NIHR Cochrane Review Group Infrastructure Award

Annual Report: 1 Jan 2017 to 31 Dec 2017

Please complete and return this form by email attachment as a **Word document** using the filename format: [name of Cochrane Review Group] Annual Report 2017.

Report submission date: by 13th April 2018 (latest).

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

To reduce duplication please read and review all questions in each section before providing a response.

<table>
<thead>
<tr>
<th>Name of Cochrane Review Group:</th>
<th>Pain, Palliative and Supportive Care</th>
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<tr>
<td>Name of CRG Network:</td>
<td>Long Term and Aging Conditions 2</td>
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<tr>
<td>Name of host institution:</td>
<td>Oxford University Hospitals Foundation Trust</td>
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<th>Contact details:</th>
<th>Name</th>
<th>Email address</th>
<th>Telephone no.</th>
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<tr>
<td>Host institution Finance Officer</td>
<td>Kirsten Bailey</td>
<td><a href="mailto:kirsten.bailey@ouh.nhs.uk">kirsten.bailey@ouh.nhs.uk</a></td>
<td>01865 223503</td>
</tr>
<tr>
<td>Co-ordinating Editor</td>
<td>Professor Christopher Eccleston</td>
<td><a href="mailto:papas@bath.ac.uk">papas@bath.ac.uk</a></td>
<td>01225 386439</td>
</tr>
<tr>
<td>Managing Editor</td>
<td>Kerry Harding</td>
<td><a href="mailto:kerry.harding@ndcn.ox.ac.uk">kerry.harding@ndcn.ox.ac.uk</a></td>
<td>01865 225405</td>
</tr>
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### SECTION 1: STAFFING, LOCATION, SCOPE

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

[150 words max.]

Anna Erskine, previous full time ME, is currently on maternity leave (from October 2017 to August 2018), and the position of ME is being covered by Kerry Harding on a part time basis (0.6 FTE).

Kerry’s previous position of Assistant Managing Editor has partly been replaced by a new role of Assistant ME and Systematic Reviewer, filled by Emma Fisher, who is in post until 7 January 2019 in the first instance (0.6 FTE).

Jo Abbott (CIS) joined the payroll in April 2017. Difficulties with host institution regarding Jo’s contract, and payment. Did not receive first payroll payment until end of July, four months later. Backdated payment was incorrect due to use of incorrect pay grade, overpaid money was taken back the following month with no warning.

Two of our senior editors/authors retired in June 2017: Professor Andrew Moore and Sheena Derry.

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

[150 words max.]

We are still planning to move to a new host institution in the next 12 months, to Bath University.

3. **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 Information Specialist and Editorial Assistant/Systematic Reviewer report to the ME. Annual appraisals are held for the ME, Information Specialist and Editorial Assistant/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.

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

[If yes please provide brief details of this satellite, its location and any additional funding.]

[150 words max.]

No
5. How does you Cochrane Review Group plan to engage with the new Network format?

[150 words max.]
- Attended preliminary meeting in September 2017 with a different network (Brain, Nerves and Mind) in case our scope changed and we were split over two networks.
- Attend planned teleconferences with our Network (Long-Term conditions and Ageing 2). Share resources, best practices.
- Utilise the Associate Editor for checking drafts as appropriate.
- We are Hosting a Network Support Fellow.
- Our Co-ordinating Editor is Senior Network Editor for Brain, Nerves and Mind.
- Our Co-ordinating Editor is a member of the Cochrane Editorial Board.

SECTION 2: TRAINING

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

[250 words max.]
We have provided in house training for Tess Cooper, delivered by Professor Phil Wiffen, and ongoing support and supervision by Professor Eccleston. Our Editor, Sheena Derry, provided Review Author training days 1 and 2 on six occasions in 2017. Our Editor, Neil O’Connell, provided a two day training workshop on interpreting evidence from trials and reviews, to clinicians in San Diego and Chicago.

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

[250 words max.]
The ME, AME, Information Specialist and two Editors attended the UK Symposium, Oxford, March 2017. Workshops included Common errors in meta-analysis, Cochrane response and How to actively involve people in systematic reviews. Oxford and South West CRG meeting June 2017. Staff access relevant webinars on topics such as Covidence, new rejection policy, Cochrane’s Knowledge Translation Framework.

SECTION 3: COLLABORATION AND ENGAGEMENT

1. Please detail what collaborations your CRG is involved with within Cochrane, 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 Airways Group Co-ordinating Editor at protocol development stage for a series of three titles on Breathlessness.
- We sought the input of the Developmental, Psychosocial and Learning Problems Group when seeking peer referees for 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.
- The ME, AME and CIS attend regular meetings with other CRGs to discuss good practice and any arising challenges. The June 2017 meeting was attended by: EPOC, ENT, Dementia and Tobacco. Share editorial practice, good practice examples, responses to organisational change.
- Updated ‘MECIR RevMan guidance’ documents shared with ME list and available on our website.
- 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 seek input from Cochrane Methods groups for methodological and statistical support for particular reviews where necessary.
- We advised the Cystic Fibrosis and Genetic Disorders Group on potential peer referees for a protocol on Interventions for treating neuropathic pain in people with sickle cell disease.

2. Please detail what NHS links your CRG has, how NHS engagement is undertaken, or is planned. Noting activities undertaken to date, and their purpose and outcomes.

[350 words max.]
Editors are involved in NHS service development and provision. For example Dr. Peter Cole is consultant anaesthetist and pain management consultant at the Oxford Pain Clinic, Peter Goadsby is head of the headache group at Kings College London, Dr. Nick Wilkinson is head of paediatric pain management at the Evelina Hospital London. We are based in an NHS Pain Unit, so daily access to NHS staff.

3. 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 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.

4. Has your CRG engaged with the Complex Reviews Support Unit (CRSU) in the past year? If yes, please note how you have utilised this resource.

[250 words max.]
We have not engaged with the CRSU. We had one consultation on an unsuccessful programme grant application for work on a proposed suite of reviews in palliative and supportive care, which met the JLA priorities in palliative and end of life care. We have three editors attending the NIHR Complex Reviews Support Unit (CRSU) Cochrane Workshop as we intend to learn more about, and make use of, the support offered.
5. Please detail if and how your CRG has engaged with the Cochrane Knowledge Translation Initiative.

[250 words max.]
- Regularly read and tweet information from the CommsNetwork digest. Inform CommsNetwork of any information we wish to be disseminated via the digest.
- Routinely ask authors to think about their dissemination plan after they have submitted their first draft and share any relevant information with the Knowledge Translation team. Seeking help with wider dissemination where possible.
- Worked with the authors to provide organisation lists for the Knowledge Translation team to disseminate two overviews: Adverse events associated with medium- and long-term use of opioids for chronic non-cancer pain: an overview of Cochrane Reviews and High-dose opioids for chronic non-cancer pain: an overview of Cochrane Reviews
- Reviews which have been translated are tweeted, included in newsletters and added to Facebook.
- Podcasts and blogshots are tweeted, included in newsletters and added to Facebook.

6. Please detail how your CRG has engaged with NICE.

[250 words max.]
Two of our editors applied to join a NICE guidance board but we received the rather odd reply that being a Cochrane Editor and expert in the evidence to be reviewed was a conflict of interest, so they were rejected. It is therefore hard to engage with NICE directly.

NICE attended our paediatric palliative care priority setting day (February 2017) and we discussed further alliance for updates.

PaPaS reviews were used to inform the following NICE guidelines:


1. 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 16 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 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 held an 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 completed in June 2017; 49 reviews and updates.
- We routinely seek input of external peer referees with clinical experience for all protocols and reviews, and consumer referees for reviews.

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

For example:
- How often does your Editorial Board meet?
- How regularly do you review priority topics?
- How regularly do you review prioritisation processes?
- Have you implemented the update classification tool? If so, to what extent?
- What is your policy on accepting titles?

[350 words max.]

- Regular annual editorial meetings as described above. We often invite senior editors to join PaPaS team meetings.
- 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.
- UCS has been fully implemented to categorise our reviews in Archie and to help authors prioritise updates, although we are keen to see this live on the Library as we are aware that the classifications are not yet visible to the readers.

All review proposals are submitted on a form which is assessed by at least the ME, the CIS and the CoEd, and may also be circulated with the Editors in specific topic areas to assess priority and relevance, and competency of the team. Have had periods of being closed to new titles in order to address problems with scope/networks/criticism.

3. How does your group actively disseminate reviews? Do you have a public dissemination policy/process?

[250 words max.]

We ask authors to consider dissemination at the beginning as well as at the end of the review process.
We make details of our dissemination plans available on our website.
We schedule tweets and post updates on Facebook on all new published reviews and updates (we have 4400 followers on Twitter and 89 followers on the recently launched Facebook page, and have tweeted on all newly published reviews and updates). We have made use of the blogshots produced by the UK Cochrane Centre.

4. 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](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:

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

Access the blog and full list of references online [http://www.evidentlycochrane.net/paracetamol-widely-used-ineffective/](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.”
- 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](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](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](https://discover.dc.nihr.ac.uk/portal/article/4000414/paracetamol-is-a-weak-painkiller-for-regular-tension-headaches)

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.
- 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.


Other reviews by WH were also used:


- 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/ll/145-004.html](http://www.awmf.org/leitlinien/detail/ll/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.
5. Please state your 2016 impact factor (as provided by Wiley) here:

| 4.139 |

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### SECTION 5: FINANCIAL RECONCILIATION

### SECTION 6: OBJECTIVES AND OUTPUTS

1. Please list your objectives for the year and progress made against these objectives

Please highlight whether each is considered complete, partially complete, incomplete or ongoing, by deleting as appropriate. Provide a short statement [150 max] 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](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](https://papas.cochrane.org/our-reviews).
- We continue to attend relevant Cochrane meetings.
- A priority-setting meeting with paediatric palliative care professionals was held February 2017.
- 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 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.

**Goal 2: Making our evidence accessible**  
*(Ongoing)*
- We have reached 4400 followers on Twitter. We continue to re-tweet and share relevant tweets from Cochrane groups.
- We have launched a new Facebook page.
- 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 we continued 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.
- 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 now also use Facebook as a tool to advocate for evidence and we are building up our page and followers
- 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 and publish them on our website.
- 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 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 2018 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 3 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:
• 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

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)
• Our website describes our current approach to dissemination https://papas.cochrane.org/resources/dissemination
• We continue to disseminate all new reviews and updates on Twitter.
• We disseminate all new reviews and updates on Facebook.
When we confirm receipt of the first draft we send authors the dissemination checklist and ask them to start thinking about their dissemination plans.

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 include a question in the Consumer Referee Checklist requesting their view on where a particular review should be disseminated.

We include 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 Knowledge Translation team 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.

2. 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.

3. 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

- Podcast request: Early Palliative Care for Adults with Advanced Cancer. [Link]
- Podcast request: Breastfeeding for procedural pain in infants beyond the neonatal period. [Link]


Other impact stories

- Chris Eccleston, Co-Ordinating Editor won the Ronald Melzack award and will present the lecture at the 17th World Congress on Pain in 2018.
- Dr Christian Jessen (celebrity Doctor, television presenter and writer) replied to our tweet regarding #The problem with sex campaign

  ![Tweet by Dr Christian Jessen](https://example.com/tweet_image)

  "Great campaign: to not consider sex when considering life quality is to let your patients down. And to find it embarrassing is inexcusable."

- NIHR infographic based on Paracetamol (acetaminophen) for acute treatment of episodic tension-type headache in adults.

  ![NIHR infographic](https://example.com/infographic_image)

  "Paracetamol is a weak painkiller for regular tension #headaches buff.ly/2s5Qwa2"

- Migraine Awareness week (Sep 2017): UKCC created two blogshots on relevant PaPaS reviews:
  - Sumatriptan + naproxen for acute migraine in adults
  - Drugs for migraine in children and adolescents

- UKCC created blogshots:
  - Non-steroidal anti-inflammatory drugs (NSAIDs) for cancer-related pain in children and adolescents
  - Antidepressants for chronic non-cancer pain in children and adolescents
  - Opioids for cancer-related pain in children and adolescents

- Topical analgesics for acute and chronic pain in adults - an overview of Cochrane Reviews, highlighted on the Cochrane Library.

Procedural pain reviews were tweeted during World Immunization week, April 2017.

- 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 seven days in Google Analytics and updates once a day automatically. For example, at 1 August 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/.

- We include below some examples of screenshots of successful tweets.
Conferences and meetings

Christopher Eccleston, Co-ordinating Editor

- (Symposium) Health-i-Coaching. Pervasive Computing for Health (May 2017: Barcelona, Spain)
- (Plenary) Australian and New Zealand College of Anaesthetists (ANZCA) and the Faculty of Pain Medicine (FPM) Annual Scientific Meeting (May 2017: Brisbane, Australia)
- (Symposia) Australian and New Zealand College of Anaesthetists (ANZCA) and the Faculty of Pain Medicine (FPM) Annual Scientific Meeting (May 2017: Brisbane, Australia)
- (Public Lecture) Iceland Pain Society. Scientific Meeting (September 2017: Reykjavik, Iceland).
- (Symposium) Pain Forum: Black box pain management: does the patient really get what he wants ....a critical view back after a Congress of Pain! 10th Congress of the European Pain Federation EFIC. Pain in European X (September 2017: Copenhagen).
- (Symposium) The management of refractory neuropathic pain: towards innovating treatments. 10th Congress of the European Pain Federation EFIC. Pain in European X (September 2017: Copenhagen).
- (Plenary) French Pain Society. Annual Scientific Meeting (October 2017: Nice, France).
- (Plenary) Northern Irish Pain Society Congress (March 2018)

Amanda C de C Williams, author and senior editor
- Continued to teach clinical psychologists in training at UCL to do systematic review and meta-analysis: it is not compulsory for their doctoral research project, but increasing numbers each year opt to do one.
- Also taught it in outline at the IASP Finnish Pain Summer School in June 2017.
- Attended the UK Cochrane Symposium, Oxford, March 2017. As a result some joint work is planned with one of the speakers.

Phil Wiffen, senior editor and author
- In-house training for the PaPaS systematic reviewer.
- Attended Paediatric Palliative care conference Feb 2017

Hayley Barnes, feedback editor and author
- Attended the Global Evidence Summit, Cape Town, September 2018.

Winfried Hauser, author and editor
- Is a teacher for the pain diploma of the Austrian Association for Anesthesiology, Resuscitation and Intensive Care: http://www.derschmerzkurs.at/ (Please use Google translate). He gives the lecture on fibromyalgia annually.
- Sees up to four new FM-patients in the outpatient department/week. The first step of management is education of the patients, e.g. on appropriate goals of therapy and what benefits and risks can be expected from psychological and drug therapies. This education is based on therapies within Cochrane reviews. In the federal state of Germany where he works, there is a regional network for FM-patients in which they provide evidence-based information: www.fibronetz-saar.de. He would be happy to link to PaPaS reviews on FM if a German translation of the ABSTRACT was available.

Neil O’Connell, author and senior editor
- Keynote speaker at the Conference of manual therapists (physios) - Grupo de Interesse em Terapia Manual, Porto March 2017 – talking about the challenges of evidence in pain and how to negotiate them (for clinicians).
- Continues to teach these topics at the BSc, MSc and PGR levels to students at Brunel University.
- Non-invasive brain stimulation techniques for chronic pain and complex regional pain syndrome reviews are cited in a number of health insurance policy documents as evidence to directly inform policy regarding reimbursement for this treatment and are used in various public information resources or here:

Non-invasive brain stimulation techniques for chronic pain
- Blue cross Idaho: https://www.bcidaho.com/providers/medical_policies/the/mp_80158.asp
Chronic pain and complex regional pain syndrome

- Inform me webpage: https://informme.org.au/Learning-and-resources/Central-post-stroke-pain
- Pain doctor: https://paindoctor.com/conditions/complex-regional-pain-syndrome/
- Patient.com: https://patient.info/doctor/complex-regional-pain-syndrome-pro
- Practical pain management ask the experts: https://www.practicalpainmanagement.com/treatments/pharmacological/non-opioids/ketamine-treatment-crps
- Horsley docs: http://ow.ly/DmPs30j9wi0

CRPS reviews were used to write (Neil had a hand in authoring this) for a website designed to bring good quality information about pain management to remote communities in Australia. https://painhealth.csse.uwa.edu.au/pain-module/managing-complex-regional-pain-syndrome/

Peter Cole, author and editor


Kate Seers, editor

Over the last 12 months, Kate Seers has been working with colleagues to develop the methodology of meta-ethnography (qualitative evidence synthesis) relevant to pain (see references below). This has also resulted in production of an award winning film on what it is like for health care professionals to work with people with chronic non-cancer pain:


This may be a useful development as Cochrane broadens the evidence base it uses to inform practice.

Kate is also supervising several meta-ethnographies, contributing to developing capacity in this new area.

Related Publications.


Our original video based on a metaethnography on what it is like to have chronic pain continues to be very popular, with over 29,000 views. Struggling to be me with chronic pain. (December 2013). U tube video based on Toye F, Seers K, Allcock N, Briggs M, Carr E, Andrews J, Barker, K (2013) A meta-ethnography of patients’ experience of chronic non-malignant musculoskeletal pain. Health Serv Deliv Res 2013:1(12). https://www.youtube.com/watch?v=FPpu7dXJFRI

Responding to researcher requests

- PaPaS authors received requests regarding their cancer pain reviews with regards to a systematic review for WHO Guideline Development Group on treatment of cancer pain (May 2017).
- Request from the Health and Human Rights Division at Human Rights Watch for Long-term opioid management for chronic non cancer pain, for use in scoping a new project.
- Shared our seven reviews on children’s chronic pain and cancer pain with the Centre for Pain Management, Research and Education at The Hospital for Sick Children, Toronto.

Certified as correct by:

Coordinating Editor: Professor Christopher Eccleston

Date: 11.04.18

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: Kirsten Bailey

Signature:

Date: 11.04.18

Please return the completed form by email attachment to Ria Osborne at NETSCC (SRPinfo@NIHR.ac.uk), by 13th April 2018 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.