

NIHR Cochrane Review Group Infrastructure Award

Annual Report: 1 Jan 2016 to 31 Dec 2016

Please complete and return this form by email attachment as a **Word document** using the filename format: *[name of Cochrane Review Group] Annual Report 2016*.

Report submission date: by 28th April 2017 (latest).

Please complete the boxes within this word document – these expand to fit text

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

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

No significant changes.

We invited a new Editor to join the editorial board: Winfried Hauser, Germany.

Our Feedback Editor, Kate Seers (UK), stepped down, and we recruited Hayley Barnes (Australia) to take on the role.

Systematic Reviewer costs to be moved from the core grant to the NIHR Programme Grant.
Assistant Managing Editor costs to be moved from the Programme Grant to the core budget (February 2017; see income/expenditure below).

2. 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 planning to move to another host organisation, Bath University, in mid-2017.

The contract for our in-house Systematic Reviewer, Tess Cooper, ends 30 June 2017.

Two of our senior editors/authors will be retiring in July 2017: Professor Andrew Moore and Sheena Derry.

3a. How has your CRG established plans to ensure priority topics in your topic area are covered and are up to date? [250 words max.]

- There is currently no reporting guideline for research priority setting, however, the Cochrane Prioritisation Methods Group is developing one and will provide further guidance on this issue.
- Our editorial board consists of 17 professionals with expertise within our scope. We aim for at least one editorial board meeting per year during which we discuss emerging issues within our scope. We held two meetings in 2016: 21 July and 24-25 November.
- We assess new review proposals on a case-by-case basis against current priorities such as an urgent healthcare need, guideline development, or policy update. We seek input from the editorial team with regards topic expertise where relevant.
- We finalised plans for our international paediatric palliative care priority setting day, 24 February 2017. We invited a wide range of healthcare professionals, charities, and representatives from NICE and Cochrane. The outcomes will inform a list of priority titles in this topic area.
- NIHR Programme Grant on chronic pain completes in June 2017; 49 reviews and updates.
- We applied for another Programme Grant in adult palliative care, based on priorities identified in The Palliative and End of Life Care Priority Setting Partnership (PeolcPSP) (James Lind Alliance and Marie Curie). Results published in 2015 (<http://www.palliativecarepsp.org.uk/finalreport/>).
- We are attending a 'future leaders in headache' meeting in Canada, scheduled for September 2017; plan to discuss priority setting in the headache and migraine topic area.
- We routinely seek input of external peer referees with clinical experience for all protocols and reviews, and consumer referees for reviews.

3b. How does your CRG ensure that priority setting plans remain up to date? [250 words max.]

- Regular annual editorial meetings as described above.
- Maintaining relationships with key professionals and stakeholders within the topic areas in our scope, and attending relevant meetings as necessary, for example International Association for the Study of Pain (IASP) Neuropathic pain Special Interest Group (NeupSIG), International Headache Society, and the special interest group of IASP for children in pain.
- We are working closely with multiple charities and professional organizations in paediatric palliative care (Together for Short Lives, Helen and Douglas House Hospice, Association for Paediatric Palliative Medicine (APPM)) on a priority setting exercise for children with shortened lives, and their families.
- The Managing Editor has signed up as a stakeholder with NHS England; we can now be invited to review and comment on clinical policies and service specifications at an early stage of development, be notified about relevant consultations, and, if appropriate, take part in a policy development working group.

4a. Please detail your three top impact stories from the last 5 years. Please list the research involved, the timeframes and the impact had.

Impact is defined as an effect on, change or benefit to the economy, society, culture, public policy or services, health, research, the environment or quality of life, beyond academia.

1. In August 2016, senior editor and author, Professor Andrew Moore, published a blog on 'Evidently Cochrane' on the topic of paracetamol. The blog was requested as a result of Andrew's article in BMJ (Moore RA, Moore N; Paracetamol and pain: the kiloton problem; Eur J Hosp Pharm 2016;23:187-188; <http://ejhp.bmj.com/content/23/4/187>).

The blog was widely read and shared, and led to several subsequent publications. The blog was based on our Cochrane review:

- Moore RA, Derry S, Aldington D, et al. Single dose oral analgesics for acute postoperative pain in adults - an overview of Cochrane reviews. Cochrane Database Syst Rev 2015;9:CD008659

It was also informed by the following non-Cochrane articles by PaPaS members:

- Moore A, Derry S, Eccleston C, et al. Expect analgesic failure; pursue analgesic success. BMJ 2013;346:f2690.
- Moore RA, Derry S, Wiffen PJ, et al. Overview review: Comparative efficacy of oral ibuprofen and paracetamol (acetaminophen) across acute and chronic pain conditions. Eur J Pain 2015;19:1213-23.
- Moore RA, Straube S, Aldington D. Pain measures and cut-offs - 'no worse than mild pain' as a simple, universal outcome. Anaesthesia 2013;68:400-12.

Access the blog and full list of references online

<http://www.evidentlycochrane.net/paracetamol-widely-used-ineffective/>

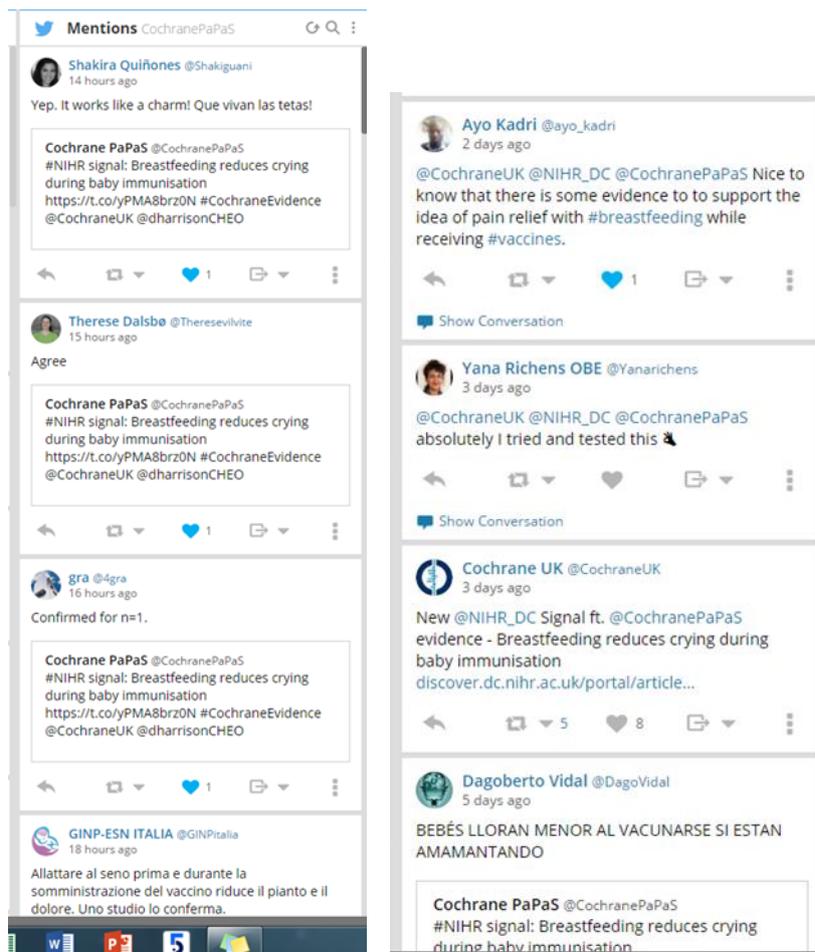
Evidence of impact

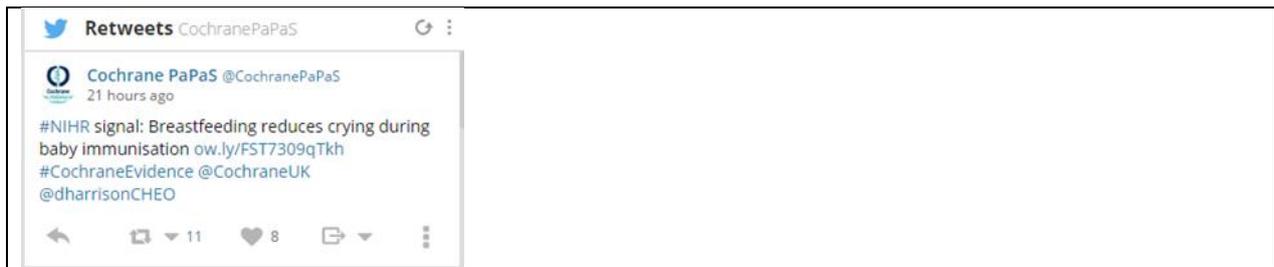
- In September 2016, Cochrane UK informed us that the blog post was "The most read Evidently Cochrane blog of all time!" and "It has been read over 50,000 times and shared over 5000 times on social media in under a month. This is more than double the views and shares of the next most popular blog over the entire lifetime of the site."
 - What's the point of paracetamol? By Andrew Moore. <http://www.sbs.com.au/topics/science/humans/article/2016/11/03/whats-point-paracetamol> in The Conversation, November 2016. The Conversation reported 28,930 reads by 10 Nov 2016.
 - Interview with Andrew Moore on paracetamol, for Inside Health on BBC Radio 4 – recorded Dec 2016, aired Jan 17 (link not available).
 - Cochrane UK also made a blogshot on the recent review on paracetamol for tension-type headache, shared on social media with the hashtag #EEHealthChoices and the link <http://bit.ly/2aQYyeC>.
 - An article was included in the Sydney Morning Herald (link not available).
 - A piece was included in the Guardian <https://www.theguardian.com/lifeandstyle/2016/nov/07/what-should-i-take-paracetamol-for>
 - The issue was also covered by NIHR Dissemination Centre Discover Portal, <https://discover.dc.nihr.ac.uk/portal/article/4000414/paracetamol-is-a-weak-painkiller-for-regular-tension-headaches>
2. We worked with the Cochrane External Affairs Department (CEAD) to disseminate our new review: Harrison D, Reszel J, Bueno M, Sampson M, Shah VS, Taddio A, Larocque C, Turner L. Breastfeeding for procedural pain in infants beyond the neonatal

period. Cochrane Database of Systematic Reviews 2016, Issue 10. Art. No.: CD011248. DOI: 10.1002/14651858.CD011248.pub2.

Evidence of impact

- Daily Mail, 19 November 2016; piece on Breastfeeding for procedural pain in infants beyond the neonatal period. [Link no longer active]
- Cochrane featured review, 'Breastfeeding for procedural pain in infants beyond the neonatal period'. Nov 2016.
- Breastfeeding babies during jabs 'reduces pain', Nursing Times, Nov 2016 <https://www.nursingtimes.net/news/research-and-innovation/breastfeeding-babies-during-jabs-reduces-pain/7013206.article>
- CNCF Cochrane Review Summaries published in the Clinical Nursing Specialist Journal "Cochrane Corner", Breastfeeding for procedural pain in infants beyond the neonatal period. Request: Nov 2016. [link to publication requested]
- Podcast request: Breastfeeding for procedural pain in infants beyond the neonatal period. (At April 2017, Wiley is in the process of producing a Journal Club that will include a podcast for this review.)
- The NIHR Dissemination Centre created a new Signal: see <https://discover.dc.nihr.ac.uk/portal/article/4000597/breastfeeding-reduces-crying-during-baby-immunisation>
- The review gained a lot of interest on Twitter; some screenshots are included below.





3. Reviews by Winfried Hauser (WH), PaPaS author and editor, contributed to the development and updating of fibromyalgia guidelines, for which WH was on the panel.
- Walitt B, Klose P, Fitzcharles M-A, Phillips T, Häuser W. Cannabinoids for fibromyalgia. Cochrane Database of Systematic Reviews 2016, Issue 7. Art. No.: CD011694. DOI: 10.1002/14651858.CD011694.pub2. Available online: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011694.pub2/abstract>

Other reviews by WH were also used:

- Üçeyler N, Sommer C, Walitt B, Häuser W. Anticonvulsants for fibromyalgia. Cochrane Database of Systematic Reviews 2013, Issue 10. Art. No.: CD010782. DOI: 10.1002/14651858.CD010782. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010782/abstract>
- Bernardy K, Klose P, Busch AJ, Choy EHS, Häuser W. Cognitive behavioural therapies for fibromyalgia. Cochrane Database of Systematic Reviews 2013, Issue 9. Art. No.: CD009796. DOI: 10.1002/14651858.CD009796.pub2. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009796.pub2/abstract>
- Häuser W, Urrútia G, Tort S, Üçeyler N, Walitt B. Serotonin and noradrenaline reuptake inhibitors (SNRIs) for fibromyalgia syndrome. Cochrane Database of Systematic Reviews 2013, Issue 1. Art. No.: CD010292. DOI: 10.1002/14651858.CD010292. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010292/abstract>
- Note that these three reviews were produced by Cochrane Musculoskeletal Group; in January 2016 they were transferred to PaPaS to complete the update as it was agreed the topic was better suited to our scope.

Evidence of impact

WH is a member of the steering committee of the update of the European League Against Rheumatism (EULAR) recommendations on the management of FM which was published recently (Macfarlane GJ, Kronisch C, Dean LE, Atzeni F, Häuser W, Fluß E, Choy E, Kosek E, Amris K, Branco J, Dincer F, Leino-Arjas P, Longley K, McCarthy GM, Makri S, Perrot S, Sarzi-Puttini P, Taylor A, Jones GT. EULAR revised recommendations for the management of fibromyalgia. *Ann Rheum Dis.* 2017 Feb;76(2):318-328). The literature search focussed on systematic reviews (with or without meta-analysis) concerned with the management of fibromyalgia including the Cochrane Library. The recommendations for some of the key recommendations of the guidelines (cognitive behavioral therapies, aerobic exercise, duloxetine, pregabalin and milnacipran) were based on Cochrane reviews.

WH is also the head of the steering committee of the German interdisciplinary guidelines on fibromyalgia syndrome. The first version was published in 2008 and was updated in 2012 and 2017. For the recent update (www.awmf.org/leitlinien/detail/II/145-004.html), a literature search for systematic reviews of randomized, controlled trials for FM was run from December 2010 to May 2016 in the Cochrane library, MEDLINE, PsycINFO and Scopus databases. The strength of recommendations was achieved by multiple step formalized procedures to reach a consensus. The recommendations for some of the key recommendations of the guidelines (cognitive behavioral therapies, exercise (aerobic exercise, strength training, duloxetine, pregabalin and milnacipran) were based on Cochrane reviews.

4b. Please state your 2015 impact factor (as provided by Wiley) here:

6.208

5. Please detail the level of consumer input your CRG has. Noting how you recruit, engage with, and utilise PPI resource. [250 words max.]

- We routinely request the input of Consumer Referees at review stage. Occasionally we will request the input of Consumer Referees at protocol stage. We request that Consumer Referees have either personal experience of the relevant condition as a patient, or have provided care for someone else with the condition.
- We use standard checklists based on documents approved by the Editorial Resources Committee, and have created a new checklist for overview reviews. We routinely send our 'Author and referee guidance' document as well as supporting information about the role of Consumer Referee, plus further details of the Cochrane Consumer Network.
- We request Consumer Referees via the Cochrane Consumers mailing list, Task Exchange, and/or Twitter.
- As part of our on-going Programme Grant on chronic pain: we have engaged with a PPI group based at Bath University, for example involving patients with chronic pain in consumer peer review for new reviews; we are creating a patient leaflet summarising the evidence for four drugs in the treatment of neuropathic pain, for which we will be requesting PPI input before finalising and distributing the finished product; we are also preparing a small publication for the public summarising how to contribute to the development of Cochrane reviews.

6. Please detail what collaborations your CRG is involved with, or is planning, in order to share resource, best practice and ideas with other CRGs. Noting activities undertaken to date, and their purpose and outcomes. [350 words max.]

- We requested the input of the Childhood Cancer Group Co-ordinating Editor at sign off stage for two titles on the Programme Grant since our Co-ordinating Editor was involved as an editor or author during development, and other senior PaPaS editors with topic expertise had also been involved in the development process.
- We will be seeking the editorial input of the Developmental, Psychosocial and Learning Problems Group on a new protocol with a population of adults with learning disabilities for appropriate, topic-specific advice.
- We are preparing a review on sickle cell disease and two members of the Cystic Fibrosis and Genetic Disorders Group are authors. We discussed the different options of shared involvement, and agreed that a mixed author team of PaPaS and CFGD members was most appropriate. Protocol published May 2016.
- We held 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. We are planning a publication as an outcome of this meeting.
- The ME, AME and CIS attend regular meetings with other CRGs to discuss good practice and any arising challenges. We arranged the most recent meeting in Oxford in December 2016, and the next one is planned for summer 2017. CRGs that attended the December meeting were: EPOC, ENT, Dementia, Tobacco, and Anaesthesia. Previous meetings have been held with CGNOC and Common Mental Disorders.
- 'MECIR RevMan guidance' documents circulated with MEs; very well received.
- Our template protocols on 'drugs for neuropathic pain' and 'drugs for fibromyalgia' developed with the NMD and Musculoskeletal review groups are routinely circulated with other CRGs and author teams.
- We invited MEs to our 18th Birthday Party, July 2016; an afternoon of presentations about pain evidence.

- We invited CRGs to attend our paediatric palliative care priority setting day (February 2017) with a relevant scope, for example Childhood Cancer, EPOC, CFGD, Skin, NMD, Epilepsy. We will discuss sharing any relevant priority titles with other CRGs.
- We seek input from Cochrane Methods groups for methodological and statistical support for particular reviews where necessary.

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

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

We are working with our US-based Editor, Sebastian Straube, in planning a new PaPaS satellite for North America.

8. What arrangements have been in place over the past year for development and appraisal of editorial base staff employed using NIHR funding? [150 words max.]

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. Three-month and six-month appraisals are also offered. 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 follow the requirements and recommendations of the employer (Oxford University Hospitals) for all appraisal functions.

We are keen to look for opportunities to develop individuals, either in tasks, roles, or specific training. When appropriate, we encourage networking and attendance at Cochrane Meetings and training.

We budget for travel and subsistence costs for staff to attend national and international meetings, training, workshops and conferences relevant to their role with PaPaS.

9a. What formal training in the conduct of systematic reviews has been provided by staff at the editorial base? [250 words max.]

We encourage authors to attend the training courses offered by Cochrane UK, and to access Cochrane Training resources online. We respond promptly to authors' queries, requesting input from colleagues where appropriate (for example, other CRGs with a relevant scope, Methods groups, CEU). We also provide one-to-one support in the Oxford office for authors able to travel.

Sheena Derry, author and editor

- Taught RA1 and RA2 (Protocol development) workshops at Cochrane UK in April, June, July, and October 2016.
- Nurtured a medical student (Lucy Veys) through the review development process for our review on ketoprofen for tension-type headache (Veys L, Derry S, Moore RA. Ketoprofen for episodic tension-type headache in adults. Cochrane Database of Systematic Reviews 2016, Issue 9. Art. No.: CD012190. DOI: 10.1002/14651858.CD012190.pub2).

Amanda C de C Williams, author and editor

- On the UCL Doctorate in Clinical Psychology, from which about 50 clinical psychologists graduate each year, AW has been supervising increasing numbers on systematic review methods for the literature review for their doctoral thesis, and now has a formal place in teaching on literature review.

Neil O'Connell, author and editor

- Teaches systematic review methods at Brunel to students in various clinical sciences as part of their BSc, MSc, and PhD studies. Also taught a (private) 2-day CPD course

for two clinicians at Entropy Physiotherapy and Wellness, Chicago, on interpreting and using evidence from trials and reviews.

9b. What Cochrane-related training have staff of the editorial base received, and how has it been provided? [250 words max.]

The ME, AME, Systematic Reviewer, Information Specialist and one Editor attended the Cochrane UK & Ireland Symposium in Birmingham, March 2016. Workshops included dissemination and communication, and editing Summary of Findings tables.

The ME, AME and three Editors attended the Cochrane Editor Training Day at Cochrane UK in October.

Staff access relevant webinars on topics such as Covidence, Updates Classification System, involving consumer referees.

The Information Specialist attended the Advanced Search Strategy Design for Complex Topics training course, York, April 2016.

In November 2016, we hosted Andy Oxman from the Norwegian Pain Centre to discuss advances in the use of GRADE and summary of findings tables.

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

Please list each objective, **highlight whether it is considered complete, partially complete, incomplete or ongoing**, and provide a short paragraph statement under each. Please include **half a side of A4 maximum** for each objective.

2016-17 objectives; full details of each objective in our 2015-20 Business Plan.

Cochrane Strategy to 2020 objectives: Goal 1: Producing evidence

And NIHR and other local objectives specific to your CRG: A. To establish and publicise the group's methods for prioritising new reviews.

(Complete; Ongoing)

- We continue to work to Cochrane standards and guidelines. We regularly update our 'RevMan MECIR' guidance documents (for protocols, reviews, updates) in response to new or updated Cochrane guidance, and expect author adherence.
- Our policies and procedures are available online, including our expectations for new titles <http://papas.cochrane.org/resources/policies>. Our 'Titles Suggestion Form' is still available to download on our website here: <https://papas.cochrane.org/our-reviews>.
- We continue to attend relevant Cochrane meetings.
- A priority-setting meeting with paediatric palliative care professionals is planned (2017). We hosted our 18th Birthday Party, July 2016, giving a series of presentations on the past, present and future of pain evidence.
- We continue to hold annual editorial board meetings, and regular (core) team meetings.
- We continue to collaborate with policy makers and other external stakeholders to establish priorities and identify important titles.
- We are registered as a stakeholder with NHS England.
- We perform an annual audit of review timelines, and these data can be made available to NIHR upon request. We produce a regular 'Dashboard of Critical Features' to monitor processes, quality and output, for the core team.
- We have new template protocols on 'drugs for chronic pain in children' and 'drugs for cancer-related pain in children'.
- We have not created the planned series of webinars on pain evidence, partly due to Editors' serious illness, plus other competing pressures such as the Programme Grant.
- We have not publicised a list of priority titles; work is on-going; see section 3a above.

Goal 2: Making our evidence accessible

(Ongoing)

- We have reached 4000 Followers on Twitter, increased from 3000 in October 2015. We continue to re-tweet and share relevant tweets from Cochrane groups.
- We work with the Cochrane Communications and External Affairs Department on dissemination planning and liaising with the media when appropriate.
- We discussed expanding our dissemination and engagement strategy at the 2016 Editor meeting, and will continue to develop this plan in 2017. We are still considering appointing the role of 'advocate' for individual topic areas and LMICs as a means of engaging with specific audiences via social media.
- In May 2016, we worked with the Dying Matters Coalition and Hospice UK to disseminate blogshots of eight of our key palliative care reviews via Twitter. We also produced two blog posts: "Research reflections: voices from palliative care evidence" on eHospice, <http://www.ehospice.com/uk/ArticleView/tabid/10697/ArticleId/19270/language/en-GB/View.aspx>, and "Working together for Dying Matters Week" <http://www.ehospice.com/uk/Default/tabid/10697/ArticleId/19222/>
- Cochrane is no longer providing CD-ROMs of the Library.
- We continue to work with a wide range of contributors from around the world, who fulfil a variety of roles such as Author, Editor, Peer Referee, and Consumer Referee.
- We continue to adhere to Cochrane standards and expectations for accessible language, for example adhering to the MECIR standards for Plain Language Summaries, supporting authors to translate potential papers for inclusion in reviews, and re-tweeting translations as circulated by Cochrane Lingual.

Goal 3: Advocating for evidence

(Ongoing)

- We continue to use the Cochrane brand and relevant logos, for example in our standard documents such as Review Proposal Forms and Peer Referee checklists.
- We continue to maintain our website, and create regular newsletters to circulate news and information from PaPaS, Cochrane and the pain community. We now produce more newsletters per year using MailChimp (previously twice a year; now every six weeks or so).
- We continue to attend relevant pain and palliative care meetings worldwide.
- We continue to utilise Twitter as a tool to advocate for evidence; we are in the process of setting up a Facebook account to expand our reach.
- We have not planned any further Tweetchats or short videos to promote pain evidence due to competing commitments and a lack of resource.

Goal 4: Building an effective & sustainable organisation

(Ongoing)

- To recognise the contributions of the authors of our Top 10 most cited reviews, we send the teams a certificate on an annual basis.
- By attending Cochrane meetings (UK Symposium, Colloquium, local CRG meetings) we are able to share best practice, discuss challenges, and learn from others.
- We consider additional grant applications to supplement our core funding, for example NIHR Incentive Grants, Cochrane Support Programme, NIHR Programme Grants, NIHR Health Technology Assessment Programme.
- We work to agreed budgets and complete quarterly and annual reports as required.
- Members of the editorial team have contributed comments and queries regarding the Structure and Function project.
- At the annual Editor meeting, the ME presents the current status of the group, including details about staff, output, timeliness, funding, meeting Cochrane standards and

revised policies, impact stories, annual report summaries, and other relevant information.

- Staff appraisals are held on a regular basis, in line with the host institution expectations.
- We are aware of the need for succession planning for our editorial board and to expand the team to include more methodological and statistical support. In 2017-2018 we will launch a formal review of our board and its functions.
- We keep printing to a minimum, and consider the environmental impact of more than one member attending overseas meetings.

NIHR and other local objectives specific to your CRG: B: To detail the criteria and processes for prioritising review updates and the circumstances in which reviews will not be updated.

(Complete)

- We have been utilising the new Cochrane Updates Classification System (UCS) in Archie since its soft launch at the end of 2016. This allows us to categorise reviews as either: up to date, update pending, or no update planned. The full launch of this tool is expected in 2017 when all categories will be published alongside the review on the Library. We follow the UCS flowchart to aid decision-making. We involve author teams and editors in the final decision. This is outlined on our website: see 'Updating your Cochrane review', <http://papas.cochrane.org/papas-editorial-process>
- We no longer need to use the Archie 'out of date' report, and we no longer have an Updates Manager in place. All PaPaS reviews have been categorised using the UCS tool.

NIHR and other local objectives specific to your CRG: C: To contribute to training and other activities to support a culture of evidence based practice in the NHS.

(Ongoing)

In addition to the actions outlined above:

- Members of the editorial team continue to provide presentations, workshops and plenary sessions at relevant national and international meetings. See section 12 below.

NIHR and other local objectives specific to your CRG: D: To establish and publicise a policy for maintaining reviews and making improvements to the process of review production.

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

(Complete; Ongoing)

In addition to the actions outlined above:

- In January 2016, we invited David Tovey and Toby Lasserson to discuss quality assessments of our reviews. As a result, we introduced some changes to our editorial process, such as: adding CEU 'common errors' and ARGO 'bugbears' to our guidance documents; automatic de-registration of a title if no draft protocol within 6 months; checking first drafts for compliance with protocol; utilise CEU screening when relevant.
- We held an Editorial Surgery at the 2016 Editor meeting; we requested feedback from the Editors about the current editorial process and what improvements could be made; we introduced the following changes to the editorial process: clear requests about location of specific queries in RevMan sections; clear requests about input/decision required, and what the next steps will be; agreement to send a copy of the revised review to the Editor if all comments addressed.
- Our website clearly outlines our processes and expectations from proposing a title to preparing an update, and includes all of our guidance documents and any useful links.
- We use our regular newsletters to inform authors, peer referees and editors about new or updated Cochrane guidance, for example Screening Common Errors, Editor Training modules, updated MECIR standards.

- We continue to utilise Archie workflows and electronic ticketing to support the development of reviews and monitoring of progress and timeliness.
- We continue to aim to respond to queries promptly.
- We now include information about utilising author tools such as Covidence in our ‘title registered’ email.
- We continue to maintain our 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 add new ones as we identify additional common issues.
<http://papas.cochrane.org/screenshots-common-issues>
- We completed the ‘PaPaS Express’ project in September 2016; see section 12.

NIHR and other local objectives specific to your CRG: F: To describe and publicise arrangements for disseminating reviews, beyond publication in the Cochrane Library.

(Complete; Ongoing)

- We have updated our website to describe our current approach to dissemination
<https://papas.cochrane.org/resources/dissemination>
- We continue to disseminate all new reviews and updates on Twitter.
- At publication, we now ask author teams to connect with us on social media, and let us know of their dissemination plans and any impact stories or news reports.
- We have added a question to the Consumer Referee Checklist requesting their view on where a particular review should be disseminated.
- We have added a comment in our protocol guidance document for the authors to consider adding some information about where the finished review should be circulated. Added to the “Why it is important to do this review” section.
- We continue to work with the Cochrane External Affairs Department to disseminate important reviews.
- As described above, we work with Evidently Cochrane and other parties (eg Hospice UK) to prepare blogs and blogshots to disseminate our work where relevant.

NIHR and other local objectives specific to your CRG: G: To establish mechanisms for tracking and measuring the impact of reviews on clinical guidelines, practice and research within the NHS.

(Complete; Ongoing)

In addition to the actions outlined above:

- Some of our Editors work closely with guideline developers (e.g. Andrew Moore and SIGN; Winfried Hauser with German interdisciplinary guidelines on fibromyalgia syndrome and European League Against Rheumatism).
- Cochrane UK routinely tracks guidelines for citations of our reviews.

11. 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

See Excel spreadsheet.

We would like to note that we are still publishing updates with no changes to the conclusions because they were initiated before the Cochrane guidance on prioritising updates was introduced. However, in some cases, we have made the decision to stop work where the conclusions have not changed and a) the quality of the review is not acceptable, and/or b) the authors have been severely delayed. For all ‘new’ updates going forward, we routinely utilise the UCS decision flowchart to determine whether to proceed with an update.

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

External (non-Cochrane) publications and other summaries of our Cochrane reviews

- Derry S, Wiffen P, Moore A. Topical Nonsteroidal Anti-inflammatory Drugs for Acute Musculoskeletal Pain. JAMA. 2016;315(8):813-814. doi:10.1001/jama.2016.0249
- Needle size for vaccination procedures in children and adolescents YouTube video: https://www.youtube.com/watch?v=ydLC8w9T_BQ (450 views at 7 April)
- NIHR Dissemination Centre Discover Portal, Acupuncture shows promise for preventing episodic migraines, Oct 2016
<https://discover.dc.nihr.ac.uk/portal/article/4000527/acupuncture-shows-promise-for-preventing-episodic-migraines>. With expert commentary from Andrew Moore.
- Cochrane Nursing Care Field (CNCF) Cochrane Review Summary for publication in the Nursing Times Journal "Cochrane Corner": Needle size for vaccination procedures in children and adolescents. Request: July 2016. [Link to publication requested from Alex Mignone, Co-ordinator, Cochrane Nursing Care Field; not received at time of submitting report.]
- CNCF Cochrane Review Summaries published in the Nursing Times Journal "Cochrane Corner", Psychological interventions for needle-related procedural pain and distress in children and adolescents. Request: Feb 2016. [link to publication requested]
- CNCF Cochrane Review Summaries published in the Orthopaedic Nursing Journal "Cochrane Corner", Topical NSAIDs for chronic musculoskeletal pain in adults. Request: Oct 2016. [link to publication requested]
- CNCF Cochrane Review Summaries published in Cancer Nursing Journal "Cochrane Corner", Spinal cord stimulation for cancer-related pain in adults. Request: July 2016. [link to publication requested]
- CNCF Cochrane Review Summaries published in the Clinical Nurse Specialist Journal "Cochrane Corner", End-of-life care pathways for improving outcomes in caring for the dying. Request: August 2016. [link to publication requested]
- CNCF Cochrane Review Summaries published in the International Journal of Evidence Based Healthcare "Cochrane Corner", Non-invasive brain stimulation techniques for chronic pain. Request: May 2016. [link to publication requested]
- CNCF Cochrane Review Summaries published in the Journal of Health Science "Cochrane Corner", Psychological interventions for needle-related procedural pain and distress in children and adolescents. Request: March 2016. [link to publication requested]
- CNCF Cochrane Review Summaries published in the Neonatal, Paediatric and Child Health Nursing Journal "Cochrane Corner", Sweet tasting solutions for reduction of needle-related procedural pain in children aged one to 16 years. Request: Jan 2016. [link to publication requested]
- CNCF Cochrane Review Summaries published in the Nursing Times Journal "Cochrane Corner", Patient controlled opioid analgesia versus non-patient controlled opioid analgesia for controlling postoperative pain. Request: Sept 2016. [link to publication requested]
- CNCF Cochrane Review Summaries published in the Orthopaedic Nursing Journal "Cochrane Corner", Tapentadol for chronic musculoskeletal pain in adults. Request: Sept 2016. [link to publication requested]
- Cochrane featured review, 'Oral paracetamol for treatment of acute episodic tension-type headache in adults'. June 2016.
- Cochrane featured review, 'Drugs for the acute treatment of migraine in children and adolescents'. April 2016.
- Structured abstract plus clinical commentary of review, Pregabalin for pain in fibromyalgia in adults. ACP Journal Club, a monthly publication of the American College of Physicians – American Society of Internal Medicine, Nov 2016.

- Cochrane Child Health, in collaboration with Translating Emergency Knowledge for Kids (TREKK), launched a 16-week social media campaign in autumn 2016. The Child Health Emergency Medicine Campaign aimed to promote highest quality health care for children and families by disseminating Cochrane evidence for pediatric emergency medicine. Shared our 'Psychological interventions for needle-related procedural pain and distress in children and adolescents' review
<https://cochranechild.wordpress.com/2016/11/14/psychological-interventions-for-needle-related-procedural-pain-and-distress-in-children-and-adolescents/>
- Podcast request: Acupuncture for the prevention of tension-type headache.
<http://www.cochrane.org/node/19126>
- Podcast request: Interventions for sexual dysfunction following treatments for cancer in women, <http://www.cochrane.org/podcasts/10.1002/14651858.CD005540.pub3>
- Jan 2016, Evidently Cochrane blog, "Which painkillers are best for acute pain after surgery?" Includes two of our reviews, 'Single dose oral analgesics for acute postoperative pain in adults – an overview of Cochrane reviews' and 'Adverse events associated with single dose oral analgesics for acute postoperative pain in adults – an overview of Cochrane reviews'. <http://www.evidentlycochrane.net/which-painkillers-are-best-for-acute-pain-after-surgery/>
- May 2016, Evidently Cochrane blog, "Can topical NSAIDs help relieve the pain of arthritis?". Includes our review 'Topical NSAIDs for chronic musculoskeletal pain in adults'. <http://www.evidentlycochrane.net/topical-nsaids-pain-arthritis/>
- Feb 2016, <http://www.dailymail.co.uk/health/article-3465992/Why-people-never-running-injuries-worth-shelling-expensive-trainers-insoles-experts-reveal-all.html> includes our review 'Topical NSAIDs for acute musculoskeletal pain in adults'.
- Olympics social media campaign by Cochrane UK included blogshots based on our reviews, 'Salicylate-containing rubefacients for acute and chronic musculoskeletal pain in adults', 'Topical NSAIDs for chronic musculoskeletal pain in adults', and 'Topical NSAIDs for acute musculoskeletal pain in adults'.

Other impact stories

- At 8 November 2016, the authors of 'Hydromorphone for cancer pain' informed us of the impact of their review on Weibo: "has been viewed by 309 followers on weibo and 99 followers on wechat, respectively. There are 62 clicks to that twitter on our official website."
- Evidently Cochrane blog by senior editor/author Andrew Moore and author Cathy Stannard: 'Traditional opioids for chronic non-cancer pain: untidy, unsatisfactory, and probably unsuitable', <http://www.evidentlycochrane.net/opioids-chronic-non-cancer-pain/>.
- The publication 'What role for capsaicin in diabetic peripheral neuropathy?' DTB 2016;54:90-93, cited two of our reviews: 'Topical capsaicin (low concentration) for chronic neuropathic pain in adults' and 'Topical capsaicin (high concentration) for chronic neuropathic pain in adults.'
- Dan Carr (part of founding members of PaPaS) wrote a brief item about PaPaS in IASP Acute Pain SIG Newsletter following our 18th Birthday Party in July 2016.
- Dying Matters week, May 2016: we collaborated with Hospice UK, Dying Matters Coalition and Cochrane UK to increase awareness of the campaign and disseminate our key palliative care reviews. We include below some screenshots of our most successful Tweets. Links to our blogs are stated above.

Mentions CochranePaPaS

Retweets CochranePaPaS

Sarah Russell @learnhospice 12 hours ago
 @stowe_emily @hospicestclare @CochranePaPaS @researchospice @WeEOLC excellent!!!! And watch for blog shots @SarahChapman30 blogs & chats

Cochrane PaPaS @CochranePaPaS 13 hours ago
 We're supporting Dying Matters Awareness Week which starts on 9 May. Find out more > ow.ly/4nq54T #BigConversation #DyingMatters

Cochrane PaPaS @CochranePaPaS 17 hours ago
 We've been working with @learnhospice and @DyingMatters ahead of Dying Matters Week. 9-15 May: Info ow.ly/4nq6w4 #BigConversation

Cochrane PaPaS @CochranePaPaS 17 hours ago
 Next week is Dying Matters Awareness Week. Find out more here ow.ly/4nq4xj #BigConversation #DyingMatters

Cochrane PaPaS @CochranePaPaS 2 days ago
 New #Cochrane review: Single dose intra-articular morphine for pain control after knee arthroscopy ow.ly/4nmGcx #painevidence

Cochrane PaPaS @CochranePaPaS 5 days ago
 Updated #Cochrane review: Acupuncture for the prevention of tension-type headache ow.ly/4mT9d0 #painevidence (^AE)

#researchospice @researchospice 14 hours ago
 Look at this from @CochranePaPaS Amazing!! papas.cochrane.org/dying-matters-... #bigconversation

Sarah Russell @learnhospice 15 hours ago
 Looking for research evidence...here it is HT @CochranePaPaS papas.cochrane.org/dying-matters-... FYI @researchospice @WeEOLC

Cochrane PaPaS @CochranePaPaS
 We've been working with @learnhospice and @DyingMatters ahead of Dying Matters Week. 9-15 May: Info <https://t.co/k0pNpC08hM> #BigConversation

Life

In particular, we will be highlighting the following key Cochrane reviews in this year's year:

1. Effectiveness and cost effectiveness of home palliative care services for adults with advanced illness and their carers
2. Best of the care pathways for treating substance use disorder for the drug
3. Multiple antiepileptic treatment for adult patients with epilepsy
4. Multiple antiepileptic treatment for adult patients with epilepsy
5. Palliative pharmacological treatment for neuropathic pain in children and adolescents with the following conditions
6. Pharmacological interventions for pain in children and adolescents with the following conditions
7. Exercise for the management of cancer-related fatigue in adults
8. Impact of overuse, duration, avoidance of certain or patient empowerment, severity and those who used to treat cancer pain

Mentions CochranePaPaS

Dying Matters @DyingMatters 6 mins ago
 @learnhospice @CochranePaPaS fantastic to have you on board. Thank you for your wonderful support of the #BigConversation.

Sarah Russell Anna from @CochranePaPaS shares 'working Together' for @DyingMatters #bigconversation ehospice.com/uk/ArticleView...

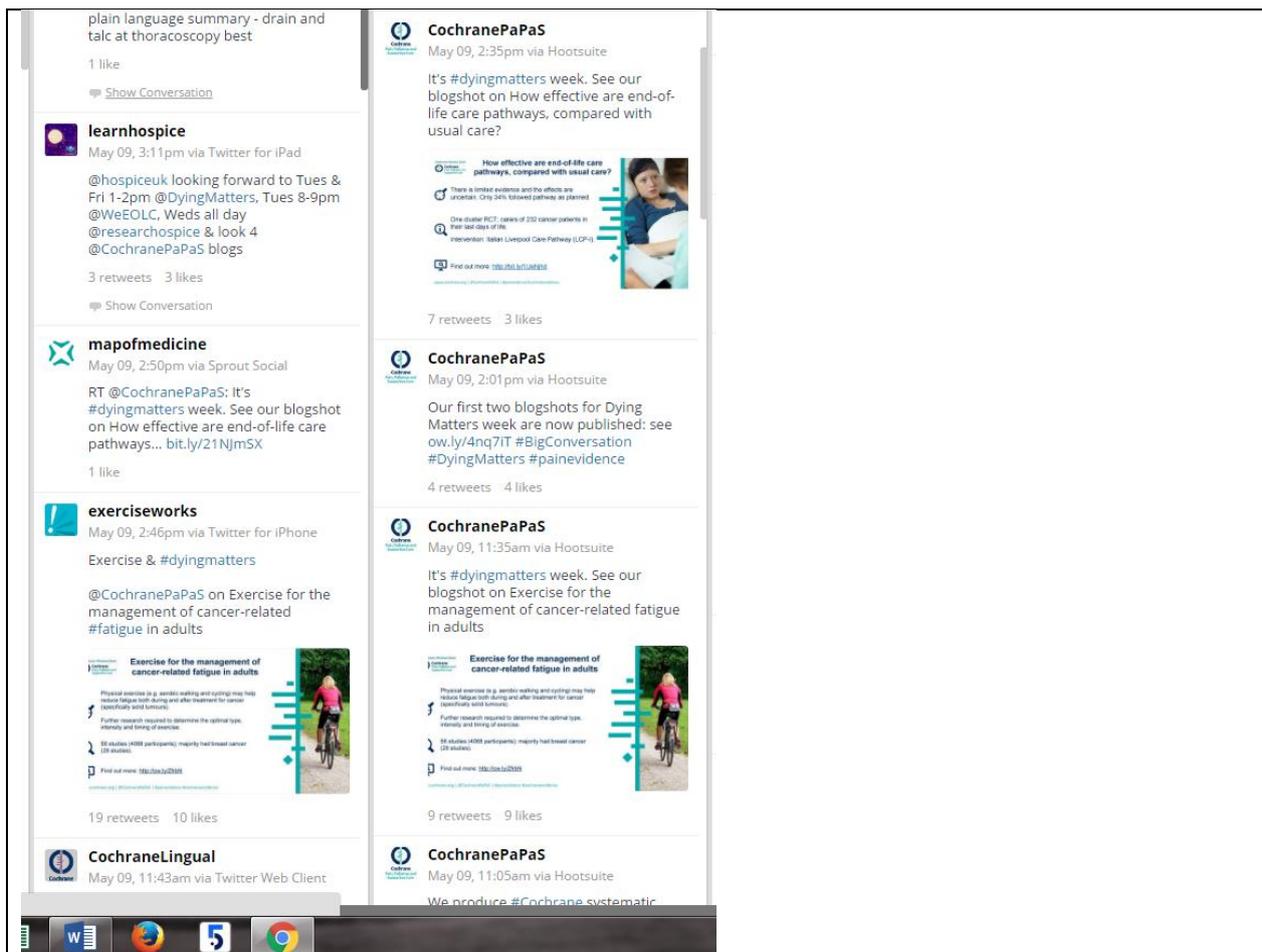
Big Conversation - to be or not to be that is the question

Compassion Community So where do I start

Big Conversation Dying Matters Awareness Week

hospice Looking for research to guide your practice

3 3 20 mins ago



- 'Move over, morphine', James Mitchell Crow, Nature, Vol 535 | 14 July 2016. Andrew Moore quoted on pS4.
- 'Pain leads the way: the development of evidence-based medicine for pain relief', Wiffen and Moore, International Journal of Clinical Pharmacology and Therapeutics, DOI 10.5414/CP202546, March 2016.
- http://www.endoflifecare-intelligence.org.uk/resources/publications/what_we_know_now_2014. Request from Public Health England to Editor Adrian Tookman for information about evidence on end of life care as part of their 'What we know now' list of publications; sent list of relevant published reviews in this topic area.
- Which? magazine publication Feb 2016, using data from our overview review 'Non-prescription (OTC) oral analgesics for acute pain - an overview of Cochrane reviews'. <http://www.which.co.uk/reviews/painkillers/article/best-painkillers-aspirin-ibuprofen-or-paracetamol>
- Top 10 on the front page of Cochrane.org routinely includes at least two of our reviews. The Top 10 include the top viewed reviews based on the last 7 days in Google Analytics and updates once a day automatically. For example, at 10 April 2017 two of our reviews are listed: 'Amitriptyline for neuropathic pain in adults', 'Gabapentin for chronic neuropathic pain and fibromyalgia in adults', <http://www.cochrane.org/>.
- April 2016, Royal Australian College of General Practitioners (RACGP) published 'Pain management strategies for childhood immunisation', <http://www.racgp.org.au/your-practice/guidelines/handi/interventions/children/pain-management-strategies-for-childhood-immunisation/>, and used our review, 'Non-pharmacological management of infant and young child procedural pain'.

- We are aware that the Cochrane review on psychological interventions for needle-related procedural pain helped inform WHO guidelines. We requested further information from the author, Christine Chambers, but this was not provided at the time of submitting the report.
Uman LS, Birnie KA, Noel M, Parker JA, Chambers CT, McGrath PJ, Kisely SR. Psychological interventions for needle-related procedural pain and distress in children and adolescents. Cochrane Database of Systematic Reviews 2013, Issue 10. Art. No.: CD005179. DOI: 10.1002/14651858.CD005179.pub3

Conferences and meetings

Christopher Eccleston, Co-ordinating Editor

- Irish Pediatric Pain Society (May, Dublin, Ireland).
- Encountering Pain: hearing, seeing, speaking (July, London, UK).

Amanda C de C Williams, author and editor

- IASP World Congress on Pain, September/October 2016, Yokohama: presented “Knowledge transfer: systematic review and beyond” in topical workshop on Knowledge Translation in Pain Research: The Push and the Pull, with Prof Fiona Blyth & Dr Mary Cardoso.
- International Rehabilitation Council for Torture Victims (IRCT) conference, December 2016, Mexico City: presented “Synthesising evidence on efficacy of psychological treatments for survivors of torture: systematic review and meta-analysis” in a workshop on Efficacy of Treatment.

Tess Cooper, in-house systematic reviewer

- Attended IASP 16th World Congress on Pain in Yokohama, Japan, September 2016. Submitted poster, Opioids for cancer pain in children and adolescents: Part 1 of a Cochrane Suite of Paediatric Reviews, Cooper TE, Wiffen P, Anderson AK, Gray A, Gregoire MC, Ljungman G, Zernikow B, Eccleston C.

Philip Wiffen (senior editor and author), Christopher Eccleston (Co-Ed)

- Author on IASP poster, Japan, 2016 (see above).

Winfried Hauser, author and editor

- Gave two lectures on fibromyalgia (FM) at the World Congress on Pain (see above). The lecture on psychosocial factors referred to the Cochrane review on cognitive behavioural therapies for FM (previous published versions produced by Cochrane Musculoskeletal Group, and since transferred to PaPaS to complete the update).
Lecture titles:
- Complementary and Alternative Medicine for Fibromyalgia Syndrome. 16th World Congress On Pain. Yokohama (Japan), 26.09.2016.
- The importance of psychosocial factors in the etiology and management of fibromyalgia syndrome. Satellite Symposium of 16th World Congress On Pain. Nagasaki (Japan), 01.10.2016.

Neil O’Connell, author and editor

- Attended IASP Yokohama and submitted two posters based on PaPaS reviews:
O’Connell NE, Wand BM, Gibson W, Carr DB, Birklein F, Stanton TR. Local anaesthetic sympathetic blockade for complex regional pain syndrome. Cochrane Database of Systematic Reviews 2016, Issue 7. Art. No.: CD004598. DOI: 10.1002/14651858.CD004598.pub4, and Smart KM, Wand BM, O’Connell NE. Physiotherapy for pain and disability in adults with complex regional pain syndrome (CRPS) types I and II. Cochrane Database of Systematic Reviews 2016, Issue 2. Art.

No.: CD010853. DOI: 10.1002/14651858.CD010853.pub2. Also chaired and presented a topical workshop there on using social media to disseminate pain research.

- Invited speaker, Physiotherapy Pain Association Annual Study Day, January 2017 Edinburgh.
- Invited speaker, CONFERÊNCIA, Grupo de Interesse em Terapia Manual, March 2017, Porto.

The PaPaS Express

The Cochrane Express project ([info](#)) was established in 2014 as an against-the-clock challenge to develop a priority-listed Cochrane Review from published protocol to full review within 10 hours. The team hoped to ultimately produce a documentary film to showcase the evidence-to-clinical practice process and its technology-enabled future, such as utilising [Project Transform](#) tools, and crowd-sourcing via Twitter. The project stalled in 2015 and so we wanted to take the idea and apply it to a PaPaS review. Our full project plan is available online: <http://papas.cochrane.org/news/papas-express>. We completed the protocol in 2 months (registered 15 April, published 6 June). The bulk of the review process was completed within 1 week (6 – 10 June), and the final version of the review was published in September. We are planning a publication about the project, to include our insights into the successes and challenges of a time-critical process. A summary of the fast-track first week of the review process is available on Storify; Day 1 is available here: <https://storify.com/CochranePaPaS/the-papas-express>

Mini audit, September 2016, in response to NIHR UK Cochrane Groups Annual Report 2015 summary document.

- Highlight: appendix 3 showed PaPaS ranked second of 24 review groups in terms of time to publication, and we produced a higher output than the group at number 1 (Airways: 16 reviews published, median time from protocol to review 13 months; PaPaS: 25 published, median 17 months).
- Rejected 75% (n = 63) of title proposals. Reasons included: not a priority topic, lack of skilled author team, overlap with existing title, team already working on another review.
- Consistently withdrawing published protocols and reviews that fail to meet expected standards (2014: 16, 2015: 11, 2016: 12 (to 16 Sep 2016)).
- We received eight pieces of formal feedback via Wiley, and we responded and re-published all reviews promptly (median published within 43 days). The longest (91 days) was because the authors took weeks to respond despite several reminders.

Responding to researcher requests

- John Delaney, doctor from Sydney, interested in auditing the risk of bias scores from across the Cochrane groups. Data provided in September 2016.
- Saga Magazine requested further information regarding “pain relief levels from combinations such as paracetamol and ibuprofen”. We sent details of our Overview reviews, ‘Single dose oral analgesics for acute postoperative pain in adults - an overview of Cochrane reviews’ and ‘Non-prescription (OTC) oral analgesics for acute pain - an overview of Cochrane reviews’, in December 2016.

Collaboration with stakeholders

- NICE draft scope consultation – ‘Improving supportive and palliative care in adults’ (update).

- Editor and author Winfried Hauser was involved in the James Lind Alliance: Adult Fibromyalgia Priority Setting Partnership, <http://www.cihr-irsc.gc.ca/e/49106.html>
- Managing Editor Anna Erskine registered as a reviewer for the NIHR; <http://www.nihr.ac.uk/funding-and-support/funding-for-research-studies/become-a-reviewer/>
- E.A.H. Loeffen, an Editor and author with the Cochrane Childhood Cancer Review Group, provided peer review for two children’s cancer pain protocols as part of the NIHR Programme Grant on chronic pain. He is the coordinating researcher of a guideline that will address Pain in Children with Cancer, due end 2017, and hopes to use our two reviews to inform the guideline.
- Request for input from HTA programme about a short “vignette” that is being written based on our review, Opioids for the treatment of breathlessness in palliative care. Submitted feedback by October 2016. We were informed in April 2017 that this has successfully been prioritised for funding; <http://www.nihr.ac.uk/funding-opportunities/1734-opioids-for-the-treatment-of-breathlessness-in-palliative-care/5985>

Certified as correct by:

Coordinating Editor: Professor Christopher Eccleston

Date: 28/04/17

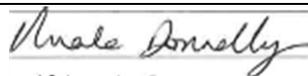
Address: Centre for Pain Research, University of Bath, Claverton Down, Bath BA2 7AY

Email: papas@bath.ac.uk

Telephone number: 01225 386439

Institution’s Finance Officer: Nuala Donnelly

Signature:



Date: 25.04.17

Please return the completed form by email attachment to Ria Osborne at NETSCC (srpinfo@nihr.ac.uk), **by 28th April 2017 at the latest, 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.