

Community Engagement Workshop 2: Future of evidence synthesis in Cochrane – an introduction

Breakout group feedback

Global Challenges

What do you see as the most important challenge?

- With fewer evidence synthesis units most likely located in HICs there's a potential for reduced diversity. To tackle global challenges the units have to be globally diverse, with perspectives and input from global south and north.

What do you see as the most important opportunity?

- No barrier to accepting commissioned reviews from national and international funding sources
- Increased co-operation between geographic groups and units; breaking silos

Stakeholders

What do you see as the most important challenge?

- This diversity of types of stakeholders makes it difficult to know how to meet their needs – we need to work across a broad front.
- What is Cochrane's unique selling point (USP) will be in future? This is a difficult question to answer without a more concrete model from which to work.
- The unique perceived benefit is part of the stakeholder's perspective – maybe we need to marry that with the USP from our production side. We need to capture the perceived benefits for the stakeholders.
- If Evidence Synthesis Units (ESUs) are funded by national governments, they will drive the agenda with regard to review production.
- One challenge is understanding who our stakeholders are in any model and what their needs might be – this could be fluid. Also, ESUs may be funded in different ways.
- Identifying, finding, and liaising with stakeholders takes a long time. In some clinical areas the patients are not the stakeholders, but the doctors, nurses and families are (e.g., critical care). This differs across specialties, for example in cardiology.
- Within each ESU there will be a more diverse range of stakeholders than we currently have within CRGs. If we move away from CRGs to ESUs we could lose a lot of expertise on this front.
- Maintaining and retaining relationships with stakeholders takes money/resources.
- Cochrane has multi-level relationships with different organisations, e.g., WHO – high-level contacts, as well as lower-level ones with commissioning groups, so a lot of contacts to maintain.
- Streamlining processes won't cover the diversity of Cochrane.

What do you see as the most important opportunity?

- Reviews could be easier to produce and understand. Most funders judge Cochrane by its review production, but that there are other metrics and facets to Cochrane's output, e.g. methods development from which others benefit. Are funders interested in this?

- Larger units could improve efficiency, but feared that these may miss details that are important for clinical implications.
- An opportunity to venture more wholeheartedly into the arena of plain language. TH wondered whether there might be an opportunity to look at alternate plain language products. She asked whether patients, funders, or clinicians read complete reviews – maybe we could offer alternative models in addition to the full review?

Can you propose an alternative?

- Convert the networks into ESUs.
- Focus on methods development and prioritisation of important questions. Let anyone who wants to write the reviews and submit them centrally.
- Centralized production of the “generic” parts of a review could improve quality control for parts that feature across all reviews in Cochrane, but leave the rest to be done in more diverse and specialised units.

Review development

What do you see as the most important challenge?

- There are a lot of difficult methodological challenges that authors deal with.
- Providing this support at scale is difficult, need capacity/resources.
- Intensive editorial support can cause authors to step back from independent control, lose independent understanding of their data. Can be editorial overreach?

What do you see as the most important opportunity?

- CRG & MSU support can provide just in time assistance, also identified challenges to improve guidance/resources, enables equity, enables consistency.
- Important because there are quality issues with submitted reviews.
- Cochrane could actively facilitate balanced teams with topic and methods expertise
- Searching support
- Can go beyond reviews: so many SRs in the world, even if not Cochrane, could focus on KT from existing SRs, overviews, living reviews.
- Can learn from Covid – collaborating, working with large volumes of data that may not be ideal.
- Make our organisation simpler - easier for potential collaborators to connect with us.
- Altering published reviews to look more like a readable paper for end users, not like large technical reports
- Leverage new options like crowd, etc.
- Direct publication frees review production hubs to focus on priorities – capacity building, living reviews, priorities (and frees authors who aren’t interested to submit whatever they like). Intensive work with Cochran becomes a collaboration, not a burden.

Cochrane Evidence Synthesis Units

What do you see as the most important challenge?

- Risk of losing or diluting:
 - CRG’s topic expertise

- editorial base expertise
- international networks of topic experts/consumers (and then potentially funding)
- capacity building in LMICs
- communications/dissemination/KT expertise
- methods work
- training/mentoring
- Having enough trained staff to produce reviews in evidence synthesis units.
- Promoting value of Cochrane to institutions - not all CRGs receive central funding (e.g., NIHR) now but have other stable funding models (e.g., for specific projects/reviews). For their institutions, it's possible that being a centre of excellence for a specific topic (knowledge and experience, networks, KT and publications (other than with Cochrane), etc,) is more important than being a Cochrane Group.
- Making sure we don't lose what's working and replace it with something that's not working, recognising the value of successful groups.
- Would be good to see more details of how it would work in practice:
 - if central clinical expertise is not available, how will centralised editorial units manage?
 - What would be the role of Co-Eds in CRGs?
 - Not clear how Centres and Fields fit in.

What do you see as the most important opportunity?

- To build on experience of groups that are already producing funded reviews: good networks with local/international organisations and the community. KT, dissemination. Topic expertise is important.
- Centralisation of editorial functions to free up MEds and funding.

Can you propose an alternative?

- Dual system? Keep some groups that are currently successful. Perhaps strengthen this group model with stable funding, while strengthening central editorial processes at the same time.
- Make a pilot evidence synthesis unit in the UK, where funding threat is immediate.

Central Editorial Service

What do you see as the most important challenge?

- How to fund! How to persuade regional funders to support global initiatives; internal business model for use of funding for editorial service versus other components that need funding
- Maintaining sufficient capacity of the service to handle the work coming in
- Skills! CRGs include specific skills- how can those skills and expertise be available to Ed Service and part of process
- Capacity building central to Cochrane future, but Ed Service is more journal like with 'transactional' relationships

What do you see as the most important opportunity?

- Economy of scale for tasks that are not topic-specialist

- More professional editorial service strengthens Cochrane brand; developing stories on what Cochrane does, and how editorial service can be part of stories
- Could a more standard central process make it easier for more diverse entry points?
- Support a more coordinated focus on priority topics, dissemination activities, plain language initiatives

Can you propose an alternative?

- Set aside time for (1) new methods and related capacity building and (2) regional capacity and diversity

Direct pathway to publication

What do you see as the most important challenge?

- Is there an issue of overlap between evidence synthesis units (ESUs) content and direct pathway content being published at the same time – how will these be handled through the editorial service – and how will capacity within the Ed service be able to respond to an more unpredictable submission rates?
- What is our rejection policy for these reviews? How does this fit into priority setting? Everything is a priority to someone; how do we make sure we are providing a pathway for topics that don't align priority wise to Cochrane?
- Is the direct pathway the end goal? How will an author team choose whether to go through a unit vs direct pathway? Which of these would be prioritised within the Ed service?
- Is there a clear enough distinction between the ESUs and the direct pathway?

What do you see as the most important opportunity?

- Could create a pathway to publication for topics that aren't Cochrane priorities?

Can you propose an alternative?

- How does this impact Cochrane USP – do we remain distinct from other journals with we are more open to publishing any content.
- What would the evidence synthesis units look like from an equity lens, how would these be addressed, and would they have a positive/negative impact on capacity building for teams /CRGs?

Publication

Overall: Lack of clarity of vision / purpose? Archie Cochrane's vision of every trial being included in a review - we seem to be getting closer - but are we making it too expensive? What is the problem we are trying to solve with the restructure and does centralizing more services solve that problem?

What do you see as the most important challenge?

- Timely, relevant, high quality are key irrespective of the format - publication is not the key issue
- New review types - incl. living reviews - they complicate review production - do they provide sufficient value?

- Difficult to think about the usefulness of our outputs as a producer - need to engage the end users
- Cochrane reviews are probably too lengthy - may discourage use
- Doctors - typically only use Abstract + PLS. Is time spent other areas wasted time?
Publishing in other journals allows the same key messages to get across with less effort
- Most of the article is there to ensure quality of the key messages

What do you see as the most important opportunity?

- Changes to editorial process and to the formats are not necessarily linked - either one could be done without the other.
- Streamline formats and processes if we think of a limited set of elements as relevant to the *user*, and the bulk as relevant for peer reviewers, editors, and researchers.
- Space limitations may be beneficial - focus on the key data and analyses rather than overwhelming readers with all.
- Can we encourage Cochrane reviews to make better use of the available data?