

NIHR Cochrane Review Group Infrastructure Award

Annual Report for 2012

Reporting period for activity and outputs: 1 Jan 2012 to 31 Dec 2012.¹

Report submission date: by 1 May 2013 (latest).

Please use this form only for your NIHR Infrastructure Award annual report and return it by email attachment as a Word document using the filename format: [abbreviated name of your Cochrane Review Group] Annual Report 2012.

Name of Cochrane Review Group:	Pain, Palliative and Supportive Care
Name of host institution:	The Churchill Hospital, Oxford

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2a. What formal training in the conduct of systematic reviews has been provided by staff at the editorial base? ⁷

PaPaS provided three two-day training sessions in Oxford to new authors, who are funded by the National University of Ireland Research Fellowship, in preparing their protocol.

PaPaS editor Phil Wiffen was asked to provide training at the Middle East International Pain Academy conference in Dubai, and regularly provides Cochrane Systematic Review style training for authors in China.

PaPaS Co-ordinating Editor, Professor Chris Eccleston, gave an evidence workshop at 15th Biennial Congress of the World Society of Pain Clinicians (WSPC), Granada, Spain, in 2012, and two workshops (evidence; publication) at The IASP 14th World Congress on Pain, Milan, Italy.

PaPaS editor, Professor Andrew Moore, gave a workshop at the British Pain Society 2012 Annual Scientific Meeting, Liverpool, UK.

PaPaS author and editor, Sheena Derry, provided training as an Associate Lecturer for the UK Cochrane Centre Learning and Development Programme in modules RA1 and RA2 at the UKCC in December 2012 and April 2013. Usually about 12 people attend the courses and the modules include formatting a systematic review, practical support in RevMan, methods support, and managing data.

2b. What Cochrane-related training have staff of the editorial base received, and how has it been provided?

PaPaS staff attended the 17th Annual Meeting of UK and Ireland-based Contributors to The Cochrane Collaboration. Burleigh Court, University of Loughborough, Tuesday 20 and Wednesday 21 March 2012: training was provided here in the Collaboration's updated software database, 'Archie'.

3.5 days of training were given by a Cochrane Collaboration mentor to the new ME in October and December 2012: the mentor visited Oxford and gave face-to-face support, following a checklist of training items listed by the Collaboration. The mentor system has now been replaced by ME Support, an email-based system providing advice from a small group of experienced MEs.

3. What outputs have been accomplished during the reporting period?

[Please complete the tables A – G provided in the appendix. If your CRG is associated with a NIHR Cochrane Programme Grant, you **must list separately** those reviews and review updates undertaken as part of that programme.]

Please state your **2011** impact factor (as provided by Wiley) here: **5.787**

4. What progress has been made against each objective in your business plan?

[Please provide a short statement under each objective, identifying success against each objective as set out in your Business Plan. Suggested maximum of half an A4 page for each objective]

From: the 'Objectives and Work Plan 2010-13' section, in PaPaS Business Plan 1 April 2010 – 31 March 2015 Appendix 2- 5 year plan.

Core Objectives

The overall aim of each CRG is to facilitate the production and maintenance of high quality, relevant systematic reviews. The following objectives and tasks underpin this function.

1. Establishing and maintaining the efficient administration of the CRG's editorial base, including attracting new and maintaining existing funding.

a. Task/objective:	We would hope to secure a further DH grant, should the funding grant be made available again, to help further support the reviews on our topics that require updating.
Measured by:	Submission of application and success of submission
Completion date:	2010/11
To be actioned by:	ME/Co-Ed and group planning the work
Comment:	We plan to apply for The NIHR Cochrane Collaboration Programme Grant in 2013. We have received 1 year funding from the Host trust to support a senior pain systematic reviewer to help prepare this bid.

b. Task/objective:	We will aim to increase our presence at relevant Pain and Palliative Care meetings worldwide to increase the variety and number of people we have as peer reviewers, review authors, handsearchers, consumers and other contacts.
Measured by:	Attendance at Pain meetings not attended previously by the group and resultant increase in PaPaS contacts
Completion date:	2010, on-going
To be actioned by:	Co-Ed, ME, AMEs, TSC
Comment:	<p>In 2012, we attended the following meetings:</p> <p>The Co-ordinating Editor: British Pain Society 2012 Annual Scientific Meeting, Liverpool, UK 15th Biennial Congress of the World Society of Pain Clinicians (WSPC), Granada, Spain The IASP 14th World Congress on Pain, Milan, Italy Evidence-Based Guidelines Affecting Policy, Practice and Stakeholders (E-GAPPS), a two-day conference co-sponsored by the Guidelines International Network North America (G-I-N NA) and the Section on Evidence Based Health Care (SEBHC) of the New York Academy of Medicine, New York</p> <p>Editor Professor Andrew Moore: National Acute Pain Symposium, Chester, UK British Pain Society 2012 Annual Scientific Meeting, Liverpool, UK 15th Biennial Congress of the World Society of Pain Clinicians (WSPC), Granada, Spain The IASP 14th World Congress on Pain, Milan, Italy The Royal College of Anaesthetists, Edinburgh, UK Scottish Intercollegiate Guidelines Network (SIGN), Edinburgh, UK The Primary Care Rheumatology Society (PCR), York, UK</p> <p>PaPaS editor and author, Sheena Derry, gave a talk "Expect analgesic failure, pursue analgesic success" at the Clinical Pharmacology Colloquium meeting on 19 May 2012 in Liverpool. The work was based on data from the Cochrane overview 'Single dose analgesics for acute postoperative pain'.</p> <p>PaPaS editor Phil Wiffen was asked to provide training at the Middle East International Pain Academy conference in Dubai, and regularly provides Cochrane Systematic Review style training for authors in China.</p> <p>A PaPaS author was invited to write a summary of his Cochrane review for the Journal of Neurology, Neurosurgery and Psychiatry for their Cochrane Neurological Filed Corner. It was first published online July 2012, and the journal article is now available: Kirthi V, Derry S, Moore RA, McQuay HJ. Aspirin for acute migraine headaches in adults. J Neurol Neurosurg Psychiatry. Epub 24 July 2012. DOI: 10.1136/jnnp-2012-302487.</p> <p>In 2013: The Cochrane Collaboration Mid-Year Meeting, and UK and Ireland 21st Anniversary</p>

	Symposium, Oxford, UK The British Pain Society 2013 Annual Scientific Meeting, Bournemouth, UK The Cochrane Collaboration 21 st Colloquium, Quebec
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c. Task/objective:	We would like to support the Headache Assistant ME post for at least two days a month to increase production of our Headache reviews and to establish more support for Headache, to do this we will need to seek alternative funding.
Measured by:	Funding the Headache AME for at least two days a month (up to 0.2fte)
Completion date:	2010 and on-going
To be actioned by:	Co-Ed, ME, Headache AME
Comment:	From 1 st January 2013, funding has been secured for a further 3 years from the International Headache Society, to continue the post of headache/migraine AME for two days per month.

d. Task/objective:	To establish an audit system and monitor the progress of our pathways from title to protocol, protocol to review and review to review update.
Measured by:	Completion of audit system and regular feedback at PaPaS team meetings on figures produced by the audit
Completion date:	2010
To be actioned by:	AME, ME, Co-Ed
Comment:	<p>From September 2012, PaPaS holds regular team meetings every 4 – 8 weeks, attended in person in Oxford or by Skype by Co-Ed, ME, both part-time AMEs, TSC, 3 editors. Discussion of the workflow and editorial procedures is a standing item on the agenda.</p> <p>We have agreed internal targets for the annual output of protocols, reviews and updates, and the ME reports progress on a monthly basis. We are expecting to introduce a monthly summary of PaPaS' critical features for our CRG in 2013 in the form of a 'Dashboard'. The critical features could include quantity of published reviews, number of citations, quality/complexity of reviews, number of updates, funding, referenced in national guidelines.</p> <p>The ME circulates weekly 'workflow' reports to both AMEs and one Consultant, summarising their current workload and deadlines, to enable the ME to monitor progress and the workflow managers to prioritise their tasks.</p> <p>We held extensive discussions around our editorial processes at the end of 2012 to assess the efficiency, management, and timeliness of each stage. A flowchart of the process was developed and agreed by the team, and includes expected timelines for each stage. The ME is in consultation with the Cochrane Information Support Team (IMS) regarding the implementation of a monitoring report to enable CRGs to audit adherence to the internal targets via the database, 'Archie'.</p> <p>We hold annual (or bi-annual) editors' meetings to discuss the current status of the review group, and emerging issues within our scope. In 2012, the meeting was held on 17th February in Oxford. In February 2013, the agenda includes: an audit of progression from protocol to review to update; summary of the editorial process; PaPaS impact factor and global contribution to our field; prioritising and meeting the needs of our stakeholders.</p> <p>In 2012, we initiated an assessment of our reviews in need of updating, and began developing a protocol for prioritising the out-of-date titles; reviews are considered out-of-date at two years from publication. We also created a decision-making tool specific to our group, and we are in on-going talks with Field Editors and other stakeholders with the aim of drastically reducing the number of out-dated PaPaS reviews in the Library by end 2013 (see 8c).</p>

e. Task/objective:	The ME, UK MEs and TSC will have annual appraisals to discuss past and future work and to set individual objectives (Co-Ed, ME, AMEs, TSC).
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Measured by:	Set up
Completion date:	2010 and on-going
To be actioned by:	Co-Ed, ME
Comment:	Since the new ME started in post in August 2012, the ME and UK-based AME completed their appraisals in November and December 2012 respectively. 6-month reviews for the ME and AME, and the appraisal for the TSC, are planned for 2013.

f. Task/objective:	Investigate potential sources of funds above those already explored to further support the work of the group.
Measured by:	Non-DH funding sources identified
Completion date:	End of 2010, on-going
To be actioned by:	Co-Ed
Comment:	We plan to apply for The NIHR Cochrane Collaboration Programme Grant in 2013. We also intend to apply for additional funding from the Cochrane Collaboration's Discretionary Fund to support the input of our statistician, and for funding from The British Pain Society's Mildred Clulow grant.

g. Task/objective:	Prepare Business plan for Department of Health (DH) on an annual basis.
Measured by:	Approved by DH
Completion date:	March 2010 and on-going
To be actioned by:	ME, Co-Ed
Comment:	On-going.

2. Selecting and prioritising systematic review topics and titles.

a. Task/objective:	The PaPaS Editorial board will aim to ensure the scope matches current requirements for clinicians in practice and work on seeking priority topic titles that can provide answers for healthcare providers worldwide.
Measured by:	Improvements in the scope published on the module text and set up of priority titles list highlighting areas not covered by our revised scope
Completion date:	On-going over the five year period
To be actioned by:	Co-Ed, Editors
Comment:	<p>We have simplified the wording of our scope on the website and in the module.</p> <p>We have removed the list of 'vacant' and priority titles from our website as we would like to assess potential contributors upon receipt of their enquiries based on their expertise and experience. We actively encourage potential contributors to contact the ME, and we have added a link to the Cochrane Collaboration's approved 'Contact Information Form' which can be completed to introduce the individual's skills and requirements.</p> <p>We aim match the level of expertise and the skills of potential authors to the complexity and relevance of the reviews for which we require additional authors.</p> <p>We identify priorities through a combination of peer group presentations and reviews at national and international congresses. We regularly make use of the IASP SIG (The Special Interest Group on Neuropathic Pain) in systematic reviews to engage clinicians. We engage with patient forum panels of key constituents, for example professional groups, patients, etc. We also hold discussions with guidelines developers.</p> <p>For neuropathic pain, we conducted a series of Delphi rounds regarding priority setting for titles in neuropathic pain, for drugs and non-pharmacological interventions, set against extant reviews, protocols, and titles in the Library. This involved neuropathic pain experts in the UK, and international experts from the IASP neuropathic pain special interest group.</p> <p>This resulted in identifying more than 40 new potential titles. Reviews are now available or shortly expected (April 2013) on all antiepileptic drugs used in neuropathic pain and all topical therapies. By year-end, all or almost all</p>

	<p>antidepressant drugs will have been covered. Around 12 neuropathic pain reviews are in progress, and groups have been identified in Scandinavia, Singapore, and Taiwan who are interested in contributing by picking up other topic areas to maintain the flow of new reviews. The aim is to have a comprehensive coverage of neuropathic pain titles (and overviews) in the collaboration.</p> <p>In late 2013 another round of priority setting is expected to take place for acute pain titles with the approximately 200 attendees (mostly UK) from all disciplines at the acute pain conference.</p>
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b. Task/objective:	PaPaS review group to arrange an annual meeting for the Editors as of 2010 onwards to further support the work of the Editorial base and to advise on direction.
Measured by:	Annual Editors meeting being held (alongside other relevant Pain or Palliative meeting to reduce costs)
Completion date:	On-going over the five year period
To be actioned by:	Co-Ed, Editors
Comment:	We hold annual (or bi-annual) editors' meetings to discuss the current status of the review group, and emerging issues within our scope. See 1d.

c. Task/objective:	Improve the expertise of review team authors submitting titles to ensure increased quality of reviews published by the PaPaS review group.
Measured by:	Improvements to title registration form including outlining the expected expertise of a review team including first language English speaking author on-board, Statistician, Cochrane Mentor for new authors; and decrease in time protocols, reviews and review updates take to go through the editorial process.
Completion date:	On-going over the five year period
To be actioned by:	ME, AMEs
Comment:	<p>The Editorial Resources Committee (ERC) has introduced a new Review Proposal Form (RPF) to replace the original Title Registration Form, which we routinely use. This form clearly states the CRG expectations of author teams, as follows:</p> <ul style="list-style-type: none"> • Make sure that your proposal falls within this group's scope, and that it has not already been covered in another Cochrane review. Check existing registered titles at www.cochrane.org/reviews/en/topics. • Note that all authors must follow the Cochrane Handbook for Systematic Reviews of Interventions and the Methodological Expectations of Cochrane Intervention Reviews (MECIR). • Be aware that preparing a Cochrane review requires a significant, long-term commitment. At least two authors are required before a title can be registered. • By completing this form, you accept responsibility for preparing, maintaining and updating the review in accordance with Cochrane Collaboration policy. The Cochrane Review Group (CRG) will provide as much support as possible to assist with the preparation of the review. • You accept responsibility for maintaining the review in light of new evidence, comments and criticisms, and other developments, and updating the review at least once every two years, or, if requested, transferring responsibility for maintaining the review to others as agreed with the CRG. • Provide contact details for everyone you expect to be an author of the review. For more information on authorship, see Handbook section 4.2.2. You should have at least two authors, and should include someone with relevant content area expertise and someone with experience in writing a systematic review to ensure it meets the Cochrane minimum standard required. At least one author's first language must be English. Your team must possess, or have access to, the statistical skills required to extract, manipulate and interpret data from the included studies. Incorporating the perspectives of those affected by the intervention is highly recommended. Authors are responsible for ensuring the review will be updated in future. <p>The CC has introduced MECIR standards (Methodological Expectations of Cochrane Intervention Reviews, website here) to ensure consistently high quality in</p>

	<p>all reviews. Currently, authors are expected to adhere to the mandatory conduct standards for protocols, and apply the mandatory reporting standards to full reviews. The editorial base is responsible for checking adherence to the standards, and this is part of our routine editorial check. We plan to develop and implement template protocols for all topic areas within our scope during 2013.</p> <p>In 2014, the CC will audit adherence in published reviews.</p>
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d. Task/objective:	Co-ordinating Editor to reserve the right to withdraw a title at the draft protocol stage if the author appears not to be writing to the standard PaPaS expect.
Measured by:	Changes to the title registration form and declaration as such on module text and the website – withdrawal of draft protocols that are not meeting our expected standards.
Completion date:	On-going over the five year period
To be actioned by:	Co-Ed, ME
Comment:	<p>The Review Proposal Form (RPF) states:</p> <ul style="list-style-type: none"> If drafts are not submitted before the agreed deadlines, or if we are unable to contact you for an extended period, the CRG has the right to de register the title or transfer the title to alternative authors. The CRG has the right to de register or transfer the title if it does not meet the standards of the CRG and/or The Cochrane Collaboration. <p>We withdrew 4 protocols from The Cochrane Library in 2012, and we are regularly assessing the timeliness of progress from registration to protocol publication in order to identify those that should be withdrawn. Considerations for withdrawal include the relevance and priority of the title and topic area, the capability and availability of the author team, the availability of data, and the responsiveness and timeliness of submissions. See 2c.</p>

e. Task/objective:	Scoping review: we will review and refine the scope of our review group with particular regard to a better definition of Supportive Care and Palliative Care.
Measured by:	Improvements in the scope of Supportive Care and Palliative Care.
Completion date:	2011
To be actioned by:	Co-Ed, Editors
Comment:	<p>We have simplified the wording of our scope on the website and in the module. See 2a.</p> <p>Two PaPaS editors developed the new working definition of supportive care in 2012: Development of a generic working definition of 'supportive care' Fiona Cramp, Michael I Bennett, in BMJ Support Palliat Care, bmjspcare-2012-000222. Published Online First: 2 August 2012, doi:10.1136/bmjspcare-2012-000222.</p>

3. Facilitating the production and maintenance process for high quality, relevant, up-to-date systematic reviews.

a. Task/objective:	Implement the Archie workflow system within the office alongside maintaining internal workflow systems to increase production of PaPaS protocols, reviews and review updates.
Measured by:	Increase of protocols, reviews and review updates from past five year levels, improved author experience
Completion date:	On-going over the five year period
To be actioned by:	All staff; monitored by the ME
Comment:	<p>The Archie workflow has been fully implemented and it is an expectation of all workflow managers (i.e. ME, AMEs, Consultants) to utilise this function in Archie. 'Ticket' emails are now sent routinely to all participants of the process, namely authors, editors and peer referees. They are asked to respond directly to the ticket email, which uploads their response and any documentation automatically into the system. As a result, our records are up-to-date, transparent and an accurate reflection of the process.</p>

	<p>We have created and implemented the use of standardised template wording for the ticket emails, and we routinely introduce standardised documents as soon as they are approved by the ERC.</p> <p>We expect to maintain, or increase, our annual output in 2013 in comparison to 2012, and this will in part be due to the efficiencies gained by introducing this new workflow system.</p> <p>We developed the AUREF Guide (Author and Referee Guidance) in 2011 as a supporting document for all authors and referees, and this is also freely available on our website (here).</p>
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b. Task/objective:	Maintain use of current in-house PaPaS tracking system until Archie workflow performs tracking system function of aiding us to chase authors periodically and record correspondence.
Measured by:	Use of PaPaS tracking system until full implementation of Archie Workflow system.
Completion date:	2011
To be actioned by:	ME, AMEs
Comment:	No longer relevant. See 3a.

c. Task/objective:	Use Archie vacant titles function, PaPaS website, attendance at conferences as appropriate to seek new authors for titles in need of an update or published protocols not progressed.
Measured by:	Increased amount of authors contacting PaPaS requesting they pick up our priority titles. PaPaS team to direct new authors to these titles when authors want guidance on what title to write.
Completion date:	2011, on-going
To be actioned by:	ME, AMEs
Comment:	This is an on-going process. See 2a.

d. Task/objective:	TSC to check the search section and search strategies drawn up for all draft protocols, reviews and review updates; and to offer services as required to develop search strategies on behalf of the authors.
Measured by:	All protocols, reviews, review updates checked by TSC. TSC to support authors to design search strategies as required.
Completion date:	2011, on-going
To be actioned by:	TSC
Comment:	<p>In mid-2012, the PaPaS TSC left her post, and we were not able to provide TSC support until the appointment of a new TSC in October.</p> <p>Currently, the TSC works 10 hours per week.</p> <p>We offer searching support to all authors, at every stage in the editorial process. It is a standard element of the workflow that the TSC offers support in developing the search strategy at protocol development stage; full support in running the searches at review and review update development; and checks the final draft before publication. Where possible, the TSC also checks reviews that were published before October 2012 to ensure quality.</p>

e. Task/objective:	Recruit and train new Editors, a new Statistician and new authors as required through one to one training or training events organised by PaPaS.
Measured by:	One-to-one training set up over e-mail or telephone or face to face as required, training events organised in association with others such as Editors.
Completion date:	2010, on-going
To be actioned by:	Co-Ed
Comment:	<p>In 2012, the PaPaS palliative care editor announced he would be stepping down from his voluntary post in early 2013. The Co-Ed has identified a replacement expert in this topic area, post to commence early 2013.</p> <p>At 2012, no additional statistician support identified.</p>

	<p>Some new authors are offered one-to-one training at PaPaS for the development of their protocol: this depends on author experience in preparing Cochrane systematic reviews, available funding for travel, and available resources in the PaPaS office.</p> <p>Two PaPaS editors are expecting to develop specific training for authors and 'users' of our reviews during 2013.</p>
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f. Task/objective:	Ensure Editors work to their job description of reviewing at least three protocols, reviews or review updates per year for the PaPaS review group.
Measured by:	All Editors assessing at least three pieces of work during each year, the review group keeping a list of amount of times an Editor is contacted.
Completion date:	2010, on-going
To be actioned by:	Co-Ed, ME, AMEs
Comment:	<p>At 2012, all tasks are captured in the database, 'Archie', and workflows can be evaluated by running specific reports. The ME can provide a list of tasks assigned to a particular role, as well as the anticipated timeline.</p> <p>Currently, the editors are all meeting the requirements of reviewing at least 3 titles per year.</p>

g. Task/objective:	Recruit and train volunteer handsearchers.
Measured by:	Two to be recruited
Completion date:	2010, on-going
To be actioned by:	TSC
Comment:	This task is no longer relevant as we do not require handsearching.

h. Task/objective:	Maintain the group's Trials Register and submit to CENTRAL on a quarterly basis.
Measured by:	Increase in size of database and quarterly submissions sent to CENTRAL.
Completion date:	On-going
To be actioned by:	TSC
2013 Comment:	<p>See 3d. No records were entered into the Specialised Register in 2012.</p> <p>The TSC has uploaded all PaPaS records onto the live database (Mar 2013). Submissions to CENTRAL on a quarterly basis are under review due to the limited funds available for TSC support.</p>

i. Task/objective:	Develop specific search strategies for acute pain, chronic pain, palliative care and supportive care.
Measured by:	Development of individual searches for these scope areas.
Completion date:	2011, on-going
To be actioned by:	TSC
Comment:	<p>Since starting in October 2012, the new TSC has begun assessing the current search strategies for PaPaS in the areas of acute pain, chronic pain, palliative care and supportive care, which were originally developed by her predecessor. This review process will be complete by mid-2013, and no major amendments are anticipated.</p> <p>The updated search strategies will be available on our website and in the CRG module.</p>

j. Task/objective:	Review standard methods for reporting pain outcomes and develop recommendations for appropriate reporting.
Measured by:	Publish new standard methods for reporting pain outcomes and recommendations in the module text.
Completion date:	2011, on-going
To be actioned by:	Co-Ed, Editors.
Comment:	In 2011 we produced a specialist pain guide for authors and peer-reviewers. This was based on work by Cochrane editors and the IASP Special Interest Group on systematic reviews (Moore RA, Eccleston C, Derry S, Wiffen P, Bell RF, Straube S,

	<p>McQuay H; ACTINPAIN Writing Group of the IASP Special Interest Group on Systematic Reviews in Pain Relief; Cochrane Pain, Palliative and Supportive Care Systematic Review Group Editors. "Evidence" in chronic pain--establishing best practice in the reporting of systematic reviews. Pain. 2010 Sep;150(3):386-9).</p> <p>This was based on research parallel to production of Cochrane reviews involving individual patient data analyses in acute and chronic pain. Subsequent individual patient data analyses have provided additional information on other sources of significant bias in chronic pain studies (Moore RA, Straube S, Eccleston C, Derry S, Aldington D, Wiffen P, Bell RF, Hamunen K, Phillips C, McQuay H. Estimate at your peril: imputation methods for patient withdrawal can bias efficacy outcomes in chronic pain trials using responder analyses. Pain. 2012 Feb;153(2):265-8).</p> <p>These initiatives were supported by systematic research of studies investigating patient expectations from pain treatment (Moore RA, Straube S, Aldington D. Pain measures and cut-offs - 'no worse than mild pain' as a simple, universal outcome Anaesthesia. 2013 Apr;68(4):400-12), and a linked series of systematic reviews on health economics (Moore RA, Derry S, Taylor RS, Straube S, Phillips CJ. The Costs and Consequences of Adequately Managed Chronic Non-Cancer Pain and Chronic Neuropathic Pain. Pain Pract. 2013 Mar 6. doi: 10.1111/papr.12050).</p> <p>In 2013 the authors' guide is due to be updated, and it is expected that an abbreviated form will be submitted for publication.</p>
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4. Maintaining and contributing to quality improvement processes to ensure that systematic reviews are produced to a consistently high quality in line with the principles and practices of The Cochrane Collaboration.

a. Task/objective:	Participate in the Collaboration's annual monitoring exercise, and implement their subsequent recommendations.
Measured by:	Submission of monitoring reports annually and implementation of any resultant recommendations.
Completion date:	2011, annually
To be actioned by:	ME, Co-Ed, AMEs, TSC
Comment:	The 2012 Monitoring Report is due 12 th April 2013.

b. Task/objective:	ME, AMEs and TSC to maintain membership of relevant societies and attend training as required.
Measured by:	Membership of CILIP and SfEP to be maintained for all, attendance at medical editors training for ME and AMEs and search training as required for TSC.
Completion date:	2011, annually
To be actioned by:	ME, Co-Ed, AMEs, TSC
Comment:	<p>Membership of CILIP and SfEP has lapsed as it was not relevant to our needs.</p> <p>The ME is a member of WAME (World Association of Medical Editors), 'a non-profit voluntary association of editors of peer-reviewed medical journals from countries throughout the world' (http://www.wame.org/about). We are also investigating the costs and potential benefits of joining The Committee on Publication Ethics (COPE), which provides advice to editors of peer reviewed journals.</p> <p>Where feasible, we aim to attend any specific training courses provided by the CC, and try to interact with the CC online resources and discussion forums regularly.</p>

c. Task/objective:	Seek funding for and recruit a part-time (0.1fte) Statistician to improve statistical aspects of reviews and to look at each draft protocol, review and review update for comment.
Measured by:	Funding identified and Statistician recruited.
Completion date:	July 2010
To be actioned by:	Co-Ed, ME
Comment:	No funding has been identified and this objective remains a priority.

d. Task/objective:	Attend Cochrane Colloquia in order to keep up to date with quality issues, and attend appropriate training events.
Measured by:	Attendance and implementation of learning.
Completion date:	2010, and annually
To be actioned by:	Participation according to need and budget
Comment:	There were insufficient funds in 2012 for the team to attend the Colloquium in New Zealand. The Co-Ed, ME and UK-based AME plan to attend in 2013.

e. Task/objective:	Maintaining and revising material in line with new policies and ensuring the use of the latest version of the Cochrane Handbook.
Measured by:	PaPaS able to support authors to write Risk of Bias and Summary of Findings tables. Completion of Declaration of Interest forms and Handbook changes as required.
Completion date:	2010
To be actioned by:	ME, Co-Ed, AMEs, TSC
Comment:	<p>All authors are informed of the latest version of the Handbook on our website, in newsletters (most recent, December 2012 by email), in the Review Proposal Form, in the MECIR standards booklets (see 2c), and in the 'Welcome' email we send upon title registration.</p> <p>All Conflicts of Interest forms are completed via Archie, and automatically stored in the database.</p> <p>We now require all authors to include 'Risk of bias' tables in their full review and review updates. The AUREF document provides guidance for authors for assessing the risk of bias in included studies in their protocol and review. We expect authors to include Summary of Findings tables in reviews, and we can provide editorial support for this.</p> <p>We expect to produce template protocols for authors in 2013 to ensure we are consistent in meeting standards.</p> <p>We have implemented the use of the ERC Pre-submission Checklist for use by the editorial staff, which ensures we are consistently checking Mandatory MECIR conduct and reporting standards against the relevant sections for protocols.</p> <p>We are planning an internal audit of our reviews in mid-2013 for compliance with MECIR, readability, and the latest methodological standards to ensure we are meeting the expectations of quality.</p>

5. Recruiting, training and giving on-going support to contributors to the CRG's review production process.

a. Task/objective:	Update and improve supporting documentation for review authors.
Measured by:	Published and sent out regularly to authors.
Completion date:	2010 and on-going
To be actioned by:	ME, AMEs
Comment:	<p>At December 2012, we are routinely using the following 'good practice' documents approved by the Editorial Resources Committee, and all are available on our website and attached to template emails in Archie:</p> <ul style="list-style-type: none"> Contact information form Review proposal form for intervention reviews Standard email text for new authors Resource list for new authors Author pre-submission checklist for protocols External peer referee checklist for protocols Consumer referee form for protocols Consumer referee form for reviews Guidance for using the consumer referee forms

	<p>Pre-copy-editing checklist Copy-editor's checklist</p> <p>Expected to be circulated for use in 2013: Author pre-submission checklist for reviews External peer referee checklist for reviews</p>
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b. Task/objective:	Investigate implementation of 'lead editor' or mentor system to support review authors.
Measured by:	Discussions at Editor meeting and any resulting outcomes.
Completion date:	2010
To be actioned by:	Co-Ed, ME
Comment:	This objective is now assessed as low priority as we are introducing template protocols, and the AUREF guide is available for authors. These systems provide pain-specific guidance in an open and consistent manner.

c. Task/objective:	Update and maintain website in move over to The Cochrane Collaboration website software.
Measured by:	Website updated and maintained and increased use by team to provide information to people interested in getting involved with the PaPaS review group.
Completion date:	2010, on-going
To be actioned by:	AME, ME, Co-Ed
Comment:	<p>We are anticipating a change to the entity websites by the IMS team in 2013. The website is currently kept up-to-date by the ME, and the structure, layout and content will be adjusted in response to the changes to be introduced.</p> <p>We are using Twitter (@CochranePaPaS), and sharing blog entries from 'Evidently Cochrane' on our website. Part of our medium-term strategy is to develop our Social Media presence, and we are considering the following: contributing to blogs worldwide within our topic area, adding podcasts to our website, tweeting regularly, setting up a Facebook page, regular newsletters for contributors. This will allow us to connect with a wider audience; in particular, we would like to target USA and Australia in the first instance.</p>

d. Task/objective:	Assisting review authors with the development and/or peer review of the search strategy for their review.
Measured by:	Search strategies checked by TSC and published in the protocol, review and review update in <i>The Cochrane Library</i> .
Completion date:	On-going
To be actioned by:	TSC
Comment:	The TSC routinely checks and submits feedback on the search strategy in new protocols (from October 2012), and supports all authors in performing the searches for reviews and updates, if required. The TSC also aims to submit feedback on the search strategy, and results, in protocols, reviews and review updates before publication, as a quality control check.

e. Task/objective:	Updating and re-running search strategies in published reviews to facilitate their updating.
Measured by:	For topics where new trials have been conducted, reviews updated within three years
Completion date:	On-going
To be actioned by:	TSC
Comment:	The TSC routinely completes this task for all authors, as required.

f. Task/objective:	Responding to review authors' problems and training needs in a timely fashion.
Measured by:	Initial response within six days, resolution within one month.
Completion date:	On-going
To be actioned by:	Co-Ed, ME, AMEs, TSC, Editors
Comment:	The PaPaS team routinely acknowledge enquiries within 6 days, and aim to provide

	resolution or guidance within two weeks.
g. Task/objective:	Arranging for data extraction or partial translation of non-English language trial reports.
Measured by:	Ability of review authors to properly assess and include or excluded non-English language trial reports.
Completion date:	on-going
To be actioned by:	TSC
Comment:	The ME and TSC will action this task. We have access to translators when necessary.
h. Task/objective:	PaPaS to improve availability of training to authors.
Measured by:	ME to participate as a facilitator in UKCC training as required. PaPaS to encourage author contact through documentation written and website and to increase phone contact.
Completion date:	on-going
To be actioned by:	Co-Ed, ME, AMEs, TSC
Comment:	ME resigned in early 2012 and was promoted to a senior position within the Collaboration, and a new ME started in post in August 2012. Two PaPaS editors are expecting to develop specific training for authors and 'users' of our reviews during 2013.
6. Increasing consumer participation in the review production process.	
a. Task/objective:	Recruit more Editors, authors or peer reviewers from Developing Countries.
Measured by:	4 or more new developing country people involved with the review group
Completion date:	2010, on-going
To be actioned by:	Co-Ed, ME
Comment:	On-going. Our Editors and peer referees may recommend potential contributors from LMICs. Anyone can complete the 'Contact Information Form' available on our website and submit to the ME if they are interested in contributing to PaPaS in any capacity. Attending meetings, conferences, training courses, and the Colloquium, gives us networking opportunities to meet potential and existing contributors.
b. Task/objective:	Establish contacts with agencies in developing countries.
Measured by:	Make contact with one agency in Africa and one in Asia
Completion date:	2010, on-going
To be actioned by:	Co-Ed
Comment:	We actively promote the CRG via IASP [International Association for the Study of Pain] and have some peer reviewers from LMICs. In reality, while we are very willing, members of our close team have worked in a number of LMICs but meaningful engagement has proved difficult.
c. Task/objective:	Improve Australasian pain and palliative care contacts.
Measured by:	Increased Australian authors, peer reviewer contacts as well as involving an Australian Editor.
Completion date:	2010, on-going
To be actioned by:	Co-Ed
Comment:	The PaPaS chronic pain Field Editor is speaking at the Australian Pain Society conference in Australia in 2014. This provides us with an opportunity to promote PaPaS during the preceding 6 month period, via social media, newsletters, networking. We are planning a training day in collaboration with the International Association for the Study of Pain Special Interest Group in Systematic Reviews.

d. Task/objective:	Maintain contacts with other international agencies.
Measured by:	Continue liaison with WHO on the evidence for drugs on the Essential Medicines list.
Completion date:	On-going
To be actioned by:	Co-Ed/Editor
Comment:	The PaPaS headache field editor is developing a bid for World Health Organisation [WHO] to change their essential medicines list.

e. Task/objective:	Increase number of reviews being sent through to CCnet working to sending at least 60% of protocols, reviews and review update to ensure consumers comment on as many as possible. Accepting that for some titles it is difficult to get a consumer response to all due to the nature of our palliative care scope.
Measured by:	60% or more of our protocols, reviews and review updates being commented on by a consumer in any year. PaPaS will keep a list for consumers interested in particular topics and ensure our website and materials encourage participation from consumers.
Completion date:	Annually
To be actioned by:	ME, AMEs
Comment:	We aim to routinely include comments from one Consumer Referee (or more) for all new reviews. Recently, especially for alternative/complementary medicine in headache and migraine. We tend not to approach consumers at protocol stage. Author teams may approach consumers for their input. We maintain a list of all consumers who would like to contribute as a referee, and currently there are 51 consumer referees associated with PaPaS whose contact details are listed in Archie.

Other objectives from Cochrane Strategic Plan

[You may wish to set out here how you will contribute to other aspects of the Cochrane Strategic Plan]

a. Task/objective:	Identifying procedures to update reviews.
Measured by:	Decrease the amount of reviews that are in need of an update, withdraw reviews that authors are no longer able to update and add the titles to 'vacant titles' as required.
Completion date:	Annually
To be actioned by:	ME, Co-Ed
Comment:	In 2012, we referred to the Updating Decision Tool, developed by Sally Hopewell et al in 2011, in order to prioritise our updates. We have a PaPaS protocol for assessing reviews for updating based on a hierarchy of decisions, namely the relevance of the question, availability of the author team, any new evidence, and whether the conclusions are likely to change. We assess our resources against the availability of the author team. We require the author team to refer to our 'Updating your Cochrane review' document, which is also available on our website. Updating reviews every 2 years presents a large problem as we simply do not have the resources to manage the workload: see 8c. We have identified the need for more clinical input for prioritising new reviews and updates. Also, we are introducing a task to ask authors upon publication if they can assess how soon it will need updating.

b. Task/objective:	Ensuring potential conflicts of interest are disclosed and ensuring publication of work is authorised.
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Measured by:	Completion by authors at the protocol stage of the 'Declaration of Interest' form alongside the 'Licence to publish form'.
Completion date:	On-going
To be actioned by:	ME, AME
Comment:	All Conflicts of Interest and Licence for publication forms are completed by authors via Archie, and responses are automatically stored in the database. The forms are distributed by the ME, AME and consultant workflow managers via the system.

c. Task/objective:	Raising awareness and demand within potential user groups including those communities for whom English is not the first language.
Measured by:	Increasing input from authors whose first language is not English, 10 new review authors on-board and 20 new peer reviewers.
Completion date:	2013
To be actioned by:	Co-Ed, ME, AMEs
Comment:	See 6a and b.

d. Task/objective:	Contribute to policy and practice development within The Cochrane Collaboration.
Measured by:	Responding to questionnaires, proposals and information requests in a timely fashion, and attend the Annual General Meeting of The Cochrane Collaboration.
Completion date:	On-going
To be actioned by:	Co-Ed/ME
Comment:	<p>The Co-ordinating Editor and ME attended the 2012 Mid-Year meeting in Paris.</p> <p>The Co-Ed is attending the Mid-Year Executives' meeting in Oxford in March 2013.</p> <p>The ME and AME have responded to requests regarding the ME Support system, and the Core Functions proposal.</p> <p>The UK-based AME is on the Editorial Resources Committee.</p> <p>The ME is part of the 'Conferences and meetings working group' for the 21st Anniversary celebrations and promotional activities.</p> <p>The ME, TSC and UK-based AME will attend the Cochrane Collaboration UK and Ireland 21st Anniversary Symposium, Oxford, UK in 2013.</p>

Other local objectives

[These may relate to other activities undertaken by the CRG as a result of their Cochrane activities, e.g. as a result of institutional co-location. In particular, NIHR is keen to encourage CRGs to engage with the NHS to assist in the communication of findings of systematic reviews]

a. Task/objective:	Contribute to the work of the Pain Research Unit including delivering our review findings where possible.
Measured by:	Attendance at in-house meetings and conferences, distribution of information as required.
Completion date:	On-going
To be actioned by:	Co-Ed, ME, AMEs, TSC
Comment:	We have involved and are involving individual consultants in individual Cochrane reviews and in overviews.

b. Task/objective:	Develop and maintain partner working on research initiatives with the hospice at The Churchill Hospital, Sir Michael Sobell House.
Measured by:	Involvement as peer reviewers and authors.
Completion date:	On-going
To be actioned by:	Co-Ed, ME
Comment:	<p>There are 24 authors registered with PaPaS based at the Churchill Hospital, Oxford, 2 of whom are based at Sobell House.</p> <p>There are 5 referees registered with PaPaS based at the Churchill Hospital, 2 of</p>

	whom are based at Sobell House. We are involving one consultant as an author.
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c. Task/objective:	Make contact with clinicians from the new Cancer Centre on The Churchill Hospital site and get them involved with peer review and/or coming on as authors.
Measured by:	Two new members as peer reviewers or authors gained from the Cancer Centre.
Completion date:	2012
To be actioned by:	Co-Ed, ME
Comment:	This is an objective for 2013.

8. Longer term objectives 2014-2015

[You may wish to set out briefly any changes or additions that you currently envisage to objectives for the longer term. However, this is not mandatory and there will be an opportunity to refine objectives in the annual reporting process.]

a. Task/objective:	Set up and maintain a system for rotating Editors off and on the Editorial board for the PaPaS review group.
Measured by:	New Editors on-board and Editors no longer contributing taken off the Editorial board.
Completion date:	2011 (when current Editors are due for renewal or not of their contract with PaPaS)
To be actioned by:	Co-Ed, ME
Comment:	Due to be reviewed and implemented in 2013.

b. Task/objective:	Have 320 titles in process at the registered title, published protocol, full review or update stage.
Measured by:	320 titles, or more, on our books.
Completion date:	2014/15
To be actioned by:	Co-Ed, ME, AMEs
Comment:	At December 2012, PaPaS had 232 published protocols and reviews in The Cochrane Library, 5 new titles registered for development into protocols, and 24 protocols underway towards publication. At December 2012, the total number of titles being managed by PaPaS is 261.

c. Task/objective:	Employ a dedicated review update author after seeking funding for such a post.
Measured by:	Funding sought and found and Review Update author employed.
Completion date:	2012/3
To be actioned by:	Co-Ed, ME
Comment:	In 2012, the Review Update Author was funded for one year by the Trust to assess and update our out-of-date reviews (i.e. reviews that were published more than 2 years ago). The Author identified the key areas to address, and developed a protocol for prioritising updates. The protocol is based on a hierarchy of decisions, namely the relevance of the question, availability of the author team, any new evidence, and whether the conclusions are likely to change. As a result of this work, we stabilised 17 reviews. The Review Update Author helped us to identify the issues with updating, and these issues are currently informing our decision-making. The Collaboration's evolving methodological and quality expectations continue to affect the amount of work needed to ensure reviews meet the latest standards, and the introduction of MECIR (see 2c) further increases the demands on the editorial team and the authors. Dr Gavin Stewart, of the Statistical Methods Group, is developing a tool to aid the prioritisation of updates in collaboration with PaPaS. Our aim is to introduce an effective tool to find even better ways of prioritising updating, with the intention of making experience and products available to the Collaboration.

5a. How has your CRG established plans to ensure priority topics in your topic area are covered and are up to date?

[Please provide a description of the approaches taken to prioritisation of topics and reviews by your group, and identify whether the approach is a) Analytical e.g. looking at trials registers; b) Internal CRG consultation e.g. editorial base/small group analysis of out of date reviews; or c) External CRG consultation e.g. patient organisations/policy makers/clinical experts]

We identify priorities through internal and external consultation, and a combination of peer group presentations and reviews at national and international congresses. We regularly make use of the IASP NeuPSIG (The International Association for the Study of Pain Special Interest Group on Neuropathic Pain) in systematic reviews to engage clinicians. We engage with patient forum panels of key constituents, for example professional groups, patients, etc. We also hold discussions with guidelines developers.

In 2012, we referred to the Cochrane Collaboration's Updating Decision Tool, developed by Sally Hopewell et al in 2011, in order to prioritise our updates.

We have a PaPaS protocol for assessing reviews for updating based on a hierarchy of decisions, namely the relevance of the question, availability of the author team, any new evidence, and whether the conclusions are likely to change. As a result of this work, we stabilised 17 reviews in 2012 (see 8c).

We continually assess our resources against the availability and capability of the author team. We require the author team to refer to our 'PaPaS: Updating your Cochrane review' document, which is also available on our website.

Our external stakeholders include the following:

The Special Interest Group on Neuropathic Pain (NeuPSIG), of the International Association for the Study of Pain (IASP).

Dr Gavin Stewart, of the Statistical Methods Group, is developing a tool for prioritising updates which should be ready for testing early 2013.

WHO: World Health Organisation's essential medicines list

IMMPACT (Initiative on Methods, Measurement, and Pain Assessment in Clinical Trials)

5b. How does your CRG ensure that priority setting plans remain up to date?

[Please provide a description of the approaches taken to ensure that priorities are reviewed and kept up to date.]

This is an on-going assessment and forms part of our regular team meetings as a standing item, and we are in regular discussions with stakeholders and collaborators to monitor our progress. We are using Twitter (@CochranePaPaS), and sharing blog entries from 'Evidently Cochrane' on our website. Part of our medium-term strategy is to develop our Social Media presence, and we are considering the following: contributing to blogs worldwide within our topic area, adding podcasts to our website, tweeting regularly, setting up a Facebook page, regular newsletters for contributors. This will allow us to connect with a wider audience; in particular, we would like to target USA and Australia in the first instance.

Other approaches include attending conferences and the Colloquium, keeping our website up to date, assessing out of date reviews through correspondence with Field Editors in their topic area to discuss titles more than 2 years old.

We are planning to involve consumers in defining meaningful topics, e.g. GPs, patient focus groups, in 2013.

Professor Andrew Moore has agreed to contribute to the updating of global neuropathic pain guidelines with the Special Interest Group on Neuropathic Pain (NeuPSIG), of the International Association for the Study of Pain (IASP), the largest special interest group in IASP.

6. What arrangements have been in place over the past year for development and appraisal of editorial base staff employed using NIHR funding?

The new ME introduced a revised Appraisal form and initiated annual appraisal meetings in November 2012. The template form is based on the recommended criteria from the Oxford University Hospitals NHS Trust, and includes a suggestion to hold a 6-month review in between the appraisals. The first appraisals of core staff, i.e. the new ME and the existing AME, were held at the end of 2012, and 6-month reviews are planned. The new ME also introduced Exit Interview forms, and the first interview was held in October 2012, providing a valuable opportunity to gather information about the office structure and management from a member of staff who left in November following 4 years of service.

7a. Have there been any important changes to your staff, location or scope over the last year?

In July 2012, the previous ME was promoted to a senior position within the Collaboration, and a new ME was appointed in August 2012.

A new Trials Search Co-ordinator was appointed in October 2012 for 10 hours per week following a brief interim with no PaPaS searching support available.

A part-time (zero hours contract) AME based in Oxford left her post in November 2012.

We had anticipated an end to the funding for the second part-time AME, based in USA who covers the headache and migraine titles, but this funding has been secured for a further 3 years from the International Headache Society from 1st January 2013.

7b. Do you anticipate any important changes to your staff, location or scope over the next year that you would like to bring to our attention?

The rent is increasing by 50% from April 2013. Taking into account the general trend of rising costs, for example travel, training and conferences, and overheads, our current funding is inadequate.

8. Does your Cochrane Review Group have a satellite or multiple satellites?

[If yes please provide brief details of this satellite and its location.]

The headache satellite operation closed in 2009/10.

9. Please provide any further information you wish to give that is not covered elsewhere in the report

Some examples of our impact on health guidelines and the wider community:

1 (SIGN) and 15 (NICE) citations in UK guidelines. Professor Andrew Moore is in on-going talks to help SIGN develop chronic pain guidelines.

We have received several recommendations on the Faculty of 1000 website: 'F1000Prime is an in-depth directory of top articles in biology and medicine, as recommended by our Faculty of over 5,000 expert scientists and clinical researchers', link: <http://f1000.com/prime>.

PaPaS Coordinating Editor, Professor Chris Eccleston, contributed to the NHS neuropathic pain 'care map' which has now been published on the Map of Medicine (<http://www.mapofmedicine.com/>).

2012 report of media coverage of The Cochrane Library: 'Cancer: Exercise Reduces Tiredness' 139 stories (in the Top Ten).

BBC World Service 'Health Check' programme: Professor Andrew Moore, April 2012:
<http://www.bbc.co.uk/programmes/p00r1bxt>

BBC Radio 4 'Inside Health': 'Morphine and the heart, antibiotics and the appendix, sick notes, blood tests, painkillers': Professor Andrew Moore with Dr Mark Porter. April 2012.

In Sept 2012, The Center for Advancing Health [<http://www.cfah.org/>] covered a story on 'Topical NSAIDs Provide Relief from Arthritis Pain' from one of our reviews.

Professor Andrew Moore contributed the following in 2012:

- Presentation: National Acute Pain Symposium, Chester, UK
- Workshop: British Pain Society 2012 Annual Scientific Meeting, Liverpool, UK
- 2 Plenary Presentations and workshop: 15th Biennial Congress of the World Society of Pain Clinicians (WSPC), Granada, Spain
- Plenary Presentation: The IASP 14th World Congress on Pain, Milan, Italy
- Presentation: The Royal College of Anaesthetists, Edinburgh, UK
- Presentation and on-going discussions: Scottish Intercollegiate Guidelines Network (SIGN), Edinburgh, UK
- Presentation: The Primary Care Rheumatology Society (PCR), York, UK

Professor Chris Eccleston contributed the following in 2012:

Plenary address (British Pain Society Annual Lecture) British Pain Society 2012 Annual Scientific Meeting, Liverpool, UK

Evidence workshop: British Pain Society 2012 Annual Scientific Meeting, Liverpool, UK

Plenary address: 15th Biennial Congress of the World Society of Pain Clinicians (WSPC), Granada, Spain

Evidence workshop: 15th Biennial Congress of the World Society of Pain Clinicians (WSPC), Granada, Spain

Evidence workshop: The IASP 14th World Congress on Pain, Milan, Italy

Publication workshop: The IASP 14th World Congress on Pain, Milan, Italy

⁷ Please include any significant training (e.g. workshops, courses etc.) provided to those contributing to Cochrane reviews and other systematic reviews, but exclude occasional 1:1 support of authors of your reviews.

Certified as correct by:

Coordinating Editor: Professor Christopher Eccleston

Date: 30th April 2013

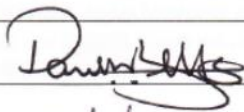
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Institution's Finance Officer: Paul Betts

Institution's Finance Officer:

Signature: 

Date: 22/4/13

Date: 22.04.13

Please return the completed form by email attachment to Helen Buxton at NETSCC (SRPinfo@southampton.ac.uk), **by 1 May 2013 at the latest. Due to the deadline for preparing a management report for the Systematic Reviews Programme Advisory Group, extensions to this deadline cannot be granted.**

NB: "wet-ink" signatures and subsequent paper copies of this report form are not required. Electronic or scanned signatures are sufficient for submission.