

NIHR Cochrane Review Group Infrastructure Award

Annual Report for 2015

Reporting period for activity and outputs: 1 Jan 2015 to 31 Dec 2015.¹

Report submission date: by 6 May 2016 (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 2015.

Name of Cochrane Review Group:	Pain, Palliative and Supportive Care
Name of host institution:	Oxford University Hospitals Foundation Trust

Contact details:	Name	Email address	Telephone no.
Host institution Finance Officer	Nuala Donnelly	Nuala.Donnelly@ouh.nhs.uk	01865 223503
Co-ordinating Editor	Professor Christopher Eccleston	papas@bath.ac.uk	01225 386439
Managing Editor	Mrs Anna Erskine	anna.erskine@ndcn.ox.ac.uk	01865 225762

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

PaPaS CRG members provided the following training in 2015.

Co-ordinating Editor, Professor Chris Eccleston

- No formal training. Mentorship, consultation, and advice on a range of titles and to novice authors. Multiple presentations at scientific meetings on PaPaS, Cochrane, and Evidence Based Medicine.

Managing Editor, Anna Erskine

- Patient and Public Involvement workshop with adults with chronic pain, to encourage involvement as Consumer Referees with our Programme Grant reviews; Bath University, May 2015.

Editor and author, Sheena Derry

- Cochrane training given at Cochrane UK: RA1, RA2, RA3 in February, September, and December 2015.

Senior editor and author, Professor Phil Wiffen

- Training in systematic reviews provided at various institutions in different countries throughout 2015, as part of his own business, Oxford Systematic Review Solutions.

Editor, Neil O'Connell

- A 2 day course given to clinicians in Chicago, at Entropy Physical Therapy and Wellness, on interpreting evidence and critically appraising research for clinicians.

Editor Amanda C de C Williams

- Encouraged use of systematic reviews for the European Association for Urology (EAU) Chronic Pelvic Pain guidelines, as part of her work on the guidelines group.
- Has some DClinPsy (doctorate in clinical psychology) trainees on the UCL course doing systematic reviews and meta-analyses, using the Cochrane Handbook.

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

The Managing Editor, Assistant ME and the Information Specialist (IS, formerly TSC) attended the Cochrane UK and Ireland Symposium, Dublin, UK [April 2015]; training, workshops and plenaries provided on the theme of 'advocating for evidence'.

The Co-ordinating Editor, ME, AME and IS attended The Cochrane Colloquium, Vienna [Oct 2015]: training, workshops and plenaries provided on the theme of 'Filtering the information overload for better decisions'.

The AME and Systematic Reviewer attended RA 1 & 2 Cochrane Review Author Training (Oxford).

The ME, AME and Systematic Reviewer regularly attend online webinars provided by Cochrane, including Covidence and plagiarism.

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 2014 impact factor (as provided by Wiley) here: 7.000

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]

2015-16 objectives, taken from 2015-20 Business Plan

Cochrane objectives from Strategy 2020

GOAL 1: PRODUCING EVIDENCE

To produce high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision-making.

1. High-quality

- We have developed the following Standard Operating Procedures (SOPs) to guide editorial staff in order to provide an efficient and consistent editorial process:

- Review Proposals and Title Registration
- Protocol Development
- External Peer Review Process

We shared these SOPs with other CRGs upon request.

- We are in the process of adding a new page on our website for SOPs and PaPaS policies, delayed from 2015 due to the re-brand and re-launch of all Cochrane websites last year.
- CRG members attended the UK Symposium and Cochrane Colloquium in 2015 to remain up to date with current Cochrane practice.

2. Relevant

- We did not hold a specific priority-setting meeting with pain clinicians in 2015 (as a follow up to the successful meeting in 2013), although priority-setting conversations are on-going at every opportunity. We had planned a meeting for priority setting within paediatric palliative care in November, but other commitments meant we had to postpone. This is now planned for 2016/17.
- In March 2015, we held a meeting with our editorial board to discuss the current status of the review group, and emerging issues within our scope.
- We continue to collaborate with policy makers (e.g. NIHR, NICE) and other external stakeholders such as Marie Curie Cancer Care, IASP, James Lind Alliance, OMERACT, IMPACT, and individuals, e.g., Professor Bee Wee (National Clinical Director for End of Life Care), to establish priorities and identify important titles.
- We continue to register as a stakeholder for relevant NHS England guidelines and submit feedback. In 2015, we responded to:
 - NICE guideline on “Care of dying adults in the last days of life” (included our reviews, and one title was given an incentive grant from NIHR to aid completion in time to be included); our contribution was acknowledged in “Care of adults in the last days of life: summary of NICE guidance”, BMJ 2015;351:h6631 doi: 10.1136/bmj.h6631.
 - NICE Technology Appraisal programme: Review Consultation: “TA260; Migraine (chronic) botulinum toxin type A”
- Our Editor, Neil O’Connell, is a member of the Guideline Development Group for the NICE guideline on the management of low back pain and sciatica.

3. Up-to-date

- In March 2015, we performed an audit of all titles published between 2012 and 2014, for timeliness to publication. Key findings:
 - Only 27% reviews out of date (more than 2 years since last published);
 - Only 33% protocols out of date (more than 2 years since title registered);
 - Title registered to protocol published: 275 (median; days);
 - Vast majority of new reviews published within 2 years of publishing the protocol;
 - Majority of new title proposals registered within our target of 14 days of being added to Archie;

- Vast majority of peer review for protocols, reviews and updates, completed well within our target of 90 days.

A copy of the report is available on request.

- We assess titles for priority for updating between 18 months and 2 years since publication. All reviews have a workflow which starts automatically, prompting the ME to contact the authors to discuss plans for updating. We also assess reviews for updating upon publication, and may stabilise immediately to postpone the next update accordingly. **See NIHR and other local objectives specific to your CRG: A and B.**

4. Wide coverage

- We 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, as follows:

- We are currently working on the delivery of our NIHR Programme Grant, “Addressing the unmet need of chronic pain: providing the evidence for treatments of pain” (2014-17, SRPG Project: 13/89/29).

- We routinely seek external peer referees with clinical experience for all protocols and reviews.

- We seek input from the editorial team at review proposal stage to check relevance and priority. The IS also checks for possible overlap in scope when a new title is proposed.

- We state on our website that we expect new review proposals to be supported by a strong case for registration, for example an urgent healthcare need or priority topic identified by policy-makers or guideline developers. We also expect a full review author team to have content knowledge relating to the topic of the review, preferably direct clinical experience (see <http://papas.cochrane.org/information-new-authors-0>).

- In November 2015, we sought the support of the pain doctors Google group (for information, see <http://www.paincq.com/>) requesting personal testimonies and evidence of the value of our work to the pain community to see whether people who are working in pain find value in it. A summary of responses:

- Simon Law, Pain Consultant, Oxford: “Andrew and Cochrane are invaluable. I think Chris maybe aware that for me as a local pain consultant to have world class expertise on tap is invaluable. A complete luxury when trying to decipher the evidence and apply it to the clinical coal face. Patients get a good service... For example...work on NSAIDS (adverse events, efficacy) informs my own practise and when I go and talk to GPs, SpRs etc. I cite it. Often with the response "I didn't know that"... It provides a needed counterpoint to the non-evidenced based crowd... it allows us to comment on clinical governance [and] to bring the correct evidence in to support and defend safe prescribing.”

- Bill Rea, Consultant in Pain Medicine, University Hospitals Birmingham: “I sometimes quote the Nortriptyline review for CNCP as a reason for not prescribing it but I'm pretty down on nortriptyline anyway. Most of the other reviews I struggle to find the relevance for (fewer than 5 studies, small numbers, lack of comparability due to heterogeneity etc) although I think this is more generally a reflection that quite a large proportion of the "evidence" is anything but... Having said that I find the Oxford League tables for analgesics in acute pain very helpful... Single reviews of single agents are not very helpful in the real world as it appears to me; what I want is a comparison with other therapies that might be used for the same condition... In general, PaPaS (and NICE) say inconsequential things about treatments which are backed up by inconsequential studies but this is not very helpful. Both also make recommendations for further research but without a driver to complete such projects, the evidence both bodies require to make definitive statements will continue not to exist.”

- Roger Knaggs, Associate Professor, Faculty of Science, University of Nottingham: “Andrew [Moore's] contribution to the NICE guideline on the pharmacological management of neuropathic pain was acknowledged in the full document. The continuing work of Andrew and PaPaS with regard to opioids in neuropathic pain has been very influential and is included in the soon to be published Opioids Aware, a new resource for patients and HCPs to ensure safe and effective opioid prescribing.”

5. Pioneering methods

- We work to the Cochrane Collaboration's Cochrane Editorial and Publishing Policy Resource, and ensure authors and editors adhere to the Cochrane Handbook, Style Guide, Methodological Expectations of Cochrane Intervention Reviews standards (MECIR), and GRADE guidelines for a consistent approach to review methods.
- We have developed template protocols for the following topic areas within PaPaS scope:
 - chronic pain: drugs for neuropathic pain; drugs for fibromyalgia;
 - children's chronic pain;
 - children's cancer pain.
- We have developed template RevMan files for new protocols, reviews and updates, to include common errors identified from the CEU screening programme, mandatory MECIR standards, Handbook guidance, and suggested wording. These documents are routinely sent to all authors upon registration of their title, publication of the protocol, and at the start of the updating process. The documents are also available to download on our website. The template file is automatically uploaded within RevMan upon registration of a new title. The documents are regularly assessed for updating by the ME, in response to new or revised guidance.
- We have developed flowcharts of the editorial process to show the anticipated timelines of the editorial process for protocols and reviews, available to download from our website.
- We hold regular team meetings for core editorial staff to discuss recent developments and monitor current status of the CRG.
- We have over 60 template ticket (task-oriented) emails in Archie to support an efficient and consistent editorial process.
- The ME and AME attend the South West CRG meeting at least twice a year, with two other CRGs (Gynaecological, Neuro-oncology and Orphan Cancer Group, and Common Mental Disorders). We are planning to host the next meeting in early 2016. These meetings enable us to share practice and experiences to improve editorial processes. We are planning to co-ordinate similar regular meetings with CRGs in the local area (Oxford) in 2016.
- We have not yet created a series of training webinars for authors of PaPaS reviews; however, in 2014 Andrew Moore developed a series of 15 teaching lectures on Change Pain website: <http://www.change-pain.co.uk/videos/prof-andrew-moore-evidence-based-medicine/>. We also share resources from Cochrane Training and the Editorial Resources Committee in our standard email for newly registered titles and on our website.
- The ME aims to produce a quarterly 'Dashboard of Critical Features' report, for internal circulation in advance of team meetings, to monitor the timeliness of review production.
- Support is no longer required for the Headache Assistant ME (funded for two days per month to produce headache reviews) who resigned in 2014.
- Copy edit: we send a list of author preferences to the copy editor, and a 'Comments form' for additional feedback from copy editor where it would not be appropriate to use track changes, e.g. title, methodology. We request named copy editors for specific author groups (where feasible without delaying process for more than two weeks). Template protocols have been copy edited in advance, and reviews that are based on templates are flagged when submitting for copy edit.
- An internal 'Non-progression' status introduced for the Co-ordinating Editor and ME, potentially leading to withdrawal of titles/protocols/reviews when e.g. authors unresponsive; repeatedly missing deadlines; repeatedly requesting extensions; no activity in RevMan.
- From Autumn 2015, titles will be automatically withdrawn if no draft protocol is submitted within 6 months of registration (extenuating circumstances permitted).
- All protocols are routinely run through plagiarism detection software (iThenticate), and reviews and updates when judged to be 'at risk' by the editorial team.
- All new reviews are checked for compliance against the protocol when first submitted.
- We have added individual requests for each author's Conflict of Interest declaration to our Review Proposal Form to encourage compliance with the Cochrane Commercial Sponsorship policy; this encourages the discussion with each author at the beginning of the process.
- We now assess all reviews for 'prioritised updating' based on a decision flowchart (available on our website) and input from authors and editors; more reviews now stabilised upon

publication if no new evidence (with the potential to change conclusions) is likely to be published; reviews can be stabilised permanently, or for a specific amount of time, e.g. 5 years.

See NIHR and other local objectives specific to your CRG: A and B.

- We have created helpful screenshots for authors which include instructions for resolving some common issues arising with RevMan and Archie, such as re-setting passwords or amending details to personal records; they are available to download from our website, and we have shared these with other CRGs on occasion.
- We are planning a meeting in January 2016 with Ian Roberts and Emma Sydenham of the Cochrane Injuries Group to discuss fraud, malpractice, and registration of clinical trials, and how these issues affect systematic reviews. The invitation for them to meet us in Oxford was in response to their editorial “The knowledge system underpinning healthcare is not fit for purpose and must change”, BMJ 2015, <http://www.bmj.com/content/350/bmj.h2463>. We will consider amending our editorial process to incorporate checks for these issues after this meeting.
- We began collaborating with the #itdoesnthavetohurt social media campaign on Twitter in September 2015 by sharing their news and tweets, and disseminating our relevant reviews. The “It Doesn’t Have to Hurt” social media initiative is a partnership with Erica Ehm’s Yummy Mummy Club.ca (YMC: <http://www.yummymummyclub.ca/>) to use social media to make sure research evidence about children’s pain management is shared directly with parents and led by Christine T. Chambers, Professor of Pediatrics and Psychology & Neuroscience, Dalhousie University and IWK Health Centre, Canada. More information here: <http://www.caphc.org/blog/2015/8/11/a2vazdyuu4k9n663vj9a43pmxv8rye>

GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE

To make Cochrane evidence accessible and useful to everybody, everywhere in the world.

1-3. User-centred design and delivery

- We continue to increase our social media presence and impact on Twitter: we encourage people to access, download and cite our reviews through informative and promotional Tweets.
- We routinely use Twitter to improve our global reach by disseminating translated versions of our reviews, tweeted by @CochraneLingual.
- We continue to identify and engage with stakeholders outside of UK, Europe, USA and Australia.
- We continue engagement with patient and public involvement groups to improve their awareness of Cochrane reviews, such as:
 - in May 2015, the ME helped to facilitate a Patient and Public Involvement workshop with adults with chronic pain, to encourage involvement as Consumer Referees with our Programme Grant reviews. Three members of the group have signed up to provide feedback.
 - the ME and Editors are working on a patient leaflet summarising evidence in neuropathic pain, for circulation in pain clinics, GP surgeries, and other waiting rooms.
- We continue to utilise opportunities at meetings and conferences to gain feedback on the usefulness and accessibility of Cochrane reviews.
- We continue to circulate requests for consumer referees for all new reviews via the Cochrane Consumer network mailing list, which disseminates the request worldwide. We are also considering using the new tool, Task Exchange, for this purpose.

See also details of our 2015 monthly themed Twitter project in NIHR and other local objectives specific to your CRG: F.

4. Open access

- No action required from CRGs. We will promote and disseminate this information with our network when appropriate to do so.

5. Accessible language

- We continue to support authors to adhere to current Cochrane standards for Plain Language Summaries, including the introduction of sub-headings. We have also introduced the use of a 'Bottom Line at the Top', which involves adding an introductory sentence to summarise the conclusions of the review at the start of the PLS.
- We continue to work with Cochrane Editorial Unit in the screening programme of new reviews; since this became voluntary, we submit reviews at the discretion of the Co-Ed. We work with the authors to respond accordingly to any recommendations in order to improve the clarity and quality of our reviews where appropriate.
- We continue to work with other Cochrane Review Groups worldwide who have overlapping scope, such as Musculoskeletal, Gynaecological Cancer, Neuromuscular Diseases, Childhood Cancer, and Developmental, Psychosocial and Learning Problems.
- We continue to approach consumer referees for feedback on the readability and relevance of all of our reviews and most updates.
- We continue to request at least one Consumer Referee for new reviews to comment on readability.
- We received a request from Caroline Struthers, Education and Training Manager, EQUATOR Network, to use a Plain Language Summary from one of our reviews in a workshop at the 2015 Colloquium. We requested feedback.

6. Multi-lingual

- No action required from CRGs. We will promote and disseminate this information with our network when appropriate to do so.

GOAL 3: ADVOCATING FOR EVIDENCE

To make Cochrane the 'home of evidence' to inform health decision-making, build greater recognition of our work, and become the leading advocate for evidence-informed health care.

1. Global profile

- No specific action required from CRGs. We promote and disseminate information with our network when appropriate to do so.
- We continue to use the Cochrane logo where appropriate in correspondence, on our website, and on our standard guidance documents and presentations.

2-3. The 'home of evidence'

- We continue to attend relevant Cochrane, pain, and palliative care conferences and meetings worldwide.
- We maintain our website and post up-to-date news and information from PaPaS, the Cochrane Collaboration, and the pain community.

4-6. Global advocate

- In 2016 we intend to increase our focus on palliative care and engage with clinicians and consumers in the palliative care community to discuss complex interventions, for example. In particular, we are working closely with the Dying Matters coalition and a representative from Hospice UK in preparation for Dying Matters Awareness Week in May 2016.
- We continue to utilise Twitter as a tool to advocate for evidence:
 - We routinely tweet links to all new published reviews and updates on several occasions during the month/Issue of publication.
 - We use the social media management tool, Hootsuite, to compose and send regular Tweets for new PaPaS publications and other news and reviews.
 - We promote and encourage wide use of our hashtag #painevidence.
 - We tweet relevant and timely global events, e.g. conferences, awareness days.
 - We measure the impact of Twitter activity, e.g. saving screenshots of important conversations, using Storify and Hootsuite reports.
 - We increased the number of Twitter Followers to 3,000 in October 2015.

- We decided against adding a secondary Twitter account, i.e. @PaPaSAdmin, for more targeted and personal communications; instead, the sole Twitter account is managed by the ME and AME, using initials at the end of tweets where possible to indicate the author.

Global partner

- We continue to attend and contribute to relevant Cochrane, pain, and palliative care conferences and meetings worldwide to increase the variety and number of contributors to our group.

Global impact

- We continue to produce annual reports, quarterly budget reports, and business plans for the funders and other stakeholders, such as Cochrane and our host organisation, as required.
- We aim to publish at least two newsletters per year summarising recent PaPaS news, reviews and Cochrane developments; we circulate via email to all PaPaS authors and peer referees, publish online, and disseminate via Twitter. We are planning to start using the online software MailChimp to create, circulate and monitor usage of digitalised newsletters from 2016.

GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANISATION

To be a diverse, inclusive and transparent international organisation that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently and makes optimal use of its resources.

1. Inclusive and open

- No specific action required from CRGs. We will promote and disseminate information with our network when appropriate to do so.

2. Global and diverse

- Our authors, peer referees and other contributors have globally diverse backgrounds.
- We continue to work with other CRGs to promote cross-working, and consider a federal structure of CRGs working together on common practices, standards, and editorial policies.
- We occasionally invite new authors, consumer referees and peer referees via Twitter to contribute to PaPaS reviews.

3. Financially strong

- We work to an agreed budget, and we aim for no under/overspend at the end of each financial year, completing reports for the funders as required.
- We investigate potential sources of funds above the core infrastructure funding to further support the work of the group, such as Cochrane funding, NIHR Incentive Grants, Programme Grants, and the HTA Programme.

4. Efficiently run

- We promote structures that avoid single point failure and individual silos or 'bottle-necks' by maintaining a strong editorial base with a mixed skillset, and by utilising SOPs and template tasks to enable shared working.
- We are prepared to work with Cochrane on implementing any new CRG structural changes and our funders, NIHR, on implementing new spending plans. We continue our shared working with other CRGs with similar scope.

See GOAL 1: PRODUCING EVIDENCE for full details of the efficiencies of the editorial process.

5. Investing in people

- We continue to hold annual appraisals for all core staff to discuss past and future work, set individual objectives and identify training opportunities.
- We continue to offer the opportunity for staff to attend relevant national and international conferences.

- We aim to promote an open, supportive working environment where all staff are free to ask questions and suggest improvements/changes to our policies and processes.

6. Transparently governed

- No specific action required from CRGs. We will promote and disseminate information with our network when appropriate to do so.

7. Environmentally responsible

- We continue to utilise the database, Archie, to manage our editorial tasks and avoid printing waste and associated costs.
- We consider the financial and environmental impact of more than one CRG member attending overseas meetings and conferences, and measure these factors against the value of attendance within agreed budget.

NIHR and other local objectives specific to your CRG

A. To establish and publicise the group's methods for prioritising new reviews.

1. We continue to engage in discussions with our editors, clinicians and other professionals, as well as patient and consumer groups, in order to establish priorities relevant to our scope.
2. We continue to attend relevant pain meetings and conferences worldwide in order to stay up to date with the latest priority topics.
3. We had planned to develop a page on our website to list all vacant titles, i.e. new titles identified as a priority, as well as existing reviews ready for updating that need new author teams and possibly a new protocol. Instead, we submitted several titles to the Cochrane Priority List. We continue to assess new review proposals on a case-by-case basis, but we will be evaluating this process in 2016, in particular we will be considering:
 - Encouraging reviews with more complex methods, such as NMAs and rapid reviews;
 - 'Raising the bar' in terms of demonstrable Cochrane experience among the author team;
 - Requesting evidence of a priority healthcare need for the topic area;
 - Implementing the six-month automated de-registration, implemented in 2015;
 - Moving to a monthly/quarterly/bi-annual title registration model, rather than case-by-case.
4. We developed a suite of policies (Standard Operating Procedures (SOPs)) for managing each stage of the editorial process, including details of how we assess new title proposals. We will consider making them available online in 2016.
5. The 'Title Suggestions Form' is available on our website for downloading, and following the re-brand we now have the standard Cochrane template 'Getting involved' contact form for all enquiries available on our website.
6. We have updated our website to provide more explicit guidance for authors proposing new titles, outlining our expectations and criteria for accepting titles for registration.

See also GOAL 1: PRODUCING EVIDENCE.

B. To detail the criteria and processes for prioritising review updates and the circumstances in which reviews will not be updated.

1. The updates decision tool, developed in collaboration with and led by our statistician, Gavin Stewart, is in development.
2. The Cochrane Updates Classification System is also in development (by Cochrane Editorial Unit), which will provide a simple, streamlined process for classifying reviews as 'stable', 'no update planned', or 'update pending' for readers of the Cochrane Library. This is anticipated in 2016.
3. At end 2015, we are starting to only update reviews where the conclusions are likely to change. This is a new approach based on feedback from Cochrane and NIHR, and aims to prioritise our resources and focus on reviews with changed conclusions. Our new editorial process is as follows:
 - When Archie workflow flags a review as requiring an update, the ME contacts the authors.
 - The authors are expected to provide a brief assessment of the current evidence base which will inform the decision to update or not.

- This is discussed with the editorial team and a decision made.
 - If necessary, the IS updates the searches to enable a more accurate assessment.
 - If no new evidence is available, or new evidence is available but unlikely to change the conclusions, we stabilise the review.
 - If new evidence is available likely to change the conclusions, and/or the review has outdated methods (i.e. no GRADE Summary of findings table, sparse Risk of bias tables), we will proceed with an update.
 - In addition, we also routinely raise this issue during the development of a new review or update, and at publication, in case the review can be stabilised immediately upon publication and the next update postponed either permanently or for an appropriate given timeframe beyond the standard two years.
 - Our website has been updated to reflect this new approach (see 'Updating your Cochrane review' at <http://papas.cochrane.org/papas-editorial-process>).
- See also GOAL 1: PRODUCING EVIDENCE.*

C. To contribute to training and other activities to support a culture of evidence based practice in the NHS.

1. We continue to hold an annual meeting with our editors to assess emerging issues relevant to our scope.
2. We maintain discussion with the Oxford Pain Relief Unit clinicians based in the same building at the Churchill Hospital, to establish gaps in the evidence and priority topics for review.
3. We aim to implement the objectives from the initial scoping meeting (Winter 2014) to inform our palliative care strategy which will involve collaboration with NHS professionals and consumers.
4. Members of the editorial team continue to provide presentations, workshops and plenary sessions at relevant UK pain meetings, such as The British Pain Society annual meeting and the National Acute Pain Symposium.
5. We continue to register as a stakeholder for all relevant NICE guidelines and quality standards, submitting our feedback in a timely manner once the editors have commented accordingly.
6. We continue to work with NICE and SIGN in the development of their guidelines, offering expertise and advice as required. Our Editor, Neil O'Connell, is a member of the Guideline Development Group for the NICE guideline on the management of low back pain and sciatica.
7. We continue to be prepared to respond quickly to requests from the NIHR to complete priority reviews, e.g. with the support of an Incentive Grant.
8. We continue to work closely with the UK Cochrane Centre via Twitter, for example sharing links to Evidently Cochrane blogs and blogshots.
9. The Co-Ed hosts a regular meeting with pain clinicians and researchers from Oxford and Bath Child and Adolescent Research collaboration (BOxCaR) to discuss opportunities and challenges in paediatric pain research.
10. We are planning a meeting for priority setting within paediatric palliative care: *see GOAL 1: PRODUCING EVIDENCE, point 2.*

See also GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE, and GOAL 3: ADVOCATING FOR EVIDENCE.

D. To establish and publicise a policy for maintaining reviews and making improvements to the process of review production.

1. We have developed and continue to maintain a suite of SOPs to support the PaPaS internal editorial process.
2. In 2016, we will work with the Managing Editor's Executive and the Editorial Resources Committee to make the SOP documents a standard, shared resource for all CRGs.
3. We will make the SOPs available on the PaPaS website in 2016.
4. The editorial process is constantly evaluated to ensure it is efficient and productive. Any new guidance, for example from CEU, the Learning and Development team, other CRGs, or produced internally by PaPaS members, is considered and added to the workflow and our

website at relevant times if appropriate. Our editorial process is outlined in detail on our website: <http://papas.cochrane.org/papas-editorial-process>.

See also GOAL 1: PRODUCING EVIDENCE, and GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANISATION.

E. To maximise efficiency of review production whilst ensuring quality of outputs.

1. The PaPaS website includes a Resources page for authors, peer referees and other contributors, containing relevant links and documents to guide and support the development of reviews, including links to training resources, flowcharts of the editorial process, and the PaPaS Author and Referee Guide (AUREF). The website and guidance documents continue to be updated on a regular basis.
2. Our guidance documents are made available to all authors and peer referees at relevant stages in the editorial process.
3. The ME continues to develop a quarterly ‘Dashboard of Critical Features’ in order to monitor CRG status (qualitative and quantitative), including a comparison to previous years, for internal circulation for team meetings.
4. We continue to hold regular team meetings with core editorial staff to assess our current editorial process and identify where efficiencies can be introduced. Standing items include total number of publications to date, challenging titles, mandatory Cochrane requirements, and any news from Cochrane.
5. The ME produces regular Workflow Reports for the AME, in order to monitor workload and progress against expected timelines.
6. We share with authors and editors the CEU’s list of ‘common errors’ identified during the screening project to ensure that any issues are identified and addressed prior to copy edit.
7. We continue to utilise Archie workflows and electronic ticketing to support the efficient and consistent development of reviews and to support progress monitoring.
8. We continue to aim to respond promptly (within 7 days) to all enquiries from new authors and other contributors. We aim to resolve any issues and respond with our decisions within 14 days.
9. We invited David Tovey, Editor in Chief, and Toby Lasserson, senior editor at CEU, to visit us in January 2016 to discuss quality improvement methods, with the aim of sharing current practice and implementing new approaches to ensure the highest possible quality product.
10. We continually assess the availability and capability of the author team against our own resources and capacity, and expected timelines and quality standards.

See also GOAL 1: PRODUCING EVIDENCE, and GOAL 4: BUILDING AN EFFECTIVE & SUSTAINABLE ORGANISATION.

F. To describe and publicise arrangements for disseminating reviews, beyond publication in the Cochrane Library.

1. We continue to promote our website (which automatically lists all PaPaS reviews) via email signatures, standard guidance documentation, presentations, newsletters and information leaflets, Twitter, and routine correspondence with contributors.
2. We continue to encourage authors to report any news coverage and exposure received for their reviews. Upon publication of a new review or update, authors are sent the following message:
“We will be Tweeting links to your published review for our 3000+ Followers (@CochranePaPaS). If you are also on Twitter, please do re-tweet and share so that we can increase the reach and potential impact of your review. If you would like to also share your dissemination plans with us so that we have a record of the impact of your review, we would be delighted to hear from you. Our funders are increasingly interested in measuring the impact of our work, and you can help us prepare a comprehensive and accurate reflection of all related activities.”

3. We continue to routinely Tweet links to all new reviews and updates, ensuring they are scheduled at various times and days of the week to account for different audiences in different time zones, throughout the month of publication.
4. We will make the PaPaS Social Media policy available on the PaPaS website in 2016.
5. Tools to support CRGs in disseminating their work to relevant audiences is due to be finalised by CEU in 2016. We will update our editorial process, including template emails and guidance documents, and our website to reflect any formal advice from Cochrane.
6. Throughout 2015, we implemented a monthly themed Twitter project, assigning a different topic area with associated reviews per month. We used the hashtag #PaPaSTheme. We noticed a lot of interest in these tweets. Summary as follows:
 - Themes included neuropathic pain, fibromyalgia, pain in adolescents, acute pain.
 - Between 10 and 60 tweets scheduled per month;
 - Number of retweets per month sometimes reached 130+;
 - Some reviews re-tweeted 20 times.
7. The ME circulates a monthly summary publication email, with details of total publications and stabilised titles, to the editorial team. MailChimp will be considered as a new format for this email in 2016.

See also GOAL 2: MAKING OUR EVIDENCE ACCESSIBLE and GOAL 3: ADVOCATING FOR EVIDENCE.

G. To establish mechanisms for tracking and measuring the impact of reviews on clinical guidelines, practice and research within the NHS.

1. We continue to register as a stakeholder for all relevant NICE guidelines and quality standards.
2. Professor Andrew Moore, a senior editor and author, has previously had close involvement with SIGN.
3. We continue to contact NICE to highlight upcoming reviews/updates when we are aware of existing NICE guidelines which are due to be updated.
4. Continue to work with Anne Eisinga at the UK Cochrane Centre to report all relevant new NICE guidelines for references to PaPaS reviews.
5. Maintain open communication with policy makers and NICE. In particular to engage more with GIN (Guidelines International Network) to better understand the opportunities and challenges in ensuring the inclusion of evidence in guideline development, production, and use.

See also NIHR and other local objectives C.

Additional goal:

1. We are holding a birthday celebration in Oxford on 21 July 2016 to mark 18 years since PaPaS was registered as a Cochrane review group. We have invited peers and contributors to a day of workshops and presentations based on 'Pain: Past, Present and Future', with a drinks reception to follow. More information is available online here (<https://community.cochrane.org/news/cochrane-pain-palliative-and-supportive-care-s-18th-birthday-celebration>), and this will be updated regularly as more details are confirmed.

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]

Our approach to prioritisation involves all three models as suggested above: analytical, e.g. looking at trials registers; internal CRG consultation e.g. editors; and external CRG consultation e.g. patient organisations/policy makers/clinical experts. We also involve the authors in

discussing whether to update or stabilise their review, relying on their specific knowledge of the evidence base in their topic area. **See section NIHR and other local objectives specific to your CRG: B regarding our policy for prioritising or stabilising updates.**

We continue to identify priorities through ongoing 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) and consult our Contact Editors when registering and developing systematic reviews.

We engage with patient forum panels of key constituents, for example professional groups, patients, etc. We also hold discussions with guidelines developers.

Our external stakeholders include the following:

- The Special Interest Group on Neuropathic Pain (NeuPSIG), of the International Association for the Study of Pain (IASP).
- IMMPACT (Initiative on Methods, Measurement, and Pain Assessment in Clinical Trials).
- OMERACT (Outcome Measures in Rheumatology): an independent initiative of international health professionals interested in outcome measures in rheumatology.
- International Headache Society.
- Marie Curie charity.
- Sobell House hospice, Oxford.
- Dying Matters Coalition and HospiceUK.
- Bath Patient and Public Involvement (PPI) group.
- Oxford OUH NHS Pain Management Centre.
- Dr. Christine Chambers, Professor of Paediatrics and Psychology & Neuroscience at Dalhousie University and the IWK Health Centre.

We have held several meetings with the Cochrane Musculoskeletal and Neuromuscular Diseases Groups regarding potential scope overlap issues and topic relevance/prioritisation, for example reviews on neuropathic pain and fibromyalgia. Together, we have developed template protocols for shared use, and routinely share working practice and registered titles where appropriate. Sharing the work for individual titles involves the following:

- We include a comment in the Acknowledgements section, e.g. 'This protocol/review was developed in collaboration with the [XXX] Review Group[s] [, and followed the agreed template for [drug x for condition y]]. The editorial process was primarily managed by [XXX] CRG, and the editorial team from [XXX] CRG provided [peer review] at [title proposal and protocol/review development] stages.';
- The CRG managing the editorial process may approach the other CRGs for editorial feedback upon submission of the first draft protocol and first draft review;
- The CRG managing the editorial process may approach the other CRGs for further editorial feedback only if the authors' responses to the initial comments are deemed inadequate;
- The CRG managing the editorial process may approach the other CRGs for peer referee suggestions at protocol and review stage.

We continue to submit applications for NIHR Incentive Grants, encouraging author teams to provide a strong case supporting the priority completion of their review.

The Managing Editor was a member of the Data Assessment Group for The Palliative and End of Life Care Priority Setting Partnership (PeolcPSP), a project run by the James Lind Alliance and Marie Curie. The results of the prioritisation project were published in 2015 (<http://www.palliativecarepsp.org.uk/finalreport/>).

The Managing Editor is planning another Patient and Public Involvement workshop with adults with chronic pain, to encourage their continued involvement as Consumer Referees with our Programme Grant reviews. This is planned for June 2016.

We are planning to re-evaluate our title registration process and aim to develop a transparent and robust policy which will be made available on our website in 2016. The new policy will describe in detail how we will prioritise new titles. This is also described above in **NIHR and other local objectives specific to your CRG: A**.

**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 is discussed within the editorial team, for example during regular team meetings and during conferences. We also hold discussions with stakeholders and other collaborators at every opportunity to monitor our progress.

We plan to update our list of reviews on the Cochrane priority list to reflect publication status. We will add new titles as and when appropriate (Cochrane suggests a maximum of ten).

See also our plans for prioritising updates and title registrations (**NIHR and other local objectives specific to your CRG: A and B**).

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

The salaried CRG staff on OUH payroll (Oxford University Hospital NHS Foundation Trust) are: full time Managing Editor (ME) Anna Erskine, part time (0.6) Assistant Managing Editor (AME) Kerry Harding (funded by the Programme Grant), and part time (0.6) Systematic Reviewer, Tess Cooper. The ME reports to the Co-ordinating Editor, and the AME and Systematic Reviewer report to ME. Annual appraisals are held for the ME, AME and Systematic Reviewer, and agreed documentation is signed and kept on file. Six month appraisals are also offered. Appraisal forms are adapted from the templates from Oxford University and OUH policy documents. Any training opportunities identified are discussed and approved by Line Managers as appropriate. OUH provides online Statutory and Mandatory training, to be completed annually/every three years as appropriate.

We also employ external consultants with NIHR funding, including the Co-ordinating Editor (0.2 FTE), Information Specialist (14 hours per week), and a Senior Editor (3 or 4 days per month). Informal 'catch up' meetings for these staff take place when the opportunity arises, at least once a year.

Funding is made available for travel and subsistence costs for all staff to attend meetings, training, workshops and conferences relevant to their role with PaPaS.

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

New part time (0.6) Systematic Reviewer, Tess Cooper, started in post on 6 July 2015.

Two senior editors had major illness events towards the end of 2015, but they are both now recovering and back to full capacity.

There have been ongoing administrative challenges within the host organisation, OUH NHS Foundation Trust, since 2014. Staff employed directly (as listed above) are expected to comply with online systems and OUH policies, including online expense claims, reporting sickness via external company, and restrictions on travel, accommodation and conference spend. This has proved problematic for the ME due to the Co-Ed not being employed directly by the host organisation and therefore not a recognised manager on the system. An acting line manager

has been identified for the ME in order to approve expense claims, but unfortunately claims are still outstanding from April 2015 onwards (correct at April 2016). In addition, the Co-Ed was initially not set up correctly on the sickness reporting line for the ME. Another issue was the lack of direct access to the OUH intranet, preventing adherence to the new systems, but we installed a network point in mid-2015; this took several months to organise (August 2014 to July 2015). The ME and Co-Ed are in ongoing discussions with several OUH departments to overcome these issues; all communications are slow and require follow up emails. These issues have significantly added to the workload of the ME, and have been extremely frustrating and at times very stressful.

Publication cessation from major UK based author team (October 2015 to April 2016)

In mid-2015, Cochrane performed an audit of all reviews and updates for compliance with the revised 2014 Commercial Sponsorship policy. The audit identified 71 of our reviews as being potentially non-compliant for including authors with conflicts that potentially breached the new policy. The main reason for so many non-compliant reviews was because 61 used the same previously agreed phrasing, all from the same Oxford author team, which was considered now to be insufficient.

Since August 2015, we have been working closely with the Funding Arbiter(s) (change of personnel in late 2015) and the authors of these reviews. While the new funding arbiter was exploring the new role, we halted publication from the UK based authoring team until clarity over the exact desired wording was achieved. This period lasted for 6 months. The consequences is that our publication rate for 2016 appears less evenly spread across the months.

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?

We are beginning succession planning for our editorial board members in advance of the end of their three year term and/or retirement in early/mid 2017.

We pay rent to the Oxford Pain Relief Trust which owns the building in which our offices reside. There will be changes to the board in coming months due to retirement, and we anticipate a possible rent increase and changes to the terms, however details have not yet been shared.

We are exploring a change of host and hosting arrangements, involving a move to a new host organisation, Bath University, in 2017. This is for several reasons:

- The Co-Ed is based in Bath and has an established team and office space at Bath University;
- Senior editors and authors Andrew Moore and Sheena Derry are due to retire in 2017 (both Oxford-based);
- Ongoing issues with the host organisation, OUH NHS Foundation Trust, as outlined above;
- The rent will potentially increase in Oxford;
- The AME and Systematic Reviewer contracts are due to end Spring 2017 (although they may be extended according to resources/funding/production requirements).

Discussions with both Bath University and OUH are in early stages, but we will aim to coincide a move with the contract break imposed by NIHR in Spring 2017.

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

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

None.

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

Further evidence of our impact on health guidelines and the wider community are listed below.

Co-ordinating Editor Professor Christopher Eccleston's scientific responsibilities

- Member of the Scientific Programme Committee, European Pain Federation (EFIC) Copenhagen, 2017.
- Science Advisor 'Pain Research Forum' (2012-present).
- Member of the Research Strategic Advisory Committee for Marie Curie Cancer Care (2014-2017).
- Member of the Scientific Advisory Board for 'Centre for Excellence in Health and Psychopathology' University of Leuven, Belgium (2012-2018).
 - Member of the Scientific Advisory Board for the Methusalem 'Asthenes: From acute aversive sensations to chronic bodily symptoms' research Programme, University of Leuven, Belgium (2016-2023).

Meetings and conferences: plenary addresses, workshops, keynote presentations, posters

Co-ordinating Editor Professor Christopher Eccleston

9th Congress of the European Pain Federation EFIC® Austria, September 2015

Chair of the Scientific Programme Committee.

- Posters:

- Headache pain reduces processing speed and accuracy on attention tasks;
- Reasoning and decision making are impaired by pain;
The disruptive effects of pain on n-back task performance in a large general population sample;
- How important are friendships; the reporting of pain to friends vs. strangers;
- Girl-friends vs. Guy-friends, who do you report more pain to?;
- How long do we need to detect pain expressions in challenging visual conditions?;
- Which type of spatial frequency information drives the recognition of facial expressions of pain – a hybrid study?;
- Appraising the translational relevance of EFIC's topical workshops.

Keynote addresses:

- New Zealand Pain Society Annual Scientific Meeting (March 2015: Auckland, New Zealand).
- International Forum on Pediatric Pain (October 2015: Nova Scotia, Canada).
- Swiss Pain Society (November 2015; Montreux, Switzerland).

Senior editor and author Andrew Moore

9th Congress of the European Pain Federation EFIC® Austria, September 2015

- Chair: Refresher course: Effectiveness and adverse effects of pain medications: Lessons from 20 years experience of systematic reviews in Pain management.
- Plenary: special lecture and plenary session: What makes evidence useful for everyday use?
- Topical seminar: non-prescription (over the counter) analgesics.
- Poster: Drugs for neuropathic pain: evidence summary from Cochrane systematic reviews.
- Poster: Commonly-available acute pain treatments – combinations and formulations.
- Speaker: Chronic pain – all the same? a satellite symposium.

Senior editor and author Philip Wiffen

9th Congress of the European Pain Federation EFIC® Austria, September 2015

- Chair: Refresher course: Effectiveness and adverse effects of pain medications: Lessons from 20 years experience of systematic reviews in Pain management.
- Poster: Drugs for neuropathic pain: evidence summary from Cochrane systematic reviews.
- Poster: Commonly-available acute pain treatments – combinations and formulations.

Editor and author Sheena Derry

9th Congress of the European Pain Federation EFIC® Austria, September 2015

- Refresher course: Effectiveness and adverse effects of pain medications: Lessons from 20 years experience of systematic reviews in Pain management.

- Poster: Drugs for neuropathic pain: evidence summary from Cochrane systematic reviews.
- Poster: Commonly-available acute pain treatments – combinations and formulations.

Other

- Oxford International Women's Festival, Oxford March 2015: talk on EBM, Cochrane and Women's health.

British Pain Society, Glasgow, April 2015: Harm – how we understand it.

Gottingen, July 2015: Adverse events in pain trials: problems, problems.

EFIC, Vienna Sept 2015: Refresher: Effectiveness and adverse effects of pain medications: Lessons from 20 years experience of systematic reviews in pain management (SD: Adverse effects of pain medication)

Posters:

Commonly available acute pain treatments – combinations and formulations.

Response to treatment in chronic low back pain: consistency, outcome, and consequences for quality of life and function.

Editor and author Neil O'Connell: keynotes:

- Société Française d'Evaluation et de Traitement de la Douleur (SFETD), Nantes.
- Belgian manual therapy congress 2015, Leuven.

Author Keith Smart

- Poster presentation of review, Physiotherapy for pain and disability in adults with complex regional pain syndrome (CRPS) types I and II (DOI: 10.1002/14651858.CD010853.pub2), at the 2015 Irish Pain Society ASM in September.
- Abstract submission for same review to IASP World Congress, September 2016.

Editor and author Amanda C de C Williams

- Given talks at various meetings, both in the UK and abroad, on psychology in pain, usually to medical audiences or multidisciplinary pain staff audiences. Many Cochrane PaPaS reviews used, but particularly the psychology reviews.

Managing Editor Anna Erskine

- Oxford International Women's Festival, Oxford, March 2015. Anna Erskine organised and hosted the event, and invited speakers Sheena Derry and Kay Dickersin. Derry presented an introduction to Cochrane and Women's health, and Dickersin presented the Anne Anderson Award. The event raised £100, £50 of which was donated to the Cochrane Anne Anderson Award and the other £50 to the Festival.

Meetings and conferences: attendance

- The ME attended the NIHR Dissemination Centre launch event of the draft paper "Better endings – Research from NIHR on organisation and quality of care in the last year of life Right care, right place, right time" in December 2015. The paper included:
 - References to our review Effectiveness and cost-effectiveness of home palliative care services for adults with advanced illness and their caregivers, Gomes 2013, DOI: 10.1002/14651858.CD007760.pub2;
 - Reference to our 2015 palliative care library, an NIHR-funded initiative to map relevant reviews and other research to service priorities: see <http://papas.cochrane.org/palliative-care-database>;
 - Acknowledgement for input and advice from Chris Eccleston.
- The ME attended a Paediatric Pain Symposium, John Radcliffe Hospital, Oxford, 3 December.

Other publications and editorials

- Research paper covered on MediGrip: Topical NSAIDs for acute musculoskeletal pain in adults (Derry et al, 2014, DOI: 10.1002/14651858.CD010111).
- Co-publication: Pharmacotherapy for neuropathic pain in adults: a systematic review and meta-analysis: Nanna B Finnerup et al; Lancet Neurol 2015; 162–73; <http://dx.doi.org/10.1016/>.
- Cited: Moore RA, Derry S, Simon LS, Emery P. Nonsteroidal anti-inflammatory drugs, gastroprotection, and benefit-risk. Pain Pract. 2014;14:378–95. doi: 10.1111/papr.12100; cited in: Non-steroidal anti-inflammatory drugs and their benefits and harms: the challenge of interpreting meta-analyses and observational data sets when balanced data are not analyzed and reported, Arthritis Res Ther. 2015; 17(1): 130, DOI: [10.1186/s13075-015-0650-1](http://dx.doi.org/10.1186/s13075-015-0650-1).
- Andrew Moore contributed as an author: Busse, et al: OMERACT 12 pain reporting strategies May 17, 2015 - Published by The Journal of Rheumatology: Optimal Strategies for Reporting Pain in Clinical Trials and Systematic Reviews: Recommendations from an OMERACT 12 Workshop.
- Co-publication: JAMA Clinical Evidence Synopsis: Oxycodone for Cancer Pain in Adult Patients, Mia Schmidt-Hansen, BSc, PhD; Michael I. Bennett, MB, ChB, MD, FRCP; Jennifer Hilgart, BSc, MSc; JAMA September 22/29, 2015 Volume 314, Number 12.
- Which? article, “Best painkillers - aspirin, ibuprofen or paracetamol?”, for publication 2016, using information from our review, Moore et al, Non-prescription (OTC) oral analgesics for acute pain - an overview of Cochrane reviews, 2015, DOI: 10.1002/14651858.CD010794.pub2.
- 14 of our headache and migraine reviews cited in Weatherall, Drug therapy in headache, Clinical Medicine 2015 Vol 15, No 3: 273–9; includes an overview by Derry et al, Sumatriptan (all routes of administration) for acute migraine attacks in adults - overview of Cochrane reviews, 2014, CD009108.

Co-ordinating Editor Professor Christopher Eccleston

- Published book: Eccleston, C. (2016) Embodied: the psychology of physical sensation. Oxford University Press, Oxford.
- 2015 publications listed below:
 1. Duggan GB, Keogh E, Mountain GA, Mc Cullagh P, Leake J, Eccleston C (2015) Qualitative evaluation of the SMART2 self-management system for people in chronic pain. Disability and Rehabilitation, 10: 53-60.
 2. Wainwright E, Wainwright D, Keogh E, Eccleston C (2015) Medical certification of work absence due to pain. A qualitative study of General Practitioners’ and chronic pain patients’ beliefs about the negotiated process of ‘sick-listing’. Health, 19: 17-33.
 3. Reid MC, Eccleston C, Pillemer K, (2015) Chronic pain in older adults British Medical Journal, 350: h532 doi: 10.1136/bmj.h532
 4. Fisher E, Palermo TM, Law E, Eccleston C. (2015). Psychological therapies (remotely delivered) for the management of chronic and recurrent pain in children and adolescents. Cochrane Database of Systematic Reviews. Issue 3. Art. No.: CD011118. DOI: 10.1002/14651858.CD011118.pub2.
 5. Eccleston C, Fisher E, Law E, Bartlett J, Palermo TM, (2015) Psychological interventions for parents of children and adolescents with chronic illness. Cochrane Database of Systematic Reviews. Issue 4. Art. No.: CD009660. DOI: 10.1002/14651858.CD009660.pub3.
 6. McParland J, Knussen C, Serpell M, Eccleston C. (2015). The function of just world beliefs in a pain clinic sample. Journal of Pain Management, 7: 263-271.
 7. Caes L, Fisher E, Clinch J, Tobias JH, Eccleston C. (2015) The impact of pain-related anxiety on pain, disability and social development in adolescence: ALSPAC data. European Journal of Pain, 19: 842-851.
 8. Heathcote LC, Vervoort T, Eccleston C, Fox E, Jacobs K, Van Ryckeghem DML, Lau JYF. (2015). The relationship between adolescents’ pain catastrophizing and attention bias to pain faces is moderated by attention control. Pain, 156: 1334-1341.
 9. Moore RA, Wiffin PJ, Eccleston C, Derry S, Baron R, Bell RF, Furlan AD, Gilron I, Haroutounian S, Katz NP, Lipman AG, Morley S, Peloso PM, Quessy SN, Seers K, Strassels S, Straube S. (2015) Systematic review of enriched-enrolment randomised withdrawal trial designs in chronic pain: a new framework for design and reporting. Pain, 156: 1382-1395.

10. Wang S, Eccleston C, Keogh E. (2015). Coarse and fine-detailed information in the recognition of facial expressions of pain. *Pain*, 156; 1670-1682.
11. Henderson E, Eccleston C. (2015) An online adolescent message board discussion about pain. *Journal of Child Health Care*, 19; 412-418.
12. Attridge N, Eccleston C, Ghezzi D, Keogh E. (2015) The disruptive effects of pain on n-back task performance in a large general population sample *Pain*, 156; 1885-1891.
13. Attridge N, Crombez G, Van Ryckeghem D, Keogh E, Eccleston C. (2015). The Experience of Cognitive Intrusion of Pain: scale development and validation. *Pain*, 156; 1978-1990.
14. Eccleston C, Hearn L, Williams AC de C (2015). Psychological therapies for the management of chronic neuropathic pain in adults *Cochrane Database of Systematic Reviews* Issue 10. Art. No.: CD011259. DOI: 10.1002/14651858.CD011259.pub2.
15. Blackburn M, Stathi A, Keogh E, Eccleston C. (2015) Raising the topic of weight in general practice: perspectives of GPs and primary care nurses. *BMJ Open* 5:e008546. doi:10.1136/bmjopen-2015-008546

Invitations to record a podcast of a Cochrane Review

- Acupuncture for cancer pain in adults;
- Corticosteroids for the management of cancer-related pain in adults;
- Feverfew for preventing migraine;
- Non-pharmacological management of infant and young child procedural pain;
- Pharmacological treatments for fatigue associated with palliative care (now published <http://www.cochrane.org/news/featured-review-pharmacological-treatments-fatigue-associated-palliative-care>);
- Single dose oral analgesics for acute postoperative pain in adults - an overview of Cochrane reviews;
- Sweet tasting solutions for reduction of needle-related procedural pain in children aged one to 16 years (the author also offered services of French, Arabic, Portuguese and Chinese-speaking colleagues for podcasts, too) (now published <http://www.cochrane.org/podcasts/10.1002/14651858.CD008408.pub3>).

CEU Metrics

In 2014, the CEU introduced a new metric for measuring review group performance based on a publications points system. The pilot closed in November 2015, and we performed well:

PaPaS Score: 83

Min Score: 0

Maximum Score: 220

Median: 24

25th Percentile: 13.5

50th Percentile: 24

75th Percentile: 43

Interquartile Range: 29.5

Cochrane committees

- The ME continues in her role as Co-Convenor of the Cochrane Editorial Resource Committee (ERC), preparing standardised documents for use by CRGs. The committee is undergoing some changes, and the nature of the Co-Convenor role will change in 2016.

Media

- Editor and author Neil O'Connell was interviewed for the following press articles:
 - Cosmos: The buzz around brain stimulation <https://cosmosmagazine.com/life-sciences/buzz-around-brain-stimulation>.

- The Week: Can these glasses read your mind? A look at the Wild West of brain gadgets <http://www.theweek.com/articles/555637/glasses-read-mind-look-wild-west-brain-gadgets>.

Blogs and blogshots

- National Elf Service Dental Elf blog: from Moore et al, Adverse events associated with single dose oral analgesics for acute postoperative pain in adults – an overview of Cochrane reviews, 2015, DOI: 10.1002/14651858.CD011407.pub2; see <http://www.nationalelfservice.net/dentistry/oral-and-maxillofacial-surgery/few-adverse-events-with-single-dose-oral-analgesics-for-acute-postoperative-pain/>.

- Evidently Cochrane blog: from Moore et al, Non-prescription (OTC) oral analgesics for acute pain – an overview of Cochrane reviews, 2015, DOI: 10.1002/14651858.CD010794.pub2. see http://www.evidentlycochrane.net/well-counter-painkillers-work/?utm_source=evidently%20cochrane&utm_medium=social%20media&utm_content=blog&utm_campaign=OTCpainkillers

- Blogshot: Derry et al, Topical NSAIDs for acute musculoskeletal pain, 2015, DOI: 10.1002/14651858.CD007402.pub3.

- Evidently Cochrane blog: from Derry et al, Topical NSAIDs for acute musculoskeletal pain, 2015, DOI: 10.1002/14651858.CD007402.pub3; see http://www.evidentlycochrane.net/topical-nsaids-good-relief-for-acute-musculoskeletalpain/?utm_source=evidently%20cochrane&utm_medium=social%20media&utm_content=blog&utm_campaign=NSAIDs

- Cochrane UK Infographic on caffeine, featuring our reviews CD011509, CD009281, CD001792, CD007887; see http://www.evidentlycochrane.net/caffeine-and-health-evidence-from-cochrane/?utm_source=evidently%20cochrane&utm_medium=social%20media&utm_content=blog&utm_campaign=caffeine.

- Cochrane Featured Review, June 2015: Derry et al, Topical NSAIDs for acute musculoskeletal pain, 2015, DOI: 10.1002/14651858.CD007402.pub3; promoted through Cochrane official social media channels, and was top tweet on the Cochrane official Twitter account.

- European Association for Palliative Care (EAPC) blog: from Mücke et al, Pharmacological treatments for fatigue associated with palliative care, 2015, DOI: 10.1002/14651858.CD006788.pub3; see <https://eapcnet.wordpress.com/2015/08/24/pharmacological-treatments-for-fatigue-associated-with-palliative-care/>.

Request for contributions and expert opinions

- Request from Cochrane training team to use our review, Needle size for vaccination procedures in children and adolescents (Beirne, 2015, DOI: 10.1002/14651858.CD010720.pub2) in developing some training resources to illustrate the implementation of GRADE in reviews.

- Senior editor and author, Phil Wiffen, appraised a research proposal for the Swiss National Science Foundation, on N-of-1 intra-individual trials to improve the rational use of therapeutic drugs: evaluation of their interest regarding the treatment of neuropathic pain with pregabalin. The Swiss National Science Foundation is the leading research foundation in Switzerland.

- Dr Cathy Stannard, Consultant in Pain Medicine, Southmead Hospital, Bristol, requested copies of Andrew Moore's acute pain league tables for their opioid prescribing resource.

Awards

- Andrew Moore: Awards Committee of the American Academy of Pain Medicine (AAPM) 2016 Addison Award honoree.

⁷ Please include any significant training (eg 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: 06 May 2016

Address: Centre for Pain Research, The University of Bath, Bath, BA2 7AY

Email: papas@bath.ac.uk

Telephone number: 01225 386439

Institution's Finance Officer: Nuala Donnelly

Signature: 

Date: 05.05.2016

Please return the completed form by email attachment to Ria Osborne at NETSCC (SRPinfo@southampton.ac.uk), **by 6 May 2016 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.