

Cochrane's Response to the 'Evaluation of NIHR investment in Cochrane infrastructure and systematic reviews'

1st February 2017

Thank you for providing Cochrane with the chance to comment on the final draft of the 'Evaluation of NIHR investment in Cochrane infrastructure and systematic reviews'. We are delighted that the report recognizes the value for money of NIHR's Cochrane investment and recommends continued funding of Cochrane's work. We are also encouraged that most of the recommendations made in the report are directly in line with the four strategic goals and 28 objectives within Cochrane's *Strategy to 2020*.

As the report describes, Cochrane has many achievements to celebrate, including the quality, independence and scope of our systematic reviews; and we are pleased with the emphasis in the report on ways to continue to improve review quality. As the report also makes abundantly clear, Cochrane Reviews offer outstanding value for money, costing a fraction of the reviews produced by other organizations. This value for money can only be accomplished through the help and engagement of all our volunteer contributors, which at last count was more than 44,000, and is one of Cochrane's greatest strengths.

However, a workforce comprised mostly of volunteers comes with its own challenges, as the report points out. For example, we are constantly balancing the need to reduce the time to publication through predominantly volunteer-based contributors without undermining our commitment to achieving high standards. At times, these two commitments are in conflict, since moves to ensure quality can sometimes increase the time to publication. As has been outlined in numerous research studies over the years, Cochrane Reviews consistently score very high for their methodological rigour and quality but we can always do more to improve, and we look forward to discussing the report committee's recommendations on quality with the NIHR. In 2017,

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technological as well as process changes that we have launched should improve the time to publication metric further without damaging systematic review quality.

Cochrane is also proud of our independence from both commercial and government influence on our review findings and organizational policies and practices. We trust that our robust Conflict of Interest approaches and the openness and transparency of Cochrane's ways of working continue to give our readers a high degree of confidence in our outputs.

As would be expected, the report provides a snapshot of Cochrane's aims and accomplishments to November 2015, when the committee received its evidence submissions. Since then Cochrane has delivered much more of its *Strategy to 2020* strategic plan, with further substantial developments scheduled for delivery in 2017. Many of these changes are consistent with the committee's recommendations. We acknowledge that the committee is signalling that it wants to see change happen more rapidly within Cochrane. We welcome this challenge and we will do everything we can to continue, if not speed up, our pace of change.

The report devotes a chapter to outlining the competitive evidence synthesis environment that Cochrane faces. We agree it is a competitive environment, which is one of the factors that led us to develop our *Strategy to 2020*. Further detail on what we aim to achieve in that strategy is outlined in Cochrane's *Strategy to 2020 Definitions of Success* document, which is available in its Open Access version [here](#). We hope to continue to discuss our progress against the strategy with the NIHR, particularly in the context of planned structure and function reforms of Cochrane Review Groups this year.

A key element of *Strategy to 2020* is Cochrane's commitment to open access. This commitment, combined with our desire to remain free from commercial interests, limits from whom we will accept funding. This makes the infrastructure funding that the NIHR provides vital to our ongoing success, and we are evolving Cochrane to ensure that this money is used as effectively and efficiently as possible. We would have hoped that the committee's report would have focused more on the thorny issue of open access, and the challenges it creates for Cochrane. The need to diversify our funding streams, coupled with the desire to be more responsive to our stakeholders' evidence needs, have driven forward Cochrane's huge investments of our own reserve funds on new product strategies. That is why we do not accept the report's recommendation that Cochrane remains within its 'niche'. Instead, we are convinced that Cochrane's future value and long-term sustainability are linked to its ambition and ability to become an important 'home of evidence' of all kinds for healthcare decision makers. This does not mean that we will be any less

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focused in future on delivering full, high-quality Cochrane Systematic Reviews; only that we don't see this as an 'either or' choice but one that can be complementary.

We welcome the focus on the impact of our reviews in the report, and agree that likely future impact should be considered before embarking on any Cochrane Review. This includes effective prioritization and understanding of the NHS context and we welcome continued support from the NIHR in developing further our prioritization strategy. We also look forward to meaningful discussions with the NIHR on how to measure the impact of Cochrane evidence better in future. Currently, implementation of Cochrane Review findings in the NHS is not within the remit of Cochrane or the funding of Cochrane's work in the UK. We would welcome closer working between Cochrane, NIHR and other NHS entities that are responsible for implementation, but Cochrane cannot accomplish this on its own. We also welcome the recommendation that Cochrane be measured by agreed KPIs. We have worked with colleagues at NIHR since 2014 to identify and trial a set of metrics of CRG performance that are meaningful and feasible to produce. This work continues as part of our comprehensive sustainability review of all CRGs, which forms a component of the Structure and Function Review. As a result of this work we expect to develop alternative proposals for monitoring groups by the end of 2017.

To see how far we have already addressed and continue to engage with the recommendations and challenges outlined in the report, please see the table below, with many active links provided for further information.

Additional *Strategy to 2020* reports and documentation are available on Cochrane's [organizational](#) and [community](#) websites.

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Issue	Cochrane Progress
Patient involvement	<p>The framework for establishing partnerships with consumer and patient organizations has been set out in an overarching partnerships strategy , framework and draft set of operating principles for Cochrane’s Consumer work that guides the development of partnerships. This has been adopted by the Cochrane Consumer Network, which has identified partnerships development as a priority in its Delivery Plan. A new International Consortium for Patient and Public Involvement in Health Research made up of major citizen, patient and consumer organizations from around the world is being led by Cochrane and other groups, including the NIHR’s INVOLVE and COMET. The new international patient and consumer initiative will be launched at Cochrane’s Global Evidence Summit in Cape Town in September 2017.</p> <p>External partnerships are, however, only one part of a wider strategy set out in the Consumer Delivery Plan to support patient involvement in Cochrane:</p> <ul style="list-style-type: none"> • Consumers are supported with their own learning ‘pathway’ in the Cochrane Training programme; • They are involved in the design of the new Cochrane Membership Scheme. • The importance of seeking their input is specifically referred to in the consultation framework for priority reviews. • Cochrane Crowd is encouraging consumers to become ‘citizen scientists’ and contribute to Cochrane’s work in a variety of ways. <p>As Cochrane moves to new governance arrangements for its Governing Board, experience of consumer engagement will form an essential skillset for its membership, with one of the new externally appointed members recruited in part because of her extensive consumer engagement expertise.</p> <p>Cochrane’s Review Groups have to include consultation with patients and consumers in the identification of the Group’s prioritization list of future reviews. Greater involvement in CRG prioritization processes is included in the Cochrane Consumer Delivery Plan (see above). Patient/consumer viewpoints are also being incorporated into Cochrane’s new organizational Knowledge Translation strategy.</p> <p>Cochrane’s <i>Strategy to 2020</i> project to improve the Plain Language Summaries of Cochrane Reviews is designed to make them easier to read, use, and translate into other languages, which will be of particular benefit to patients and consumers. Moreover, the enhanced Cochrane Library project has involved consultation with patients/consumers in the design of the revised product.</p> <p>Cochrane’s position is that few other health research organizations do as much to include consumers and patients at all levels, and in all aspects of its work.</p>
Collaboration with NICE	<p>NICE provides national access to the Cochrane Library in the UK via its licence. It has reiterated Cochrane’s central value to UK users of health evidence; but severe budget cuts to NICE led to its request for significant reductions in the licence fees in 2015-16 and 2017-2020, something Cochrane has granted.</p>

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	<p>NICE's needs have been considered as a key stakeholder as we develop the enhanced Cochrane Library. The enhanced Library project is about developing a new platform to improve user experience. We are working with Wiley, our publisher, and a third-party technology provider, to build and deliver a better product with greater functionality that makes it easier for users to discover and use Cochrane content in their decision-making.</p>
Derivative products	<p>With the establishment of Cochrane Innovations, Cochrane is driving forward its plans to create products and services that support evidence-informed decision making for healthcare professionals, researchers, policy makers, and consumers of health and healthcare. This includes Cochrane Clinical Answers, which provide a readable, digestible, clinically focused entry point to Cochrane Reviews. They are designed to be actionable and to inform decision making at the point of care.</p> <p>We are also investing heavily in a Linked Data project, which will have a number of benefits, including transforming the use of Cochrane information sources by helping users to find information about Populations/Patients/Problems, Interventions, Comparisons, and Outcomes (PICO) consistently and effectively.</p>
Prioritise topics of greatest importance	<p>In January 2015 the Cochrane Priority Reviews List was launched, and has become a 'living' record of titles that are of greatest importance to our stakeholders and are likely to impact significantly on health outcomes worldwide. After the first year of the prioritization list project in 2015, the project team developed a better sense of the strengths and weaknesses of the initial framework and revisions have been made in accordance with the aims of this objective. A paper explaining the rationale for revisions to the list and proposed changes was published in March 2016 and all new submissions are being made according to the new guidelines. A process has been established for alerting Cochrane's Communications & External Affairs Department of upcoming publication of priority titles to maximize impact; and the accompanying decision-making criteria as to how and why which reviews are disseminated through the different channels is readily available online. In 2016, a process for evaluating specific channels (ie. Blogshots) on a quarterly basis was introduced.</p> <p>Additionally, Cochrane's Group structure is currently undergoing major reform to enable Groups to better meet future organizational needs and external demands, including an increased focus on production centred around externally derived priorities that explicitly address the needs of global decision makers. The Cochrane of 2020 will look significantly different to the Cochrane of 2015.</p> <p>As referred to in the NIHR report, Cochrane Response, Cochrane's new evidence consultancy initiative, will provide tailored and responsive evidence services, and accessible review formats for healthcare commissioners on a fee-for-service basis. One of our early initiatives is targeted updates, and we are also working with the Cochrane Rapid Reviews Methods Group to provide rapid review services.</p>
Keep more reviews up-to-date	<p>As the NHS report states, keeping reviews up-to-date is a challenge faced by Cochrane and all other systematic review producers. However, we are already targeting this in a number of ways:</p>

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	<ul style="list-style-type: none"> • The framework for an updating strategy has been formalized in the new Quality Assurance and Editorial Process Integrated Plan, launched earlier this year by the Cochrane Editorial Unit. • Alongside this, the Updating Classification System has been released. The UCS guides readers as to whether a Cochrane Review is up to date, likely to be updated in future, or does not need updating at the current time. The system can also help Cochrane Review Groups (CRGs) with prioritisation decisions for individual Cochrane Reviews. • To date, 16 ‘targeted updates’ have been completed as part of the Targeted Updated project. The project team has worked together with seven different CRGs and started communication of findings to the Cochrane community using blogs. <p>Cochrane has also provided significant investment into ‘Transform’, an initiative aiming to significantly improve the long-term value and sustainability of Cochrane by piloting, refining, and scaling up innovations in content production. Two elements of Transform, <i>Evidence Pipeline</i> and <i>Production Models</i>, are specifically addressing how content can be kept up-to-date, including how we might develop ‘living systematic reviews’ in the future.</p> <p>Organizationally, and as described above, the structure and function project will lead to major changes in Cochrane’s Group structure – and efficiency improvements in review production and maintenance is a key aim of these changes.</p>
Prepare reviews more rapidly	<p>Cochrane is seeking to transform the way people, processes and technologies come together to produce Cochrane evidence, with a major outcome being the more rapid production of Cochrane Reviews. We are revolutionizing our authoring infrastructure by completing the move of RevMan and the Cochrane Register of Studies online. Additionally, we are releasing the first phase of improvements from our Transform project, including live versions of the crowdsourcing platforms ‘Task Exchange’ and Getting Involved, and the machine learning Evidence Pipeline for study identification; and piloting new production models.</p> <p>Pilot projects that improve production efficiency, author and editor experience, and review quality, will now feature as part of the overall structure & function project, with learning integrated in the subsequent roll-out of these initiatives across the Cochrane production system. These pilots and subsequent roll-outs will focus on the separation of development and editorial functions and the introduction of a Cochrane “journal-like” submission process.</p> <p>Cochrane Response, Cochrane’s new evidence consultancy initiative, will provide tailored and responsive evidence services and accessible review formats for healthcare commissioners on a fee-for-service basis.</p>
Use best available evidence beyond RCTs	<p>Cochrane’s ambition is to become the leader in identifying, appraising and implementing new types of methods and new review types that meet the needs of users. The Methods Innovation Fund is currently supporting work by Cochrane Methods Groups to develop methodology and guidance in areas such as the inclusion of clinical study reports and other regulatory documents in Cochrane Reviews, and the incorporation of qualitative evidence.</p>

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	<p>Additionally, a new Cochrane grant – the Strategic Methods Fund (SMF) – targets improving the implementation and use of methods for Cochrane Reviews to meet the needs of healthcare policy makers, professionals and consumers. The grant will support both established methods and those identified as strategically important.</p> <p>Cochrane is also planning a new Methods Journal/Supplement to be published as part of the Cochrane Library, with work preparing this new publication occurring in 2017.</p>
Role and structure of CRGs and Editorial	<p><i>Strategy to 2020</i> offers Cochrane a much more strategic framework in which to operate so that it can prioritize its work and ensure that its products and services meet external user need, and thereby deliver our overall mission. To become ‘fit for purpose’ to deliver the <i>Strategy</i>, Cochrane needs to be reconfigured; and in 2017 we are in the middle of transformative structure and function change of Cochrane Review Groups to improve Cochrane’s production system and achieve the efficiencies we need to make best use of our scarce resources. Following an extensive consultation and design phase, it is anticipated that implementation of this major programme of organizational change will begin in 2017. Changes to the CRG’s editorial structures and ways of working are a critical part of these reforms and will result in improvements in all areas of production, dissemination and internal governance.</p>
Empty Reviews	<p>Empty reviews provide a resource for research funders to see where evidence gaps exist so that they can decide what is of most value when funding new clinical trials. In many cases funders require a systematic review of available evidence be completed before funding new research. This is a key tenet of the REWARD campaign, which aims to reduce waste in research. We are supporting the REWARD campaign, including the formation of 2017 of a special Cochrane-Reward prize. We are also exploring ways to accelerate the process of producing reviews that demonstrate important uncertainties.</p>
Governance	<p>The Governance Reform project, led by Cochrane’s Steering Group, is currently in its final stages and will deliver a more open and externally focused Governing Board that retains close links the community of Cochrane contributors and Groups. The membership of the new Board will comprise 13 members, of whom up to five will be external to the organization, appointed by the Board and confirmed by the new body of individual Cochrane members, ensuring that Cochrane is truly owned by its collaborators.</p> <p>As demonstrated throughout this table, Cochrane’s structure and function project is its major organizational initiative that is intended to produce far reaching improvements in all areas. Critically, it will provide more career development opportunities for Cochrane contributors by establishing thematic and regional networks that will have a certain level of autonomy and self-governance.</p>
Transparency	<p>Transparency is implicit in all of Cochrane’s principles and is a cornerstone of the organization’s work and structures. Cochrane’s new website prominently features its governance, trustees, policies and meetings, where its business can be followed by all interested observers; and reflects its accountability and financial transparency on how it spends its resources.</p>

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	<p>A recently established Equity and Diversity Task Force will improve the equity and diversity of involvement of Cochrane contributors and members in all aspects of the organization’s work, and particularly in the process of conducting systematic reviews.</p> <p>Alongside governance reforms, Cochrane is ‘opening its doors’ with a new membership scheme to be launched in early 2017. Membership will make it possible for anyone to join Cochrane, so that becoming part of the organization will no longer be limited to those writing reviews or directly involved in Cochrane Review production. New clear pathways from being a Cochrane Supporter to becoming a Cochrane member will be developed, so that anyone can get involved with tasks that are suitable for them.</p> <p>Concurrently, Cochrane Crowd and Task Exchange from the <i>Transform</i> initiative are creating more opportunities to get involved in our work and matching tasks to the skills and interests of community members. <i>Transform</i> is also improving the transparency of review production via the Evidence Pipeline initiative.</p> <p>The Cochrane Priority Reviews List provides a transparent and ‘living’ record of titles that are of greatest importance to our stakeholders and are likely to impact significantly on health outcomes worldwide.</p> <p>And, of course, the overall Strategy to 2020 itself – its development, progress and monitoring – has been transparently and collaboratively created and communicated to and by the Cochrane community and beyond via the Cochrane Community website and all the web presences hyperlinked in the boxes above.</p>
Training	<p>Cochrane Training is a programme of the Learning & Support Department of Cochrane’s Central Executive. Its mission is to provide outstanding, inclusive learning and support programmes that enhance the skills, knowledge and experience of current and potential contributors, enable high quality participation in diverse Cochrane activities, and enable the effective implementation of Cochrane policies and procedures. Cochrane Training is guided by the Cochrane Training and Professional Development Strategy, which has four main goals:</p> <ul style="list-style-type: none"> • To provide learning opportunities to support Cochrane contributors engaged in the production and publication of high-quality, relevant, up-to-date systematic reviews. • To provide learning opportunities to support Cochrane contributors who are working to ensure that Cochrane evidence is accessible and useful. • To build recognition of Cochrane as a leading provider of learning opportunities in evidence synthesis. • To provide a sustainable, continually improving programme of learning opportunities that enable Cochrane to continue as a diverse, inclusive international organization that effectively harnesses the enthusiasm, skills and knowledge of our contributors.
Financial stability	<p>Despite a growing central income stream from sales of the Cochrane Library (see the latest Cochrane Library sales and royalties figures in the Q3 2016 Cochrane Dashboard) and a remarkably robust and diverse Group income, we are actively working to strengthen and further diversify our</p>

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income base, both at core and Group level. Our position is that by striving to meet our [mission](#) through the *Strategy to 2020*, we will ensure financial stability by demonstrating our value and impact to funders, users and other beneficiaries of our work. An important signal that this diversification of funding is beginning to be achieved was the gaining of a [Bill and Melinda Gates Foundation grant](#) to support Cochrane's Linked Data work. More funding from trusts and foundations is planned for 2017.

With the establishment of [Cochrane Innovations](#), Cochrane is driving forward its plans to create products and services that support evidence-informed decision making for healthcare professionals, researchers, policy makers, and consumers of care, and that will provide replacement income streams as we seek to make more Cochrane Reviews [open access](#).

At the same time, with the [enhanced Cochrane Library](#) project we are developing a new platform to improve user experience that fits within our revised, overarching [Cochrane brand](#). We are working with Wiley, our publisher and a third-party technology provider to build and deliver a better product with greater functionality that makes it easier for users to discover and use Cochrane content in their decision-making following its scheduled launch in 2017. This includes a significant increase in the amount of [translated content](#) that is produced by our volunteer translation teams worldwide. We believe that a better product will support our aim of increasing the number of licences – and associated access – globally. Our aim is to become the 'go-to' place for evidence to inform health decision-making.

We are working with [partners](#) to increase the dissemination of our evidence and the profile of our organization. In mid-2017 a new Cochrane [Knowledge Translation Strategy](#) will be launched following extensive development that will provide a framework to coordinate KT activities across the organization, and support those who are well-placed to undertake this role. We believe that increasing KT activities and advocacy in general by our Groups will be an important way of continuing to ensure their relevance to funders. The [structure and function](#) reforms will also be critical to creating organizational efficiencies and making Groups more attractive to funders.

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