people with dementia: benefits and risks](#). Rebecca Gould, our previous Cochrane Fellow, has also published an *Evidently Cochrane* blog, [Kinesio Taping: should we be sticking with it?](#)

Rebecca continues to work as part of the Cochrane UK team in the role of Cochrane Fellow. She has taken over the responsibilities of delivering the community engagement programme, including the work in schools. She has also recently published a Cochrane Review protocol on remote, face-to-face, and group-based interventions for promoting strength training in healthy community-based adults.

Online events for Health Professionals

Following positive feedback from our online course for medical, surgical, and dental trainees (more information available [here](#)), we have been developing a workshop for nurses, midwives and allied health professionals, “**Cochrane systematic reviews and evidence-based practice: a workshop for nurses, midwives and allied health professionals**”. This will be hosted by Cochrane UK and Cochrane Ireland in June 2022. The programme has been developed by our Cochrane Fellows in collaboration with Anne Matthews, Full Professor of Nursing, Dublin City University, and Sinéad Hynes, Lecturer in Occupational Therapy, National University of Ireland, Galway.

These sessions are discussed in more detail [on the Cochrane UK website](#).

Strategic Objective 4: Developing a programme to evaluate our activities

Use of Cochrane Reviews to inform guidelines

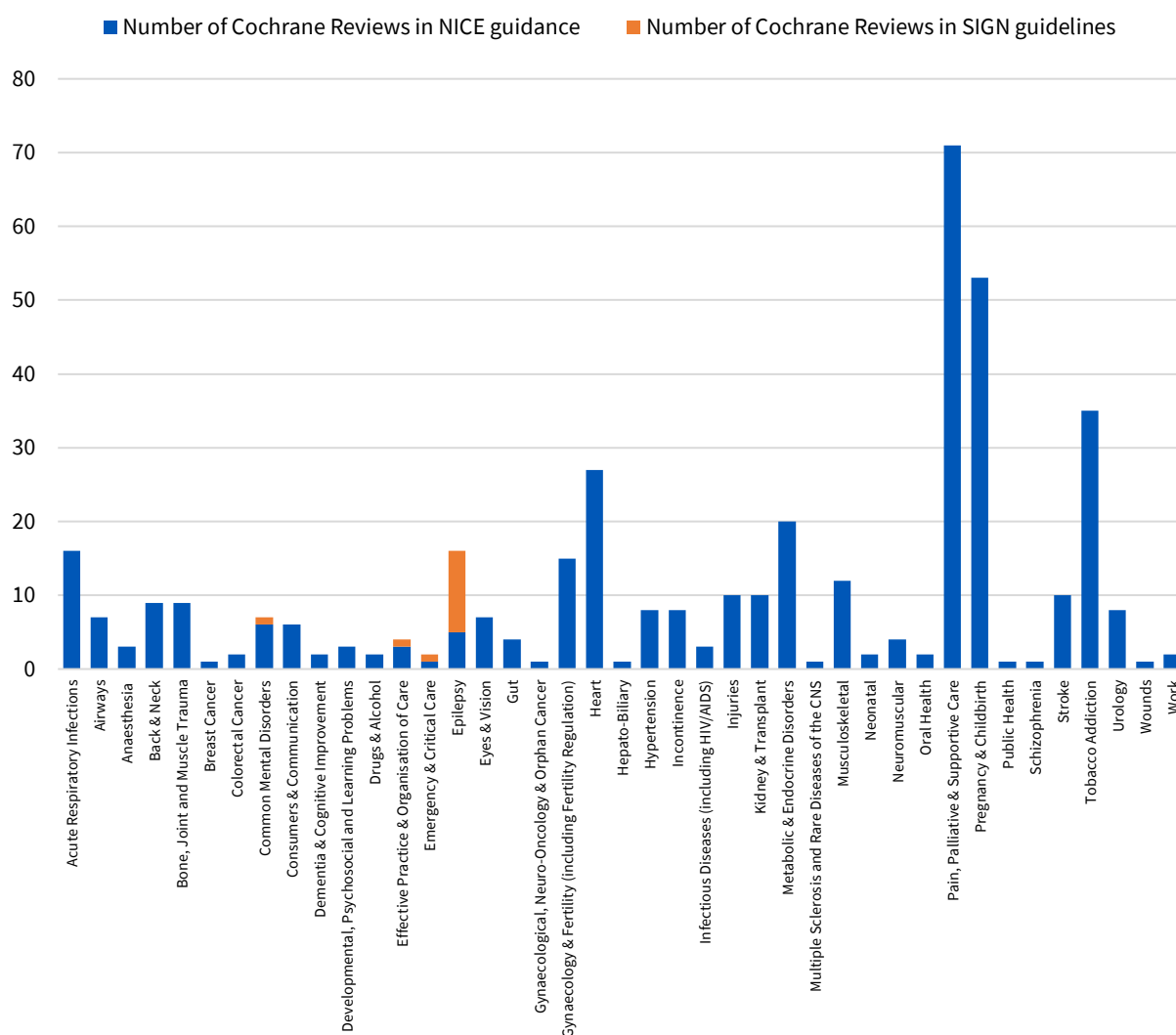
Use of Cochrane Reviews to inform UK-published healthcare guidance (NICE Guidance, SIGN guidelines)

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 2021 to March 2022**) **406 Cochrane Reviews** from **41 Cochrane Review Groups (CRGs)** (21 UK based) have been used to inform **42 of 53 (79%)** UK published guidelines (NICE Clinical Guidelines, NICE Public Health Guidance, NICE Social Care Guidelines, NICE Antimicrobial Prescribing Guidelines, NICE COVID-19 Rapid Guidelines and SIGN Guidelines) (see Figure 1).

The maximum number of reviews used from any one CRG is **71 (Pain, Palliative & Supportive Care)** which includes **52 of this CRG's reviews used to inform a single guideline: NG193 – Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain**).

Figure 1: 406 Cochrane Reviews used to inform UK healthcare guidance (NICE Guidance & SIGN Guidelines) published between April 2021 and March 2022



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

NICE Clinical Guidelines

NICE has published 13 new clinical guidelines and 20 updates: **31 (94 %)** of these have been informed by **327** Cochrane Reviews from 32 CRGs (17 UK based).

SIGN (Scottish Intercollegiate Guidelines Network) Guidelines

SIGN has published three new guidelines and two updates: **four (80%)** of which were informed by a total of **22** Cochrane Reviews from eight CRGs (three UK based). SIGN, NICE and the Royal College of General Practitioners (RCGP) have also developed a collaborative ‘living’ guideline which has been accounted for in the above NICE data.

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

NICE has also published:

- three new Public Health Guidance documents: **two (66%)** of these were informed by **45** Cochrane Reviews from eight CRGs (four UK based)
- two new Social Care guidelines and two updates: **two (50%)** of these were informed by **nine** Cochrane Reviews from three CRGs (all UK based).
- two new Antimicrobial Prescribing Guidelines: **Both (100%)** of these were informed by **10** Cochrane Reviews from two CRGs.
- one new COVID-19 Rapid Guideline (which has been updated multiple times during this period) and five updates: **one (17%)** of these has been informed by **one** Cochrane Review.

Which guidelines have cited the most Cochrane Reviews?

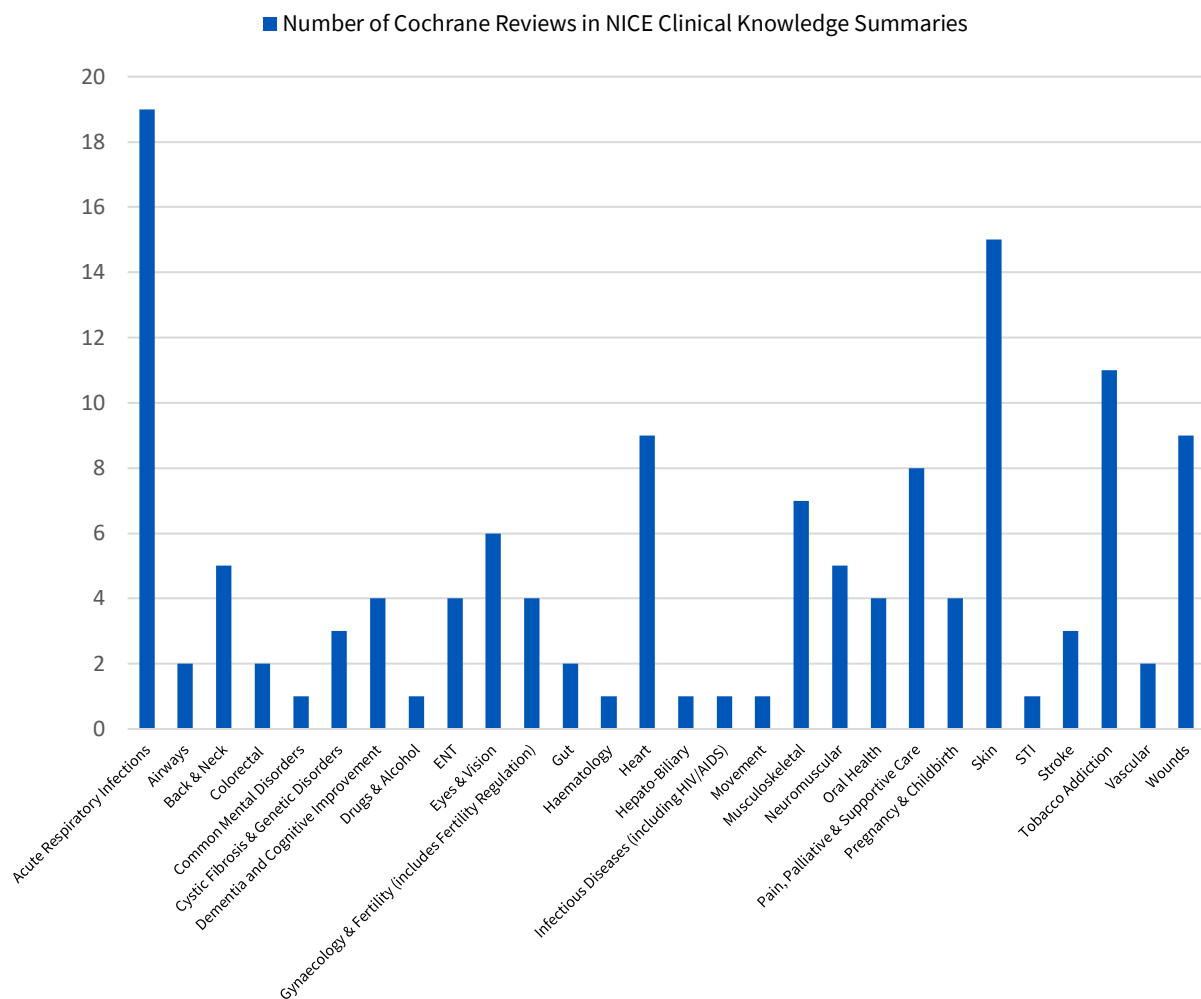
Five guidelines have used over 15 Cochrane Reviews to inform their guidance:

- **Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain** (NICE NG207) has used 90 reviews from 13 CRGs (six UK based)
- **Tobacco: preventing uptake, promoting quitting and treating dependence** (NICE NG209) has used 43 reviews from seven CRGs (four UK based)
- **Inducing labour** (NICE NG207) has used 26 reviews from Cochrane Pregnancy and Childbirth
- **Rehabilitation after traumatic injury** (NG211) has used 25 reviews from seven CRGs (six UK based)
- **Atrial fibrillation: diagnosis and management** (NG196) has used 23 reviews from three CRGs (two UK based)
- **Headaches in over 12s: diagnosis and management** (CG150) has used 19 reviews from three CRGs (two 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 2021 to March 2022), 135 Cochrane reviews from 28 CRGs (17 UK based) have been used to inform 59 of 137 (43 %) NICE Clinical Knowledge Summaries (see Figure 2).

Figure 2: 135 Cochrane Reviews used to inform primary care guidance in NICE Clinical Knowledge Summaries published from April 2021 to March 2022



- maximum number of reviews used from any one CRG is 19 (Acute Respiratory Infections)
- 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)
 - Leg ulcer-venous (eight Cochrane Wounds Reviews)
 - Common Cold (eight Cochrane Acute Respiratory Infections Reviews)
 - Osteoarthritis (seven Cochrane Musculoskeletal Reviews; one Cochrane Pain, Palliative and Supportive Care Review)

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 17 May 2022, there are **43 Reviews** included in this subset. Eight of these reviews have been updated at least once since April 2020. Twenty of the 43 (**47%**) have been published, or co-published, by **seven UK-based Cochrane Review Groups** (CRGs).

UK Cochrane Review Groups (n=25)	Reviews	Updates	Totals
Airways	1		1
Effective Practice & Organisation of Care	2		2
ENT	2		2
Heart	1		1
Infectious Diseases	9	6	9
Oral Health	1		1
Pain, Palliative & Supportive Care	1		1
ENT & Oral Health (jointly authored)	3		3
TOTALS	20	6	20

Thirty of the 43 reviews (**70%**) have been conducted by **authors from England, Scotland, Wales and the island of Ireland**.

	Number of COVID-19 reviews with UK- or Ireland-based authors
England	28
Scotland	5
Ireland	8
Northern Ireland	1
Wales	1

Are these reviews being used to inform clinical guidelines?

Twenty-three of the 43 reviews (**53%**) by **10 CRGs (five UK based)** have been used to inform **41 guidelines and three evidence reviews**, which include two National Institute for Health and Care Excellence (NICE) guidelines and one Scottish Intercollegiate Guidelines Network (SIGN) guideline.

Due to the increasing number of ‘living guidelines’, eight of these guidelines and one evidence review 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 eight guidelines** (five Europe/Scandinavia, one

Australia, one China, one India) and **one evidence review. Sixteen** reviews have been used in more than one guideline.

Information on the guidelines and their location are shown below:

Guidelines by location	Number of guidelines informed by Cochrane evidence
Australia	3
Canada	3
China	2
Europe/Scandinavia	17
India	4
UK	4
USA	6
WHO	2
TOTAL	41

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 with specialist methods 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, 2022)	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-)	166	39 (21 UK-based)	73% (122 of 166)	64% (106 of 166)	274	64% (78 of 122)
Network Meta-analysis (2010-)	77	40 (19 UK-based)	78% (60 of 77)	57% (44 of 77)	241	53% (32 of 60)
Living Systematic Review (2017-)	28	15 (8 UK-based)	57% (16 of 28)	68% (19 of 28)	55	63% (10 of 16)
Qualitative Evidence Synthesis (2013-)	18	11 (8 UK-based)	67% (12 of 18)	44% (8 of 18)	17	50% (6 of 12)
Prognosis (2017-)	10	20 (11 UK-based)	90% (9 of 10)	40% (4 of 10)	6	44% (4 of 9)

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 the UK (NICE guideline), Australia, Germany and The Netherlands; some of these reviews with a living design are also Diagnostic Test Accuracy Reviews and one is a network meta-analysis.

Cochrane Reviews by UK-based Cochrane Review Groups, published in Issue 3, 2022 of the Cochrane Library, using specialist methods to address 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 (1; 2)	5 (2; 3)	1 (0; 1)	2 (1; 1)	1 (1; 0)	12
Bone, Joint & Muscle Trauma	3 (0; 3)	2 (0; 2)	0	0	0	5
Common Mental Disorders	1 (1; 0)	9 (7; 2)	0	4 (4; 0)	1 (0; 1)	15
Cystic Fibrosis & Genetic Disorders	2 (1; 1)	0	0	0	0	2
Dementia & Cognitive Improvement	30 (6; 24)	3 (1; 2)	0	0	3 (2; 1)	36
Developmental, Psychosocial & Learning Problems	1 (0; 1)	0	0	1 (1; 0)	1 (1; 0)	3
Effective Practice & Organisation of Care	0	0	0	18 (8; 10)	0	18
ENT	3 (3; 0)	0	3 (0; 3)	0	1 (0; 1)	7
Epilepsy	1 (1; 0)	2 (1; 1)	0	0	2 (2; 0)	5
Eyes & Vision	7 (3; 4)	4 (1; 3)	1 (1; 0)	0	2 (2; 0)	14
Gynaecological, Neuro-oncology & Orphan Cancer	17 (6; 11)	4 (0; 4)	4 (0; 4)	0	3 (2; 1)	28
Heart	0	11 (9; 2)	1 (0; 1)	0	1 (0; 1)	13
Incontinence	1 (1; 0)	1 (0; 1)	0	0	0	2
Infectious Diseases	32 (9; 23)	1 (0; 1)	8 (2; 6)	3 (2; 1)	0	44
Injuries	2 (0; 2)	3 (3; 0)	0	0	0	5
Methodology	0	0	0	2 (1; 1)	0	2
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	0	0	3
Pregnancy & Childbirth	11 (3; 8)	6 (2; 4)	0	1 (0; 1)	0	18
Schizophrenia	4 (2; 2)	0	0	0	0	4
Skin	13 (1; 12)	4 (1; 3)	1 (0; 1)	0	0	18
Stroke	7 (2; 5)	4 (1; 3)	0	0	0	11
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	161 (50; 111)	72 (30; 42)	20 (3; 17)	32 (17; 15)	17 (11; 6)	302

Use of the Cochrane UK guideline dataset to provide information to the Cochrane Community and other stakeholders (June 2021 to May 2022)

Central Cochrane

The partnership between Cochrane and the World Health Organization (WHO) was renewed in 2022. As part of a joint, three-year work plan, we will continue to monitor and report on the use of Cochrane Reviews to inform WHO accredited guidelines. Seventy-eight Cochrane Reviews, from 16 Cochrane Review Groups, were used to inform 22 of 29 (76%) of WHO accredited guidelines published in 2021.

Cochrane Review Groups

In addition to providing annual guideline data to all Cochrane Review Groups, we continue to provide a service for bespoke requests.

In support of Cochrane Tobacco Addiction's submission for a funding application for their living systematic review, "Electronic cigarettes for smoking cessation", we provided data on the citation of this review in guidelines.

National Institute for Health and Care Excellence (NICE)

We are working on a project with NICE to enhance collaboration between Cochrane and NICE by maximizing the use of Cochrane Reviews in NICE guidelines and reducing duplication of effort. The project steering group meet monthly to share information on priorities, explore barriers and enablers, and identify process improvements.

We are currently working with Jean Masanyero-Bennie, NICE Research Associate for Strategic Engagement, to produce an update of a 2011 Cochrane editorial titled "[The use of Cochrane Reviews in NICE clinical guidelines](#)". For this update, we will analyse and report on the frequency of Cochrane Reviews cited in new NICE clinical guidelines, published between March 2011 and February 2022. This editorial will also form part of a submission for the [Guidelines International Network \(GIN\) conference 2022](#).

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. This includes summary data on which guidelines (published between 1st January 2019 to 31st March 2021) 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

We provided Dr Sarah Donegan, lecturer in Health Data Science, University of Liverpool, with bibliographic data linking Cochrane network meta-analyses to the guidelines that cite them (up to 31 March 2022). This was part of a scoping project for a methodological review

exploring the impact of network meta-analyses on treatment guidelines as part of a larger research project.

For the 2018 Cochrane Colloquium, Cochrane UK worked with Dr Kim Nguyen and Celeste Naude, Co-Director of Cochrane Nutrition, to produce an abstract on the “[Use of Cochrane nutrition reviews in guidelines: appraising the ‘payback’ on investing in nutrition evidence synthesis \(Abstract no. 358\)](#)”. Celeste has continued this work, and we recently provided further details regarding NICE Clinical Knowledge Summaries to assist in their data extraction and categorization.

Another way in which we monitor impact is by charting Cochrane Reviews which inform the research agenda. This includes monitoring any ‘threaded publications’, for example, where reviews directly inform the rationale for future research. We recently provided details to Sasha Shepherd, Co-ordinating Editor of Cochrane Effective Practice and Organisation of Care (EPOC), linking their Cochrane Review on “[Admission avoidance hospital at home](#)” - which highlighted a need for a well-conducted, large RCT - to the subsequent publication of a multicentre RCT. This provides an example of a Cochrane Review informing the research agenda and the successful commission of research to fill an evidence gap in an NHS high-priority area. More details can be found in this [case study](#).