

**Cochrane UK**  
**Evidence Synthesis Programme**  
**Advisory Group Meeting (ESPAG)**  
**December update**  
**2021**



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# Director's Introduction

I am delighted to write this introduction to our 2021 to 2022 mid-year report. Both the report and this introduction are shorter than usual but that does not reflect the level of activity in the Centre. As we emerge – slowly – from the world of COVID-19 lockdowns and remote working, we have resumed some face-to-face activity but for the most part continue to deliver our activities online and virtually.

Cochrane is entering a period of transition and we are developing new offerings and services to support those we serve and to adapt what we do to suit changing audiences.

As always, I am grateful to the excellent team here at Cochrane UK for their hard work and enthusiasm.



Martin Burton, Director  
Cochrane UK

*Mart J. Burton*

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

Cochrane UK has hosted 12 virtual Review Author workshops, a virtual symposium (Virtually Cochrane) and a free virtual event for medical trainees since April 2021. Figure 1 illustrates the training and events delivered by Cochrane UK during this period and the number of attendances per event.

Figure 1 – Cochrane UK Training events, April to November 2021.



\* Number of attendances from two workshops.

\* Of 329 registrations, 207 met the eligibility criteria and were approved.

## Review Author Training

The Review Author Training workshops are delivered virtually and incorporate synchronous and asynchronous learning. There were 115 Review Author attendances across 12 virtual sessions during this period.

The training has been successfully adapted over the past two years to be delivered as an online training session. We continue to improve the resources available to review authors online with the aim of increasing the flexibility for participants accessing training and enhancing the learning experience. We are working with our training faculty and the Methods, Learning and Support Service at Cochrane to integrate the Review Author training with a virtual learning environment (VLE) platform. The new format will continue to incorporate practical sessions and individualised support from experienced Cochrane Systematic Reviewers and incorporate existing online training resources. We are supported in these developments by Rebecca Fortescue (Senior Fellow in Learning and Development) and Katie Webster (Fellow in Learning and Development), who has recently joined the faculty team and co-facilitates Review Author Training workshops.

## Systematic reviews and meta-analysis in practice: an online event

Cochrane UK and Cochrane Ireland hosted two, free, half-day online events on systematic reviews and meta-analysis for medical, surgical, and dental trainees based in the UK and Ireland in September. Information on attendance can be seen in Figure 1. These sessions are discussed in more detail in the section '[Cochrane Trainees](#)'.

## Transition support service

Cochrane is experiencing a period of change and uncertainty, with the cessation of the infrastructure funding for UK-based Cochrane Review Groups (CRGs) and the transition to a new model of review production for the Cochrane Library. We are working closely with the Cochrane Editorial and Methods Department (EMD) to support the UK-based Cochrane Review Groups (CRGs) through this change. As part of this ongoing support, we will establish a Transition Support Service to work with the UK-based Cochrane Review Groups (CRG), Cochrane EMD and the Cochrane Support Service, to develop systems for receiving, storing, and accessing all CRG data. This includes information on the portfolio of Cochrane Reviews, contact details and tacit information of contributors to, and members of, the CRG, including authors, peer reviewers, editors, consumers, methodologists, statisticians, and other experts that contribute to the productivity and outputs of the CRG. The service aims to manage the pipeline of review title registration, protocol and review production and publication for priority topics in situations where there is limited or no CRG information available.

# Strategic Objective 2: Sharing our evidence

*Evidently Cochrane*, Cochrane UK's blog, provides a social media platform to share evidence quickly and accessibly in response to new and topical evidence.

## COVID-19 response

As Cochrane produces Rapid Reviews and other evidence in response to the pandemic, we have continued to publish blogs to help the public understand the evidence behind public health guidance and Government policy on COVID-19 and how it applies to our daily lives in times of pandemic.

To date, we have published 34 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 11 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, after care and the impact of the pandemic on other areas of health and wellbeing.

## Evidently Cochrane blogs

Between 1<sup>st</sup> April 2021 and 31<sup>st</sup> October 2021, we published 39 new *Evidently Cochrane* blogs. In addition, we revised 17 existing blogs in the light of new Cochrane evidence, ensuring they remain up to date and useful.

The new blogs highlighted 195 reviews across the range of Cochrane's output, including Diagnostic Test Accuracy Reviews, Rapid Reviews; Living Systematic Reviews, a Methodology Review, Network Meta-Analyses, a Qualitative Evidence Synthesis and a Prognosis Review from 41 Cochrane Review Groups (22 UK based). Fourteen 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.

In addition, for the first time, we have included two Campbell Systematic Reviews in our blog, "[Domestic abuse: help and evidence for abused women and those supporting them](#)", by one of our Cochrane UK Senior Fellows in General Practice.

We have also published the first blog in a series on Sustainable Health Care, presenting examples of treatments and healthcare practices, which are costly and time consuming, but which research suggests could be unhelpful to patients or even harmful: "[Choosing health care wisely when resources are scarce](#)".

Our blog is linked to a new series of [Cochrane Special Collections exploring de-implementation of low-value health care](#).

Our blogs are either written in-house by Cochrane UK's Knowledge Brokers and Fellows or by guest bloggers who share their reflections and expertise as professionals and/or patients. Most include Cochrane evidence and, in the light of what we learned from our evaluation of comments on our blogs, we now often include links to other trusted sources of information and support. Some blogs also include prompts to help people think about and discuss treatment options and other health choices with their healthcare provider.

For the third year running, in July 2021, Evidently Cochrane appeared in Vuelio's [Top Ten Healthcare blogs in the UK](#). Coming in at second place, the blog has moved up a place since last year. Vuelio is a company that monitors and identifies influencers in social media. Their blog ranking methodology takes into consideration social sharing, quality of topic-related content, and post frequency.

During this period, there have been ongoing technical problems with the *Evidently Cochrane* website. While Minervation, the team who look after the site, continue to try and fix the issues, we have decided not to publish any new content to avoid driving traffic to the site.

## **Evidence for Maternity Care, Nursing and Allied Health from Cochrane UK**

We continue to publish round-ups of the latest evidence and resources relevant to: 1) allied health; 2) maternity care; 3) nursing. We began by publishing these each quarter, but now publish them every second month. This enables us to share evidence more quickly but also means that the round-ups contain a more manageable volume of material for readers. We are planning to invite working healthcare professionals to help us to evaluate these round-ups so that we can make them more useful.

## **Special series - Living with long-term conditions**

In June 2021, we ran a special series of blogs on the theme of 'living with long-term conditions'.

The series featured 10 blogs that include relevant evidence and personal reflections across a range of long-term mental and physical health conditions. This includes a two-part Q&A style blog written by the Cochrane UK Consumer Champions and Cochrane UK's Patient and Consumer Co-ordinator, reflecting on their lived experiences. The series also included a discussion on Twitter about the impact language can have on people with long-term conditions, which was then summarized in a blog about the chat.

## **Short blog project**

Sarah Chapman and Selena Ryan-Vig are developing a short, easy to read blog format to add to the existing content on *Evidently Cochrane*. This is likely to be suitable for sharing evidence on certain topics and treatments; for example, where people might search the internet for information about something they would consider buying themselves for relief for a common problem, such as saltwater sprays for allergic rhinitis. We are making refinements after some user testing and will now invite feedback from Cochrane UK's Consumer Champions.

## Blogshots and video summaries

Between 01 April 2021 and 31<sup>st</sup> October 2021, we published 15 blogshots (of these three were updated) and updated four short video summaries to reflect the latest version of corresponding Cochrane Reviews.

In addition, we reposted three existing blogshots and one existing video summary within our regular round-up blogs and newsletters of evidence for nurses, midwives, and their support workers.

The blogshots and video summaries during this reporting period covered 17 reviews from 10 Cochrane Review Groups (seven UK based). Five were in the *Evidence for Maternity Care* series, five in the *Evidence for Nursing* series, six in the *Evidence for Everyday Health Choices* series and one in the *Evidence for Allied Health* series.

## Knowledge Translation (KT) mentoring scheme

In November 2020, Sarah Chapman and Selena Ryan-Vig began working as mentors on Cochrane's annual KT mentoring scheme, which connects people planning or running a KT project or activity within Cochrane (mentees) with people with experience of delivering such activities (the mentors). Sarah and Selena worked with their mentees for 60 to 90 minutes per month, giving guidance and feedback on several KT products and activities. For example, supporting another Geographic Centre to begin producing, translating, and sharing blogshots on social media. The scheme ended in the summer of 2021. The scheme had positive feedback from mentees and mentors. Mentees reported increases in knowledge, skills, and confidence in KT.

## 'Dissemination Champions' training

After participating in training for the first cohort of Cochrane 'Dissemination Champions' in 2020, Sarah Chapman and Selena Ryan-Vig developed and delivered a training module for this year's cohort, alongside two other Cochrane colleagues. The Cochrane-wide training programme focusses on how to improve dissemination products and activities and will end in November 2021.

## World Health Organization (WHO) global conference on communicating science during health emergencies

Throughout the month of June 2021, Selena Ryan-Vig was invited, as an expert in science communication, to take part in a conference organized by the WHO. The conference featured opening and closing plenary talks, which were open to the public, as well as three, 'closed', weekly sessions for in-depth discussion. Selena was invited to sessions for professionals working in health, education, and culture, to reflect on how science communication can be strengthened during emergencies. These discussions will be used to shape forthcoming guidance being developed by the WHO.



## Media highlights

Cochrane has been mentioned 1,329 times in the UK media between April and November 2021. Cochrane Reviews on lateral flow testing for COVID-19, ivermectin as a treatment for COVID-19, and the risks and benefits of e-cigarettes attracted the most media interest.

Cochrane Convenes was held during October. This online event was hosted by Cochrane, co-sponsored by WHO, and co-organized with COVID-END (COVID-19 Evidence Network to support Decision-making). Journalists from the UK were invited to join global health leaders as participants in a series of thematic roundtable discussions with the aim of producing recommendations for a stronger evidence-based response to global health emergencies. The out-going health editor of the Guardian, Sarah Boseley, moderated one of these sessions. A press release was shared with UK press and media contacts were invited to join a session sharing the recommendations from the roundtable discussions. Cochrane will use these recommendations to inform future strategies and responses to global health priorities, and to advocate for change within the wider evidence synthesis community.

Links to the media highlights are included here:

- Nature: [How Covid broke the evidence pipeline](#) and editorial [How Covid can drive positive change](#)
- Wired: [NICE Cochrane collaboration on living guidelines](#)
- BBC article on [Ivermectin as a treatment and problems with evidence base](#)
- The Conversation: [The rise and fall of convalescent plasma therapy](#)

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

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

Lynda Ware and Selena Ryan-Vig have continued to offer online teaching sessions for secondary school pupils, aged 16 to 18 years. The sessions aim to encourage critical thinking about healthcare claims, particularly those in the media, and to introduce students to Evidence-Based Medicine (EBM).

From 1<sup>st</sup> April 2021 to date, this has included three sessions for pupils from widening access backgrounds who want to study medicine at university. These were organized in collaboration with the widening participation teams at the following universities:

- Glasgow University (attended by approximately 120 pupils in the West of Scotland)
- Imperial College (attended by approximately 74 pupils across the UK)
- Brighton and Sussex Medical School, in collaboration with Kent and Medway Medical School (attended by approximately 130 pupils from Kent, Sussex, and Hampshire)

We also delivered:

- a talk for pupils from several Buckinghamshire schools (attended by approximately 45 pupils)
- two webinars hosted and advertised by Cochrane UK (attended by approximately 138 pupils across the two sessions, based anywhere in the UK and Ireland).

The online recording of our presentation, [An Introduction to Evidence-Based Medicine](#) (published in June 2020) continues to be viewed and shared. To date, it has had over 4100 views.

## Talks on Evidence-Based Medicine to University of the Third Age (u3a) groups and at events

As a result of the COVID-19 pandemic, talks have been delivered virtually via Zoom. This has been successful for the u3a groups and has enabled us to reach more groups across the UK.

Since April 2021, there have been eight u3a sessions, the majority of which were to u3a groups in Southeast England, with a further two talks booked in 2022. The talk has now been offered to all u3a groups in the UK, via the central u3a hub.

In November 2021, Lynda and Selena presented on EBM and Cochrane at an online student midwifery festival. Approximately 1250 student midwives were registered for the event.

## Cochrane UK Consumer Champions

The Cochrane UK Consumer Champions initiative was launched in 2020 with our four Consumer Champions: Brian Devlin, Ceri Dare, Genna White and Olivia Fulton.

### Progress and activities

The Consumer Champions have provided valuable consumer perspectives on our dissemination materials and event planning. They have worked together as a group, and individually, on a range of activities, including:

- Using social media to disseminate Cochrane resources and initiatives
- 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.
- 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” (to be published)
- Contributing to the evaluation of Cochrane’s Plain Language Summary Project
- Participating in the Cochrane community engagement workshop “The Future of evidence synthesis in Cochrane – People and expertise”
- Completing the survey on the model for Future Cochrane from a consumer perspective.

## Evaluation

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

## Recruitment and Engagement

In September 2021, we advertised and recruited a second cohort of four new Consumer Champions: Dolapo Ogunleye, Heather Still, Holly Loughton and Sophie Jones. The new cohort will take part in introductory workshops in December to explore their unique skills and areas for collaborative working. Ceri Dare, Consumer Champion in the first cohort, has recently stepped down from the role due to other commitments.

## Cochrane UK Trainees

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

The COVID-19 pandemic continues to have a significant impact on health care, and along with the need for many trainees to catch-up on clinical training, CUKI-TAG meetings have been taking place less frequently, every three to four months.

In October 2021, Dr James Garrard took over from Dr Rebecca Gould as [Cochrane UK Fellow and Chair of CUKI-TAG](#). Members of CUKI-TAG have now completed a two-year term and have been invited to indicate if they wish to stay on for a second term. Any vacant positions will be advertised with the aim of having a new committee in post for the beginning of 2022.

### Systematic reviews and meta-analysis in practice: an online event

Cochrane UK and Cochrane Ireland hosted two free half-day online events in September on systematic reviews and meta-analysis for medical, surgical and dental trainees based in the UK and Ireland. The event consisted of six sessions facilitated by seven speakers, on different topics relevant to the use of evidence in clinical practice and designed to meet trainee curriculum requirements.

There were 88 attendees (207 registrations) in total across the two events. Overall, the feedback from participants was very positive. Data from the surveys sent after the event indicate that 94% of the respondents (total of 23 responses) found the content very or extremely helpful, and 97% of the respondents would be interested in attending further Cochrane UK webinars in the future.

Cochrane UK is currently organising webinars for allied healthcare professionals and considering a series of shorter webinars for medical, surgical and dental trainees with continued focus on being relevant to day-to-day clinical practice.

### Evidently Cochrane blogs

Members of CUKI-TAG have contributed to several blogs on Evidently Cochrane website over the last 6 months.

Dr Rebecca Gould (Cochrane UK Fellow) has written blogs on [pulmonary rehabilitation](#) and [walking to lower blood pressure](#), with two further blogs waiting to be published. One of these blogs (Preparing for surgery) was written in collaboration with a Cochrane UK Consumer Champion.

Dr Patrick Fee has blogged on the [frequency of dental check-ups](#) (a review that he also authored).

# 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 cover the period **1<sup>st</sup> April to 30<sup>th</sup> September 2021**.

### NICE Clinical Guidelines

NICE has published 24 guidelines: of these, 18 (**75%**) have been informed by 217 Cochrane Reviews from 26 Cochrane Review Groups (13 UK based):

- 18 clinical guidelines (eight new; 10 updates) – 14 (**78%**) informed by 204 Cochrane Reviews
- one new antimicrobial prescribing guideline – (**100%**) informed by three Cochrane Reviews
- two updated social care guidelines – both (**100%**) informed by nine Cochrane Reviews
- three COVID-19 rapid guidelines (all of these are updates with one guideline undergoing five updates in the reporting period) – one (**33%**) informed by one Cochrane Review \*\*

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

### Other NICE guidance and advice using Cochrane Reviews

- one Highly Specialized Technologies Guidance informed by one Cochrane
- eight Technology Appraisal Guidance informed by eight Cochrane Reviews

### SIGN (Scottish Intercollegiate Guidelines Network) Guidelines

SIGN has published two updated guidelines, one of which (**50%**) has been informed by 12 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)

82 Cochrane Reviews from 20 Cochrane Review Groups (14 UK based) have been used to inform 35 of 83 (42%) 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 of these data.

As of 31<sup>st</sup> October 2021, there are **37 Reviews** included in this subset. Eight of these reviews have been updated at least once since April 2020. Seventeen of these 37 (46%) have been published, or co-published, by **six UK-based Cochrane Review Groups (CRGs)**, and 25 of 37 (68%) have been conducted by **authors from England, Scotland, Wales and the island of Ireland**.

### Are these Cochrane Reviews being used to inform clinical guidelines?

Nineteen of the 37 reviews (51%) by **9 CRGs (4 UK based)** have been used to inform **23 guidelines and two evidence reviews**, which includes two National Institute for Health and Care Excellence (NICE) guidelines. Due to the increasing number of ‘living guidelines’, five of these guidelines and evidence reviews have been updated at least once since their inception, retaining the use of Cochrane Reviews, and often adding further reviews from this Cochrane 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 six guidelines** (four Europe/Scandinavia, one Australia, one China) and **one evidence review**.

### Are these Cochrane Reviews being used to inform other guidance? (Scientific briefings, policy interim updates, intelligence reports)

Seventeen of the 37 reviews (46%) by **eight CRGs (three UK based)** have been used to inform **69 guidance documents**, which includes 20 World Health Organization (WHO) scientific briefs, interim guidance documents, and inclusion in the WHO model list of essential in vitro diagnostics (2021). These reviews have also been used in Health Technology Wales reports, Health Protection Scotland publications, and UK parliament briefings.

The two most frequently used reviews to date are: “*Personal protective equipment for preventing highly infectious diseases due to exposure to contaminated body fluids in healthcare staff*” from Cochrane Work (with authors from England, Ireland and Northern Ireland); and “*Rapid, point-of-care antigen and molecular-based tests for diagnosis of SARS-CoV-2 infection*” from Infectious Diseases (with authors from England) **in 15 guidance documents**.

## 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 the pilot stage of development and production, such as Cochrane Prognostic Reviews and, increasingly, those using a living systematic review design.

We have charted whether UK-based Cochrane Review Groups are producing these types of complex reviews. We have also charted whether authors based in the UK and Ireland are involved in conducting them. In addition, we have monitored whether these types of reviews, once newly published, or updated using these new methods, are being used to inform clinical guidelines, as one measure of their usefulness to stakeholders.

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 and Germany; some of these reviews with a living design are also Diagnostic Test Accuracy Reviews.

Type of Review (date of first published Review)	No. of Reviews (Issue 11, 2021)	No. of Cochrane Review Groups (UK based)	% of Reviews with UK- or Ireland-based authors	% of Reviews used to inform guidelines	No. of guidelines informed by Cochrane Reviews	% of Reviews with UK- or Ireland-based authors used in guidelines
Diagnostic Test Accuracy (2008-)	162	39 (21 UK based)	74% (120 of 162)	61% (99 of 162)	242	60% (72 of 120)
Network Meta-analysis (2010-)	74	40 (19 UK based)	78% (58 of 74)	51% (38 of 74)	218	47% (27 of 58)
Living Systematic Review (2017-)	26	14 (7 UK based)	62% (16 of 26)	58% (15 of 26)	39	56% (9 of 16)
Qualitative Evidence Synthesis (2013-)	17	11 (8 UK based)	65% (11 of 17)	41% (7 of 17)	12	45% (5 of 11)
Prognosis (2017-)	9	19 (11 UK based)	100% (9 of 9)	44% (4 of 9)	5	44% (4 of 9)