Minutes of Cochrane's Steering Group (CSG)
Teleconference - Tuesday 16th December 2014
(Approved 03 02 2015)

Agenda Item		
	Present:	Alvaro Atallah, Lisa Bero (Co-Chair), Martin Burton, Karin Dearness, Chris Eccleston, Cindy Farquhar (Co-Chair), Anne Lyddiatt, Steve McDonald, Joerg Meerpohl, Mona Nasser, Holger Schünemann, Liz Stovold and Denise Thomson.
		Mark Wilson (Chief Executive Officer), David Tovey (Editor in Chief), Chris Champion (Senior Advisor to the CEO), Chris Mavergames (Head of IKMD), Lorna McAlley (Executive PA, minutes), Hugh Sutherland (Head of FCS) and Julie Wood (Head of CEAD).
1.		**Welcomes, Apologies, Declarations of Interest, and Approval of the Agenda.**
		Cindy welcomed everyone to the call. Apologies had been received from Rachel Churchill and Mingming Zhang. The agenda was approved.
2.		**Approval of the Minutes from the previous CSG teleconference on 25 November 2014.**
		The Minutes from the CSG teleconference held on 25 November were approved.
		DECISION: The CSG approved the Minutes of the CSG teleconference held on 25 November 2014.
3.		**Cochrane's 2015 Plan and Budget.**
		Cindy gave a brief overview of the proposed budget for 2015 of projected income at £5.3 million and expenditure of up to £6.65 million (For details see the *2015 Plan & Budget* document). She drew the CSG members' attention to the Senior Management Team's financial projections for 2015 – 2018 against which this budget should be evaluated, and highlighted that the projected deficit for 2015 of £1.36m would be mostly offset by the 2014 operating surplus of £900k, therefore the true deficit for 2015 activities was projected at £460k.
		The CSG considered the five sections in the Central Executive's *2015 Plan & Budget* that provide a clear breakdown of the structure of the budget. Expenditure set out in two of these sections (Sections 2 and 4) had already been approved by the CSG and therefore members focused on the remaining three sections that required approval:
		Section 1: Core & Central Executive
		The CSG noted the three new posts included in this section that had not previously been approved (Senior Officer (six months in 2015) for the Chief Executive's Office to support the CEO in the extensive project management work required in 2015-16; 0.5 FTE Fundraiser Officer; and 0.5 FTE uplift in the IKMD Support Assistant role). Discussions focused on the proposed 0.5 FTE Fundraiser Officer position. Mark explained that the costs allocated would be seed funding to recruit someone concentrating on fundraising from trusts and foundations reporting to Julie Wood, Head of Communications & External Affairs, who herself has extensive fundraising experience. It is anticipated that the investment in this position would be offset by the future funds raised and it was noted that estimations of fundraising income in future budget forecasting had been very conservative. It was clarified that the Fundraiser Officer post is expected to be an ongoing position, but that all costs put to the CSG in the *2015 Plan & Budget* were in relation to 2015 only. The CSG recalled its discussion in Panama advising the Central Executive to use existing funding expertise within the organisation for EU funding applications. Mark agreed and noted that the 0.2 Support Officer position for EU funding that was included in the Plan & Budget would be opened for applications from within Cochrane (not Central Executive staff) in precisely the way recommended in Panama. CSG members recognized that fundraising would be critically important for Cochrane in the future, and some members advised that more resources should be invested in this area. Mark and Julie agreed, but wanted to test approaches and capabilities first before potentially investing more in future.
		The CSG approved funding of the three new posts within Section 1.
		Section 3: Additional 2015 Target funding requiring approval by the CSG

The CSG then considered plans and budgets related to the proposed 2015 Targets that required additional funding. Chris Mavergames elaborated on the three components of the review production tools and web security project (Target 1.5) to the satisfaction of CSG members. No further questions were raised by the CSG and it approved the additional funding required of all projects and initiatives linked to the 2015 Targets.

Section 5: Additional strategic funding requiring CSG approval
The Senior Management Team had prepared and highlighted a list of seven additional strategic projects that were not included in the 2015 Targets and main body of work, but were proposed because they were important and in line with Cochrane's *Strategy to 2020*. David clarified that the vast majority of funds for these additional initiatives would be spent across Cochrane Groups, not the CEU or Central Executive.

The CSG then considered in detail each of the seven additional projects and initiatives. *The Complex Reviews Support Unit, Support for the Coordinating Editors Board* and *Plain Language Summary Support Project* were quickly approved.

There was considerable discussion of the *Focused Updates Proposal*, with concerns raised by MEs, TSCs and Authors as to whether the project could provide the desired solution in terms of enabling faster production of updates, or producing updates to an acceptable standard. David noted that Cochrane has a long-standing problem with updating reviews and many methods had attempted to resolve this problem but all have failed. He highlighted that the proposed solution offered a new product for Cochrane to provide to users – one that was badly needed – and it had been developed with input from several CRGs and was well received at the updating workshop held in June 2014, in Hamilton, Canada. Much of the funding would go to CRGs, in cascading skills to their staff members so that they learn how to carry out Focused Updates independently. He thought the project would also improve Cochrane's interactions with Guidelines organisations and improve the impact of Cochrane evidence on their outputs.

Other CSG members spoke in support of the proposal. The Focused Updates team should carefully review the suggestions that arose from the conclusions of the updating workshop in Hamilton; and it was agreed that the team should also consult with the CAST, Cochrane Innovations and 'Transform' (Game Changer) teams as there is overlap and potential synergies between these groups. The CSG stressed that clear communication to the rest of the Collaboration of the objectives of Focused Updates and how the project will work would be important. A vote was taken and a large majority of the CSG supported approval of the funding for the proposal.

David explained that the *Review Support Pilot Project* aimed at testing different ways that support could be given to Cochrane Review Groups to improve the problems of inadequate author experience and to alleviate the enormous pressure CRGs are under. The project funds would be held by the CEU and allocated by David as appropriate. The CSG warmly welcomed this initiative and this flexible approach but asked that more details be provided on what forms of support might be funded. David appreciated these comments and gave some examples of how the funding may be spent (such as incentive funding for reviews that are regarded as high priority; paying a small fee to peer reviewers or to ensure rapid technical support is provided quickly). The CSG gave approval in principle for the £100k funding for this initiative to be included in the 2015 budget, with the caveat that it receive a further one- to two-page document providing further information on potential models, pilots and processes.

During this discussion the CSG recognized that a new standardized way of presenting funding proposals should be developed to facilitate the CSG's assessment of such proposals in future. Martin

	stressed that the CSG should focus its consideration on the main strategic goals of the proposed projects and leave the SMT to develop the details of proposals. Lisa agreed, but thought that CSG consideration of a project or initiative should include a headline cost breakdown, an outline of processes and the measurable outcomes expected to be achieved. The SMT was therefore asked to propose a standardized template for future funding requests put to the CSG for approval. The CSG welcomed the SMT's proposal to set aside £120,000 of funding (partly from year three GESI funding and partly from money previously allocated to Regional Initiatives) potentially to support a strategic plan for the growth and development of Cochrane activities in Africa. It agreed with Mark's proposal that a report on the first two years' GESI funding be provided; and that a decision on the investment of the funds await CSG consideration of the full proposal that was being developed by the South African Cochrane Centre and supported by the Central Executive. Steve was supportive of the proposal for Africa but noted that the process for investing funds in regional initiatives should be transparent and equitable, providing opportunities for other regions to put forward proposals. Julie, as a member of the working group, explained the *Cochrane Express* initiative to the CSG. In Hyderabad an idea emerged of producing a systematic review in the time it takes a team of Cochrane reviewers to travel by train from Amsterdam to Vienna. A Working Group led by Mike Clarke, Ian Shemilt and James Thomas had been established to scope out the possibilities and logistics of carrying this out and creating a promotional film. Holger noted the logistical difficulties and how the project would be implemented would be important considerations for determining approval. The CSG gave in principle support for the £15k funding allocated in the budget with the caveat that the SMT release the funds once the details of implementation and feasibility of the project had been determined. The CSG concluded by approving the 2015 Plan of Action – including the 2015 Targets for implementing *Strategy to 2020* – and the budget of £6.65 million to achieve it.
	DECISION: The CSG approved the 2015 Plan & Budget, with the following caveats for three projects/initiatives proposed in Section 5 of the Plan: • **The CSG gave in principle approval for the £100k funding for the 'Review Support Pilot Project' pending confirmation following receipt of a 1-2 page document providing further information on the potential models and piloted forms of support.** • **The CSG gave in principle support for the £15k funding for the 'Cochrane Express' project, with the caveat that the funds only be made available by the SMT if it is satisfied the feasibility and value of the project has been determined.** • **The CSG approved £120k funding being set aside for the 'Cochrane in Africa' proposal. Approval for release of the funds is contingent on CSG consideration of the full proposal; and a report on the impact of the first two years of GESI funding being received from the Central Executive.** **The CSG approved the 2015 Targets for implementing *Strategy to 2020*.**
	ACTION: David T to feedback CSG comments to the Focused Updates team and to clearly communicate the project's scope to the broader organisation.
	ACTION: David to prepare a 1-2 page document providing further information on the potential models and piloted forms of support in the 'Review Support Pilot Project'.
	ACTION: Julie to report back to the Cochrane Express team and ensure SMT approval of any implementation plan.
	ACTION: The SMT to submit to the CSG a standardized template for the presentation in future of projects and initiatives requiring special funding.
4.	**Any Other Business.**

	Lisa thanked Mark and the Central Executive for the *2015 Plan and Budget*, which had been well received and understood. Mark requested that any feedback on either the format of the paper, or the process of discussion and approval of the budget via this teleconference, would be welcomed.

Time and date of next meeting: TBC.

Item #	Decision/Action	Person(s) responsible	By when
2	**DECISION: The CSG approved the Minutes of the CSG teleconference held on 25 November 2014.**		
3	**DECISION: The CSG approved the 2015 Plan & Budget, with the following caveats for three projects/initiatives proposed in Section 5 of the Plan:** • **The CSG gave in principle approval for the £100k funding for the 'Review Support Pilot Project' pending confirmation following receipt of a 1-2 page document providing further information on the potential models and piloted forms of support.** • **The CSG gave in principle support for the £15k funding for the 'Cochrane Express' project, with the caveat that the funds only be made available by the SMT if it is satisfied the feasibility and value of the project has been determined.** • **The CSG approved £120k funding being set aside for the 'Cochrane in Africa' proposal. Approval for release of the funds is contingent on CSG consideration of the full proposal; and a report on the impact of the first two years of GESI funding being received from the Central Executive.** **The CSG approved the 2015 Targets for implementing *Strategy to 2020*.**		
3	**ACTION: David T to feedback CSG comments to the Focused Updates team and to clearly communicate the project's scope to the broader organisation.**	**DT**	**ASAP**
	ACTION: David to prepare a 1-2 page document providing further information on the potential models and piloted forms of support in the 'Review Support Pilot Project'.	**DT**	**ASAP**
3	**ACTION: Julie to report back to the Cochrane Express team and ensure SMT approval of any implementation plan.**	**JW**	**Q1**
3	**ACTION: The SMT to submit to the CSG a standardized template for the presentation in future of projects and initiatives requiring special funding.**	**SMT**	**March 2015**

Teleconference of the
Cochrane Steering Group

Tuesday 16th December 2014

Agenda

1. **Welcomes, apologies, declarations of interest, and approval of the agenda.**

2. **Approval of the Minutes from the previous CSG teleconference on 25 November 2014**

   [RESTRICTED ACCESS].

3. **Cochrane's 2015 Plan and Budget [RESTRICTED ACCESS].**

   3.1. **Annex A -** *Strategy to 2020* **- 2015 Targets [RESTRICTED ACCESS].**

   3.2. **Annex B – Focused Updates Proposal [OPEN ACCESS].**

   3.2.1 **Annex B, Appendix 2 [RESTRICTED ACCESS].**

4. **Any other business.**

Focused Updates Proposal, December 2014

Karla Soares-Weiser[1], Rachel Marshall[2], Rachel Churchill[3], Charlotte Pestridge[4]

[1]Enhance Reviews; [2]Cochrane Editorial Unit; [3]Cochrane Depression, Anxiety and Neurosis Group; [4]Cochrane Innovations

Executive Summary

To benefit users, *The Cochrane Library* needs to be the best source of up-to-date and accessible evidence for decision-making. However, keeping reviews up to date is a major challenge for the Cochrane Review Groups (CRGs). We are proposing to develop and implement a faster and more focused type of update that can be undertaken for high-priority Cochrane Reviews that are in need of updating. By updating high-priority reviews and focusing efforts on the key pieces of information, including the two most important comparisons and seven most important outcomes, we can create:

- an efficient, streamlined process for responding swiftly to the needs of decision-makers;
- a resource that is tailored to the requirements of our stakeholders;
- a method that CRGs can learn and perform themselves, or can be performed by contractors with CRG support, that provides CRGs with essential information for use in their review prioritisation activities.

Proposal Part A – User testing: Amongst decision-makers, a key target audience is guideline-developers. This project will consult with up to five guideline developers from a range of geographical locations supporting diverse healthcare systems to perform user testing. Via teleconference we will ask users about how they use evidence in decision making, what difficulties they have with using our evidence for guideline development, what thoughts they have on how we might improve our outputs to better meet their needs, and we will introduce the concept of Focused Updates. At the users' location face-to-face user testing of 3-4 template designs of Focused Updates, with content of three already completed Focused Updates, will be conducted. Based on the user feedback we will finalise a design for Focused Updates.

Proposal Part B - Pilot: Four volunteer CRGs with reviews of varying complexity will be engaged, and four Focused Updates will be produced per CRG together with the Enhance Reviews team. The minimum requirement of the CRGs will be to identify four priority reviews in need of updating, and to provide content expertise in developing the Focused Updates. In addition, we aim for CRGs to perform all tasks involved in producing a Focused Update. Funds will be provided for CRGs to support their input on the project. Our preferred model for this pilot is for CRGs and Enhance Reviews to perform two Focused Updates per CRG, so that we can assess whether there are any differences according to who has completed the tasks; however, this will be dependent on the resources and staff available at each CRG. The Focused Update tasks will be allocated up to three weeks. This will be followed by rapid peer-review within two weeks, and up to one further week for finalisation. Once the Focused Updates have been completed we will analyse our findings. Our outcomes will be duration of time to complete, and efficiency in performing relevant tasks and documentation. All data and documentation collected during the production of Focused Updates will be shared with CRGs, which could be used to expedite the publication of a full update.

Proposal Part C - Acceptability: A detailed follow-up with the participating CRGs will be undertaken to assess the acceptability of the process of producing Focused Updates. We will explore what did and didn't work well, where improvements could be made, and perceptions about the value of Focused Updates in meeting the needs of stakeholders and assisting with prioritisation. We will also explore preferences about the best model for producing Focused Updates, including solely CRG-performed, the option to contract to an external provider, or using a more flexible mixed model. In addition we will undertake an online survey with a wider range of Cochrane groups to understand the views of non-participating CRGs and other Cochrane contributors, including review authors. Survey respondents will be provided with a brief overview of the results from Part B of the project.

For the current proposal we request £134,500 from the Cochrane Collaboration Steering Group, of which up to £44,480 will be available to CRGs. None of the funding will be allocated to the Central Executive. The project duration will be one year, with the project report available within two weeks of the project end.

Purpose

The purpose of this paper is to request funding from the Cochrane Collaboration Steering Group (CSG) of £134,500. This proposal is supported by the Cochrane Editorial Unit and Cochrane Innovations.

Urgency

Low

Access

Open, except 'Appendix 2 Project plan and detailed budget', which is Commercial-in-confidence and intended for the CSG only.

Background

During the first 20 years of the Cochrane Collaboration, the external environment and the needs of our users have changed considerably, providing new development opportunities. The *Cochrane Collaboration Strategy to* 2020[1] and the changes in mainstream publishing arrangements have highlighted the need to better understand our core market, and may suggest the need to diversify products and services. Goal 1 of the *Cochrane Collaboration Strategy 2020* is: "To produce high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision-making." In an attempt to meet the needs of users, historically, Cochrane Review Groups (CRGs) have tried to meet an obligation to maintain and update their Cochrane Reviews. However, as the number of new Cochrane reviews increases, and with limited resources, the updating process is a continual and ever-increasing challenge for CRGs.

In order to address these challenges, we have proposed a novel approach: Focused Updates.[2–7] These fast-tracked, brief two-page updates maintain methodological standards, but focus on the most important comparisons and outcomes (a maximum of two comparisons and seven outcomes per Focused Update), and are intended to include only key pieces of information necessary for decision making: Summary of findings table(s); Abstract; Plain language summary; and Conclusions. Our aim is to demonstrate that the tasks for each Focused Update can be produced in two–three weeks, while maintaining the methodological standards of Cochrane Reviews. Focused Updates are primarily intended to meet the needs of policy-makers and other decision-makers, and can easily be updated at regular intervals according to the requirements of these users. Focused Updates could also serve as a mechanism for CRGs to decide when a full review update is necessary.

We have previously completed a proof-of-concept study of three Focused Updates[5] and we found that they are feasible (completed to time, no major challenges, and broadly consistent with published updates) and acceptable (based on a small group of users). It was concluded that a more extensive evaluation, involving formal consultation with a key user group, and demonstrating a more diverse range of Cochrane Review topics, was required. In this paper we detail a one-year project and budget request to user-test Focused Updates with guideline developers, and to explore options for the sustainable production of Focused Updates. These activities are aligned with the key recommendations from the Updating systematic reviews workshop, held in McMaster University, Hamilton, Canada in June 2014.[3]

Proposal

This proposal is split into three parts: Part A – Concept and user testing with guideline developers; Part B – Focused Update pilot, and; Part C – Acceptability testing within Cochrane.

Part A – Concept and user testing with guideline developers

Define and identify users

The initial stage of concept and user testing will be to identify guideline developers. We aim to perform user testing with up to five guideline developers from a range of geographical locations, ideally using different languages, and supporting diverse healthcare systems. In order to avoid duplication of effort and expense we will attempt to engage with policy makers in regions of strategic importance to Cochrane, especially areas where Cochrane personnel are

already located, or where the organisation is beginning to develop or strengthen partnerships (current options include guideline developers in Australia, New Zealand, Norway, UK, US, Brazil and Saudi Arabia). We anticipate these activities will also enhance existing links with guideline developers, including the WHO. The final list of users to be approached will be agreed in partnership with the Cochrane Senior Management Team, with input from other key Cochrane leads.

Initial engagement with users

We will arrange initial meetings with key personnel. These initial meetings will be via teleconference unless a face-to-face meeting can be arranged without additional expense. During the initial meetings we will ask users about how they use evidence in decision making, what difficulties they have with using our evidence for guideline development, what thoughts they have on how we might improve our outputs to better meet their needs, and we will introduce the concept of Focused Updates. We will also ask the initial contacts to identify a range of people within the organisation involved in decision making to take part in formal user testing.

Create template designs for user testing

We will develop 3–4 template designs of Focused Updates for user testing, and use content from the three Focused Updates completed during the proof-of-concept study.[5] We will use relevant information from the initial engagement with users, our proof-of-concept project,[5] feedback from previous engagement with Cochrane users, and the latest outputs from the DECIDE project,[8] to guide the design of the templates. For those users where the working language is not English, we will translate the design and content into their working language. We will also consult with a professional designer to layout the designs for user testing.

User testing

We will seek the advice of a consultant before face-to-face user testing to help define the format of the meetings (display, interview technique, questions, score cards, best practice in user testing for comparability, best practice for testing against problems identified in the initial engagement, and analysis plan), and we will also consult user-testing approaches developed by the Norwegian Branch of the Nordic Cochrane Centre.[9] Our ideal consultants would be those involved in the DECIDE project, particularly Marina Davoli and Laura Amato owing to their lead on the DECIDE Work Package 2 (Policymaker and manager focused strategies) and their links with the WHO. We will also seek advice from Sarah Rosenbaum and Claire Glenton, contributors to Work Package 5 (Strategies for communicating evidence to inform decisions about health system and public health interventions). If we are unable to secure our preferred consultants, we will seek input from a commercial user testing company. As well as gaining feedback on the design of Focused Updates, we will also seek input from users on a commercial product name.

The user testing will be face-to-face at the users' location, with at least one member of Cochrane personnel facilitating the meeting. We will not use the consultant for the face-to-face meetings.

Follow-up and commercial validation

We will finalise a design for Focused Updates based on the user feedback. We will follow up with users involved in the testing via teleconference, to determine if they would purchase the optimised format, and what pricing options they would consider reasonable.

Once all stages have been completed a report of the concept and user testing will be compiled. A Gantt chart showing the timing for each of these phases is shown in Appendix 1.

Part B - Focused Update pilot

We will perform a pilot of sixteen prospective Focused Updates. Recommendations from the NHS engagement project for centralised updating[12] have been taken into account when planning this pilot. We aim to involve four CRGs from a range of geographical locations and with reviews of varying complexity. The following CRGs have already expressed an interest in participating in the pilot: Menstrual Disorders and Subfertility Group; Musculoskeletal Group; Schizophrenia Group; and Skin Group. Two supplementary groups are willing to participate in case of dropouts (Depression, Anxiety and Neurosis Group; Drugs and Alcohol Group).

The first stage of the pilot will be to determine how tasks and funds will be shared between each CRG and the Enhance Reviews team. The minimum requirement of the CRGs will be to identify four priority reviews in need of

updating, and to provide content expertise in developing the Focused Updates (select the comparisons and outcomes to be updated, indicate whether any new methods need to be employed for the Focused Update, provide full-text papers and translations if they are freely available to the CRG or on file, review the implications for practice and research section of the Focused Update, and perform rapid peer-review). In addition, the CRGs will also be encouraged to perform the tasks involved in producing a Focused Update (perform the search, screen references in duplicate, data extraction in duplicate for new studies, risk of bias assessments in duplicate for old (if required) and new studies, create or update the Summary of findings table(s), update the Abstract, Plain language summary and Implications for practice and research, create a supplementary file containing the search methods, screening results, any changes to the original review methods, characteristics of included, excluded and ongoing studies tables, risk of bias tables, data and analyses, and references). The Enhance Reviews team is able to perform all tasks if required, or the tasks could be performed by the CRGs after viewing at least one Focused Update performed by the Enhance Reviews team. A mix of tasks performed by the CRGs and Enhance Reviews team is our preferred model for this pilot (eight Focused Updates performed by Enhance Reviews, and two Focused Updates performed by each of the four CRGs), so that we can assess whether there are any differences according to who has completed the tasks; however, this mix will be dependent on the resources and staff available at each CRG. Once the share of tasks and funds have been determined, a memorandum of understanding will be compiled between the CRGs and Enhance Reviews, committing each side to completing tasks within pre-specified deadlines.

Once the allocation of tasks has been determined, CRGs will identify their priority reviews. The prioritisation should be guided by the priority list of reviews being developed by David Tovey and colleagues (if applicable), any information held by the CRG or the Cochrane Editorial Unit about reviews of importance to guideline developers or other decision makers, and any indicators that the review requires updating. Additionally CRGs will be asked to identify Cochrane Reviews with a range of complexity and quality, if this is feasible within their priority updates.

We will hold a separate call with CRGs for each Focused Update at least one week before the Focused Update tasks are due to commence. Once the reviews, comparisons and outcomes have been selected for the Focused Updates, the Enhance Reviews team will perform a quality check of the original review. Enhance Reviews will check 10% of the originally extracted data (cross-checking with full-text papers), and 10% of the analyses, for the comparisons and outcomes selected for updating in the Focused Updates. If discrepancies are identified in the data extraction that cannot be easily reconciled, or there are issues with the analyses that cannot be quickly remedied (<1 day for data and analysis issues to be resolved), the CRG will be asked to identify an alternative high-priority review to receive a Focused Update. The Focused Update tasks will be scheduled to take place after the quality check, and will be allocated up to three weeks. This will be followed by rapid peer-review within two weeks, and up to one further week for finalisation. A schedule for the pilot is provided in Appendix 1, and this part of the project will run concurrently with Part A. The Focused Updates will be produced using Covidence[10] and Review Manager.[11]

Once the Focused Updates have been completed we will analyse our findings. Our outcomes will be duration of time to complete the Focused Updates, and efficiency in performing relevant tasks and documentation. All data and documentation collected during the production of Focused Updates will be shared with CRGs, which could be used to expedite the publication of a full update.

Part C – Acceptability testing within Cochrane

Acceptability testing with participating CRGs

We will undertake a detailed follow-up with the participating CRG to assess the acceptability of the process of producing Focused Updates. We will explore what did and didn't work well, where improvements could be made, and their perceptions about the value of Focused Updates in meeting the needs of stakeholders and assisting with prioritisation. In particular we will assess challenges encountered in completing Focused Updates. We will also explore CRGs' preferences about the best mode for producing Focused Updates including solely CRG-performed, authorship of Focused Updates, the option to contract to an external provider, or a using a mixed model.

Exploring interest and acceptability with other Cochrane groups

We will undertake an online survey to understand the views of CRGs not participating in the pilot, and other Cochrane contributors such as Methods Groups, Authors, Fields, Centres and the Cochrane Central Executive team.

In the survey background we will provide examples of Focused Updates and detailed summaries of the process, as well as user-testing feedback from guideline developers and CRGs participating in the pilot. Cochrane contributors will be asked to submit their feedback about the value of Focused Updates, the different processes for developing them, their views about their value for Cochrane and its stakeholders, and authorship for Focused Updates.

The responses from participating CRGs and survey respondents will be analysed and summarised in the project report.

Analysis and report writing

At the end of the project we will provide a full report to the CSG. We will also publish the Focused Updates as a Special Collection on *The Cochrane Library* homepage, along with a shortened version of the project report.

Summary of recommendations

It is recommended that the CSG fund the concept and user testing with guideline developers, the pilot for Focused Updates, and acceptability testing within Cochrane.

Resource implications

The funding request from the CSG is £134,500, as described in Table 1. Please see Appendix 2 for a detailed project plan and budget. Up to £44,480 will be available to CRGs. None of the funding will be allocated to the Central Executive.

Table 1: Overall Budget

		Costs
Part A - Concept and user testing with guidelines developers		£31,180
Part B - Focused Update pilot		£85,120
Part C - Acceptability testing within Cochrane		£0
Project management		£18,200
Total		**£134,500**

Additional resources for the project, which will be funded through other sources other than the CSG, are as follows:

- Up to 30 days of time from Karla Soares-Weiser, funded by Enhance Reviews.
- Up to 50 days of time from Rachel Marshall, funded by the Cochrane Editorial Unit budget.
- Up to 30 days of time from Charlotte Pestridge, funded by Cochrane Innovations. Charlotte's involvement will be concurrent and synergistic with the Cochrane Innovations strategy and work plan. Value will be added in understanding the needs of the core user segment, and having access to those users during this project.
- Teleconference facilities, provided by the Cochrane Editorial Unit.
- Survey Monkey survey software, provided by the Cochrane Collaboration.
- Special Collection hosted on *The Cochrane Library* website.

Impact statement

Focused Updates meet many of the goals of the *Cochrane Strategy to 2020*.

- Failure to keep Cochrane Reviews updated will negatively impact on our reputation as a provider of up-to-date evidence, and may lead to healthcare decision-makers acting on out-of-date or potentially misleading information, or other evidence providers to supply up-to-date information. We are aware of Living Systematic reviews already in production that update meta-analyses from Cochrane Reviews.[13]

- By producing **efficient**, **up-to-date, high quality** updates targeting key comparisons and outcomes we will contribute towards achieving **Goal 1**. Focused Updates will be **relevant** to the dialogue between Cochrane and policy-makers and other stakeholders.
- By producing a user-friendly short summary of high-priority topics, Focused Updates will attract end-users, **increasing the impact** of the evidence produced by Cochrane, thereby helping to achieve **Goal 3.** By strengthening the reciprocal relationship between Cochrane and policy-makers we can raise our **global profile**, our role in **global advocacy** for evidence informed decision-making, and increase our **global impact**. Stakeholders will be able to commission faster and less costly updates targeted to their needs, making Cochrane more attractive in establishing **global partners**.
- By making the design and delivery of Focused Updates **user-centred** and **accessible** form and, where required, demonstrating that they can be produced in **multiple languages**, this initiative could also contribute towards achieving **Goal 2**.
- Focused Updates aim to streamline the currently very challenging review update process, whilst maintaining methodological rigour. This means **cost savings** and **improved efficiency**.
- This initiative will also explore different mechanisms for producing and supporting Focused Updates to inform ways for ensuring **sustainability** in the longer-term. This will include testing different methods of production (CRG-produced versus contractor-produced Focused Updates) and commercial validation with stakeholders.
- CRGs will benefit by using Focused Updates as part of their prioritisation process (providing them with signalling information to help them establish process for establishing which reviews are justified in requiring a full update). CRGs will be able to target their finite resources on undertaking full review updates only where this is justified, and with the benefit of searches, screening results and extracted data. This supports **Goal 4** through reducing the burden that Cochrane faces with the considerable number of full review updates that need to be undertaken to keep the evidence in *The Cochrane Library* up-to-date and relevant. This also enables CRGs to build more productive relationships with guideline developer stakeholders and others requiring ready access to updating services.
- Focused Updates also offer an added-value product by enhancing existing reviews, and provides the opportunity to develop a database of Focused Update-linked reviews.
- Focused Updates of high-priority reviews could **increase revenue** by providing stakeholders and funders with a lower-cost option to commission timely, user-friendly, decision-Focused Updates, as well as full review updates. This is particularly relevant to guideline developers where multiple reviews may be required for each guideline.

Decision required of the Steering Group

The CSG is asked to fund the concept and user testing with guideline developers, pilot for Focused Updates, and acceptability within Cochrane.

References

1. Cochrane Strategy to 2020 (public access version). The Cochrane Collaboration, 16th January 2014. Available from http://www.cochrane.org/community/organisation-administration/cochrane-strategy-2020.
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Appendix 1: Gantt chart