Community Engagement Workshop 6: Collaboration

Question 1.

How could external organisations work with evidence synthesis units to help deliver relevant evidence and answers to new research questions?

What do you see as the most important opportunity?

- Collaborations between academic institutions, government bodies, and guideline developers could produce more usable reviews faster, by ensuring alignment of priorities and PICOs.
- All data could be shared and open when it's produced with our collaborators to facilitate more efficient working for all (getting data from trials can be difficult, e.g., IPD.)
- Reducing research waste by better communication about research priorities.
- We can work with a wide range of stakeholders: guideline groups, patient organisations, WHO, United Nations, learned societies. There are opportunities to learn from the Public Health Relevance Project.
- More diverse stakeholders could allow Cochrane to diversifying funding options.
- ESUs can be proactive in working with external organisations.
- ESUs need links to international bodies for the global/bigger picture/context.
- Important to continue to work with local groups as we go through changes - links to funding opportunities or supporting local collaboration/meetings/travelling.
- ESUs can be innovative and unique place to produces EBM outputs - Living SRs, Overviews of reviews and other EBM outputs
- Opportunity to work more closely with Campbell.
- The Cochrane brand needs to be protected, and strengthened, as it means so much to so many. We should be making the most of it.
- International research projects that are well funded can result in better studies than some on very limited/stretched funding at smaller/local levels.

What do you see as the most important challenge?

- Getting funding may be easier to obtain if the ESUs are topic-specific, e.g., cancer specific funding may be larger from cancer organisations instead of national or international funders.
- Researchers and country-based funding bodies may be more interested in review production over other activities, such as KT.
- Engaging with partners outside of Cochrane is best done by central coordination 'rather than each group doing it alone.
- What is Cochrane's negotiating power with WHO and NICE? Can we get a seat at a bigger table? That would give us the best options of negotiating funding
- Managing relationships with too many stakeholders could be challenging.
- We might lose our sense of local focus

- It can be hard to prioritise - can't always predict what is used/useful.
- Will the ESUs be situated in universities or grouped in an office funded by Cochrane? There will be pros and cons for each that will need working through.
- Cochrane groups have strong connections to clinical communities – can ESUs take over these and develop all these relationships?
- How do the ESUs find reviewers and peer reviewers? Need to capitalise on existing connections before funding goes.
- Are the ESUs responsible for finding their own funding or is Cochrane central?
- Ensuring evidence syntheses funded in one country are usable in other countries (otherwise research could be wasted) - PICO alignment and other aspects of the Review could/would be challenging to make relevant for all.
- Needs of patient support groups are likely to be very different in geographical locations - e.g., UK based groups are quite sophisticated in understanding of EBM, COI, etc but other countries are less experienced and would need different materials/support.
- For some countries, translations of Cochrane guidance are needed, e.g., methods standards, etc.

Can you propose an alternative?

- Encourage CRGs to be independent and 'hustle' for their own funding.
- Consider local/country level hubs so evidence syntheses can be relevant at the country level. These hubs could work with national funders who could recommend relevant questions and fund the research.
- Keep current structure but put more effort into commissioning evidence synthesis - can we work in partnership to do this?
- Create a larger number of smaller groups (ESUs may be too large).
- Build on the Network model of large groups bringing together smaller groups?

Question 2.

How could evidence synthesis units collaborate with Methods Group, Fields, Consumers and Geographic Groups to ensure sustained and diverse input?

What do you see as the most important opportunity?

- Flexible structures can collaborate across borders and make the most of the vast amount of knowledge in groups (content expertise)
- ESUs can be larger and better able to respond quickly to commissioned work; staying on top of living SRs; strengthening connections & reducing duplication.
- We could have more flexible routes to publication; commissioned and unsolicited reviews; keeping what is good whilst moving to what we need.
- Cochrane being able to create accountability within ESUs to make sure we are meeting needs of both funders and stakeholders (such as NICE).
- Lowering barriers to entry/removing bottlenecks.
- Continuing involvement of groups and membership in the joint road map to the future.

- Opportunity to embed consumer/method input in ESU work
- More integrated approach enabling us to embed codesign/coproduction principles and more consistency in Cochrane evidence synthesis.
- Value of the central role of methods in the brand.
- Great opportunities for fields to disseminate evidence to clinicians, plus help set priorities and fundraise – networks are local the implications/results are still global.
- Some CRG and fields already work closely – a great working model for getting insights.
- It's what makes the Cochrane Collaboration stand out is the way all these different areas of expertise work together to create the best evidence
- Engagement of geographic groups in priority setting could bring benefits both globally and locally.
- Regional diversity opens doors and enables access to evidence sources in different languages/locations and local translators.
- Everything is dependent on what funders are prepared to fund - there are people/organisations who are willing to fund us, we must respond to their needs.

<u>What do you see as the most important challenge?</u>

- Will Methods groups be too stretched in the ESU structure?
- What fundraising experience do we have for specific groups vs generic research units.
- Would national stakeholders (e.g., NICE) be happy to work with a unit based and funded in a different country? NICE's relationship has never been about funding, more about priority setting and content availability.
- We need to make sure that there isn't a duplication of efforts across multiple generic ESUs
- Where will topic expertise sit within the new structure? For stakeholders it's not just the review, but also having confidence that the people creating them have a sound understanding of the topic.
- Will there be secure funding for other groups (non CRGs) in the future?
- How will current content expertise be engaged in new evidence synthesis unit models? How to keep connections and topic speciality/dedication/professional links?
- It can be difficult for some to engage with geographic groups, especially early career, and consumer participants - options for engagement?
- What mechanisms will there be for people to feedback on how units are working and suggest improvements?
- Retain inter-methods discussions.
- Need for communication and collaboration between ESUs in a geographic model to ensure international diversity and avoid overlap.
- ESUs could demand expertise MGs - (tie to strategy for expanding MGs?); connections between different sorts of expertise in Cochrane; work happens in more than one place; still have a named home for topics - how to reach out for specific topics? Dispersed versus local unit model; keeping connections tight in a dispersed model.

Can you propose an alternative?

- Is it possible to have generic and specific groups within the same model? That is, could many of the groups continue to work as they are now in collaboration/co-existence with the ESUs (who will still need the topic expertise from these groups)?
- Explore options for much bigger collaborative projects, e.g., living evidence, large multi-author teams.