PaPaS Priority Setting
Plans for prioritisation in 2019 and beyond
Version 3, February 2019
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Background

The Cochrane Pain, Palliative and Supportive Care Review Group (PaPaS) was registered with Cochrane on the 28th January 1998. We aim to produce high-quality, relevant, up-to-date systematic reviews of interventions for acute and chronic pain, headache and migraine, and palliative and supportive care, for publication on the Cochrane Library\(^\text{i}\).

Our reviews are for anyone interested in using high-quality information to make health decisions, e.g. a doctor or nurse, patient or carer, researcher or funder. We are one of more than 50 Cochrane Review Groups worldwide, and we are a member of the Musculoskeletal, Oral, Skin and Sensory Network\(^\text{ii}\). You can read more about Cochrane\(^\text{iii}\) and PaPaS\(^\text{iv}\) online.

To ensure we meet the needs of our users, we need to respond to national, regional and global health priorities. Our funders, NIHR\(^\text{v}\), expect us to ensure priority topics within our scope are addressed and up to date.

Priority setting in 2019 and beyond

We are embarking on a prioritisation exercise to evaluate the scope, coverage, and potential gaps in our portfolio to meet the objectives of the new MOSS Network Strategic Plan\(^\text{vi}\) and the ongoing aims of Cochrane’s Strategy to 2020\(^\text{vii}\).

Historically, we have registered new titles in two different ways. We respond to proposals from individual author teams, but also plan suites of reviews for specific priority topics, for example our NIHR Programme Grant reviews on chronic pain (2014-17). This project will enable us to identify the most urgent titles for each of our main topic areas, and to focus our resources on meeting those priorities. Eventually we hope to commission all new PaPaS titles based on topics identified through a formal prioritisation process.

We have identified the main topics within our scope [Appendix 1]. Our long term objective is to identify one to three priority titles per topic, to complete each review within two years from registration, and to re-evaluate our priorities per topic at least every five years.

This project addresses our short term goal of identifying one or two priority topics and up to three priority reviews (new or updated) per topic by 30 September 2019. The review titles will be added to the Cochrane priority list\(^\text{viii}\) and we will seek author teams to complete the work before the end of our next funding period (2020 – 25). This plan will be published on the PaPaS website and shared directly with any relevant stakeholders. We will update the PaPaS website and inform our collaborators and colleagues of the outcome of this priority setting process. We will complete the process for all of our main topics by 31 March 2025.
Aims and objectives

- Adhere to the mandatory standards for prioritisation of Cochrane Reviews\(^*\) [Appendix 2].
- Assess our existing portfolio and identify reviews to be stabilised, updated, or amended (e.g. superseded, withdrawn, split/merged).
- Allocate ‘main topics’ to our portfolio, consider any evidence gaps, and add up to three new priority reviews per topic.
- Update our topics list in Archie and on the Cochrane Library to increase the accessibility of our reviews.
- Build and sustain relationships with high quality, multidisciplinary, international author teams.
- Seek additional funding to support production of priority reviews.
- Focus editorial resources on priority topics.
- Build and sustain strong relationships with national and international stakeholders, e.g. funders, policy makers, patients.
- Inform guidelines and/or clinical trials.
- Work with other Cochrane Groups, Networks and Fields.
- Meet the expectations of Cochrane, NIHR, and users of our reviews.
- Reassess our priorities at least every five years.

Governance

Each main topic will be assigned a Steering Group. Each Steering Group will consist of:

- Anna Erskine, Managing Editor (project lead);
- Christopher Eccleston, Co-ordinating Editor;
- Joanne Abbott, Information Specialist;
- Kerry Harding, Assistant Managing Editor (dissemination);
- At least one member of the PaPaS Editorial Board (see here for full list of members).

We will consider inviting external\(^1\) stakeholders (such as professional bodies/individuals, consumers/consumer groups) to join Steering Groups when appropriate, depending on the topic area and the capacity of the editorial team.

The Steering Group will communicate primarily via email and telephone; meetings by teleconference (e.g. Skype, Go To Meeting), or face to face, will be arranged at key stages of the project depending on members’ availability.

\(^1\) External to the PaPaS editorial team.
Stakeholders
We will identify relevant national and international external stakeholders for each topic. We will engage with at least one stakeholder per topic, and ideally at least one professional and one consumer/patient group per topic.

Examples of external stakeholders include:

- Cochrane colleagues, e.g. review authors; other CRGs, Networks, Fields; Cochrane Consumer Network;
- Guideline developers, e.g. NICE, GIN, SIGN, EULAR, national European guidelines clearing houses (e.g. German AWMF clearing house);
- Charities, patient and consumer groups, e.g. Migraine Action, Together for Short Lives, The National Fibromyalgia Association;
- Other professional organizations, e.g. WHO, Campbell Collaboration, International Association for the Study of Pain (IASP), European Pain Federation (EFIC), Pain Alliance Europe, International Headache Society, The Royal College of Anaesthetists, James Lind Alliance.

Communication and engaging with stakeholders whose first language is not English
Our core infrastructure funding comes from the NIHR and we are expected to demonstrate relevance and impact in the UK, but our work is internationally relevant and informs health decision-making all over the world. We therefore intend to collaborate with relevant stakeholders both in the UK and internationally, including those whose first language is not English.

We are fortunate to have a diverse and international Editorial Board of experts with a broad range of skills and languages. We also work with a diverse group of collaborators, including review authors and peer reviewers, from more than 50 countries around the world. It is vital that the prioritisation process is informed by an internationally diverse group of stakeholders.

Cochrane’s Multi-language Strategy
In 2014, Cochrane established the Multi-language Strategy to increase capacity and impact in non-English speaking countries. Local teams around the world translate Cochrane Reviews and related content into their languages to improve the accessibility of the evidence. We intend to work with the Cochrane translations team and Task Exchange, for example to circulate surveys on Twitter (e.g. @CochraneLingual, @task_exchange), contact stakeholders, and disseminate the priority reviews.

Project milestones and timeline
This section provides details of the project milestones and timeline for the 2019 priority setting project. Stages 2 - 5 will be repeated for each priority topic beyond 2019.

Stage 1: Assess current status (completion: 30 March 2019)
1. Approve 2019 priority setting plan, publish on PaPaS website and circulate with relevant parties.
2. Examine existing portfolio of PaPaS reviews, utilising relevant data such as 2017 citation/access data and Altmetrics data (Wiley); 2017 clinical guidelines data (Cochrane UK).
3. Agree main topics and subcategories and assign one main topic to all existing reviews in Archie.

4. Prioritise the main topics and identify one or two as priorities for 2019.

5. Assign members of the editorial board to each Steering Group.

Points 3 – 5 will be completed through an initial survey to the editorial team, and the data will be examined and summarised by the project lead (Managing Editor), with input from other team members as appropriate. Draft survey questions are available in Appendix 3a. All surveys for this project will be sent to the Knowledge Translation Department of the Cochrane Central Executive for approval in advance of circulation, in line with the Cochrane survey and consultation policy.

Stage 2: Gather feedback from Steering Group (for one/two priority topics) (completion: 30 April 2019)

1. Circulate a second survey with the members of the relevant Steering Group. The survey will collate feedback on the following (full survey questions are available in Appendix 3b):
   a. comments on evidence gaps, under-represented populations, new interventions, important outcomes not already covered;
   b. information about any relevant clinical trials, guidelines or priority setting work;
   c. recommended external stakeholder groups;
   d. comments about the existing portfolio, e.g. priority for updating, reviews that require splitting/merging/withdrawing;
   e. open ‘Comments’ field for any other comments.

2. The responses will be examined and summarised by the Managing Editor, who will create a document with the following sections for circulation with the Steering Group:
   a. existing reviews: priority for updating;
   b. existing reviews: amendments required;
   c. priority areas (PICO):
      i. populations;
      ii. interventions/comparators;
      iii. outcomes;
   d. summary of all comments/any additional comments.

3. The Cochrane Information Specialist (CIS) will help to identify priority topics, e.g. by searching for existing/upcoming guidelines, priority setting projects (e.g. James Lind Alliance “top 10’s”), and trial registries for ongoing studies and new interventions.

4. The Steering Group will assess the dataset and create a long list (Long List A) of potential new priority Cochrane Review titles (ideally in a face to face meeting).
5. The CIS will run searches (e.g. in PubMed, MEDLINE; to be confirmed depending on topic area) for existing evidence that overlaps with Long List A.

6. Any existing PaPaS reviews that are identified as requiring updating/amending will be flagged in Archie and will be managed by the editorial office as part of their routine tasks. Any decisions will be made in collaboration with the author team.

Stage 3: Gather feedback from external stakeholders *(completion: 30 June 2019)*

1. The Steering Group will agree a list of relevant stakeholders, to include at least one professional and one consumer group/individual.

2. Relevant stakeholders will be contacted and we will document the organisation/name and the date/method of contact; we will follow up at least once if we do not receive a reply to our initial contact.

3. Long List A will be shared with the stakeholders via a survey, with the option of adding their own comments and suggestions in a free text field (example survey questions available in Appendix 3c).

4. Depending on the topic area, we may circulate the survey with a broader audience, e.g. via our Social Media platforms, and by promoting it with the support of the Cochrane Knowledge Translation Team.

5. The Managing Editor will collate all responses and the Steering Group will categorise the revised long list (Long List B), with input from expert stakeholders as appropriate *(ideally in a face to face meeting)*.

Stage 4: Identify one to three priority titles *(completion 30 August 2019)*

1. The Steering Group will consider Long List B and will identify a list of potential new Cochrane Review titles.

2. A final shortlist of one to three priority titles will be created *(ideally in a face to face meeting)*.

3. A brief dissemination plan for each priority title will also be created as a live document to be updated throughout the review development process.

Stage 5: Dissemination and promotion *(ongoing)*

1. The shortlist of priority Cochrane PaPaS Review titles will be disseminated as follows:
   a. the PaPaS website will be updated to reflect the outcome of the priority setting process and will list the priority titles with information for new author teams interested in submitting a Review Proposal Form;
   b. the titles will be shared on our Social Media platforms, e.g. Twitter, Facebook, and in our newsletters to our members;
   c. relevant Cochrane groups will be informed, including the PaPaS editorial team, the MOSS Network;
   d. all relevant stakeholders will be informed;
   e. the priority titles will be submitted to the Cochrane priority list.
2. Ongoing work from September 2019 will involve working with new author teams and managing expressions of interest/Review Proposal forms for each title; identifying funding where necessary; continuing to update the dissemination plan and contacting relevant stakeholders in advance of publication in order to maximise impact.

Overview of project timeline

| Stage 1: Assess current status | Jan – Mar 19 | Apr 19 | May – Jun 19 | Jul – Aug 19 | Sep 19 (and onwards) |
| Stage 2: Gather feedback from Steering Groups | | | | | |
| Stage 3: Gather feedback from external stakeholders | | | | | |
| Stage 4: Identify one to three priority titles | | | | | |
| Stage 5: Dissemination and promotion | | | | | |

Contact
Any questions about this project, please contact Managing Editor/Project Lead Anna Erskine anna.erskine@ndcn.ox.ac.uk.
Appendices

Appendix 1: proposed main topics and subcategories for the PaPaS portfolio, at 31 Jan 2019

2019 1. Acute pain

- 2019 1.1 Acute postoperative pain
- 2019 1.2 Acute non-postoperative pain
- 2019 1.3 Both/all acute pain

2019 2. Headache and migraine

2019 3. Chronic

- 2019 3.1 Neuropathic pain
- 2019 3.2 Fibromyalgia
- 2019 3.3 Cancer pain
- 2019 3.4 Non-cancer pain
- 2019 3.5 Pelvic pain
- 2019 3.6 Abdominal pain
- 2019 3.7 Other chronic pain
- 2019 3.8 All chronic pain

2019 4. Palliative, supportive, frailty

- 2019 4.1 Pain in advanced, progressive, life limiting conditions
- 2019 4.2 Symptom control (other than pain) in advanced, progressive, life limiting conditions
- 2019 4.3 Healthcare System analysis (all conditions/symptoms)

2019 5. Fatigue (including CFS, ME)

Appendix 2: Cochrane’s mandatory and highly desirable (italics) standards for priority setting

Governance

- Establish a team to lead the priority setting process (‘Steering Group’) to help define and refine the scope of the exercise, e.g. members of the CRG or Network.

  Include external stakeholders in the Steering Group.

Stakeholder engagement

- Engage with at least one stakeholder group.
• Publish the intention to conduct a priority setting process to give stakeholders the opportunity to be involved.

• Engage with multiple stakeholder groups.

**Documentation and dissemination**

• Document the priority setting plan, detailing stakeholder engagement, methods and criteria that will be used to the priority setting process.

• Document the implementation of the process on the CRG website and link to the Network website; the documentation should include a summary of the exercise and details of the process.

• Publish a list of priority topics.

• Ensure that priority reviews are promoted on publication.

• Provide formal feedback on the results of the process to the stakeholders involved.

• Publish a more detailed report, for example in a relevant academic journal, or the CRG or Network websites.

• Notify stakeholders when the priority reviews are published.

• Develop a plan for completing the priority reviews and communicate this plan to Editors, Authors etc.

• Evaluate the priority setting process and outcomes.

**Currency/timeframe**

• The priority setting exercise should be repeated at regular intervals (at least every five years), according to emerging treatment and intervention relevant to the CRG and/or Network, and stakeholder needs.

• Repeat the process every three years.

**Appendix 3a: Stage 1 Editor Survey: draft questions (subject to change)**

1. Do you approve the PaPaS Priority Setting Plan?

2. Do you approve the five main topics for the prioritisation of the PaPaS portfolio?

3. Do you approve the sub-categories for the Acute Pain topic?

4. Do you approve the sub-categories for the Chronic Pain topic?

5. Do you think the main topic ‘Headache and Migraine’ should also be divided into subcategories, e.g. by headache type?

6. Do you think the main topic ‘Fatigue’ should also be divided into subcategories, e.g. CFS, cancer-related fatigue?
7. Please indicate which Steering Group(s) you would like to join (you can select more than one).

8. Please prioritise the main topics.

Appendix 3b: Stage 2 Editor Survey: draft questions (subject to change)
1. Please list under-represented populations/conditions in our existing portfolio.

2. Please state any interventions/comparisons/outcomes that are not represented in our existing portfolio.

3. If you are aware of any existing, ongoing or planned priority setting projects, please list them here.

4. If you are aware of any existing, ongoing or planned guidelines, please list them here.

5. Please list any relevant stakeholder groups that we could approach for input.

6. Please list here any of our existing reviews that are a priority for updating.

7. Please list here any of our existing reviews that you think need to be amended, e.g. split, merged or withdrawn.

Appendix 3c: Stage 3 Stakeholder Survey: draft questions (subject to change; dependent on Long List A)
1. Please rank the proposed review titles for Topic 1, subcategory 1 in order of priority.

2. Please rank the proposed review titles for Topic 1, subcategory 2 in order of priority.

3. Do you have any other suggestions for unanswered research questions in this topic area (include intervention, condition and population if possible)?