



# Cochrane Neuromuscular

## **Cochrane Neuromuscular Priority Setting Plan** [v 1.1 updated July 2020]

This plan outlines a process for identifying and setting priorities for Cochrane Neuromuscular. Our approach will use existing resources and will focus on priorities for updates and reviews within our current review portfolio, and identify gaps where new reviews may be needed. The approach maps onto Scenario 2 in the [Cochrane Priority Setting Guidance Note](#).

### **Objective**

The objective of the priority setting process will be to create a list of approximately 20-30 priority reviews and updates for the next 3 years, to include:

- priority topics of interest to NIHR/NICE, funders, guideline producers, and other stakeholders;
- priorities for updating existing published reviews, based on criteria in the Updating Classification System (see Appendix);
- evidence gaps for which new reviews are needed (where no systematic review is currently available).

The target of 20-30 reviews is an estimate based on annual publication figures. The plan will be refined depending on the capacity of the group and its authors to deliver priority reviews, for example, applications for targeted funding, or working with the Mental Health and Neuroscience Network.

### **Governance**

To guide our Prioritisation activities, we will form a Prioritisation Steering Group, to include the Co-ordinating Editors, Managing Editor, the Mental Health and Neuroscience Network Support Fellow.

### **Publicising the priority setting process**

We will publicise our intention to conduct a priority setting process on our website and the Mental Health and Neuroscience Network site, to give external and internal stakeholders (Groups, Networks and Fields) an opportunity to be involved (for example by facilitating connections to external stakeholders in specific areas). This document will be made publicly available on our website.

## Process

### A. Gathering information about current review questions

1. List existing review questions
  - a. New titles/reviews
  - b. Reviews for updating
2. Collect data on:
  - a. Altmetric score (from CDSR - a measure of online activity around a publication)
  - b. Usage in guidelines (from UKCC data and annual reports)
  - c. Access data in the last two years (from Wiley; note number may be averaged)
  - d. Number of full text review downloads in the last two years (from Wiley data; note number may be averaged)
  - e. Number of citations (from Wiley data)
3. We will also gather information:
  - a. from previous prioritisation activities
  - b. results of priority setting exercises by other organisations in relevant topic areas
  - c. on forthcoming guidelines/other stakeholder priorities.
  - d. on emerging topics as part of the priority setting exercise

### B. Identifying criteria

In consultation with the Cochrane Neuromuscular Editorial Board, the steering group will agree criteria for prioritisation and methods for achieving consensus. To identify reviews that are priorities for updating, stakeholders will assess all currently published Cochrane Neuromuscular reviews, using the information above, following the principles of the [Cochrane Updating Classification System](#) decision-making flowchart (see below).

To identify priority new titles, stakeholders will evaluate the group's 'Vacant titles' list, and titles of overdue reviews and protocols. Additionally we will request suggestions for missing priority titles. We will ask stakeholders to base their assessments on our current published criteria for new reviews, as follows:

1. Does the condition represent a major burden of disease (i.e. is it a common problem, or a cause of premature death or ongoing disability)?
2. Is the question current and important for patients, clinicians, health care policy makers or funders (related to potential benefit or potential harm)
3. Is the question important for healthcare systems in terms of costs or savings, e.g. new, high-cost interventions, or interventions with potential for disinvestment?
4. Will a review guide future research?
5. Has the review been commissioned by a guideline group or funder?

6. Has the topic been identified following any formal (or semi-formal) consultation process?
7. Is the review question particularly important to low or middle income countries?
8. Are potentially eligible studies available?

### **C. Stakeholder engagement**

#### ***Structured consultation***

We will use a structured consultation method, e.g. the Delphi method, involving the Cochrane Neuromuscular Editorial Board with the Neuromuscular Academic Advisory Group of the ABN, as an external stakeholder.

#### ***Other stakeholder engagement activities***

Subsequently, we will present our lists of priorities – for new titles and for updates - to stakeholders, for example groups of experts (Peripheral Nerve Society, World Muscle Society, International Symposium on ALS/MND), consumer groups or representatives, and relevant Cochrane Fields to validate and renew the priority list, and suggest gaps or emerging topics in their areas of interest. We may add emerging titles to our priority list after Cochrane Neuromuscular Editorial Board consultation. Where there is no clear consensus, we will include stakeholder-identified titles in subsequent priority setting.

Topics may be added to the priority list at any time when specifically requested by a funder, guideline developer or policy making body.

Every 3 years we will redo the Delphi process with the involvement of the Cochrane Neuromuscular Editorial Board and the ABN, and perform further stakeholder consultations.

### **D. Assessment of proposed topics**

The Priority Setting Steering Group will review the appropriateness and feasibility of the proposed topics using the SPARK Tool (Akl et al 2017). The group will not conduct a formal ranking process of priority topics as the group's scope is too heterogeneous – it is unlikely to be meaningful to rank reviews from different topic areas.

The SPARK Tool lists the following items for this assessment:

1. The question can be translated into an answerable systematic review question.
2. There are no available or adequate systematic reviews on this question.
3. Primary studies are available for inclusion in the systematic review.
4. There is adequate human capacity to undertake the systematic review.
5. The systematic review is feasible within the expected time frame.
6. Conducting the systematic review contributes to sustainable capacity to conduct future reviews.
7. Conducting the systematic review is a social responsibility.
8. Conducting the systematic review does not raise any ethical concerns.

Akl EA, Fadlallah R, Ghandour L, et al. The SPARK Tool to prioritise question-s for systematic reviews in health policy and systems research : development and initial validation. Health Research Policy and Systems (2017) 15:77

### **E. Implementation**

A plan of work will be developed to ensure resources are aligned with review priorities. We will develop a plan for how the priority reviews will be delivered, including any potential shift in resource allocation for the Group.

The implications will be communicated to author teams and on our website, specifically:

1. Implications of process for non-priority reviews
2. Targets and timelines for priority and non-priority reviews
3. Levels of editorial base resource for priority and non-priority reviews
4. Any changes to policy or procedure for registration of new titles (e.g. on non-priority topics)
5. Integration of newly emerging priorities into plan

### **F. Documentation and dissemination of the completed priority setting process**

We will publish a list of priority topics (in the form of new or existing review titles, or placeholder titles where the precise question is yet to be determined) on the group website, and ensure that priority reviews are promoted on publication using the [KT dissemination brief](#).

The implementation of the priority setting process will be documented and published on our website and we will provide formal feedback on the results of the priority setting process to involved stakeholders.

### **G. Evaluation**

We will repeat the exercise every three years.

Evaluation will include:

1. Whether the process adhered to mandatory standards and how far highly desirable standards were met
2. Tracking of completed prioritized reviews (or reviews in progress) by the Group or Network
3. Feedback by stakeholders on their involvement
4. Documenting the KT efforts surrounding production, publication and use of these priority reviews. These KT activities are at times beyond the direct responsibility of the Cochrane Group, and the evaluation may involve a coordinated approach between Groups and the central Cochrane team
5. Documenting other developments initiated by the priority setting process: i.e. increased funding for priority reviews; increased demand from partners for reviews

6. Information on impact of published reviews (via standard metrics – Altmetrics, citations, downloads etc)
7. Impact of prioritisation on timescales and publication of lower priority reviews (or reviews designated as lower priority where evidence emerges of important clinical or policy need).

## **Timescales**

Current timescales (revised July 2020) are as follows:

- First meeting of planned steering group by April 2020 (complete)
- Development of survey and preparation of information on review topics completed March 2019
- Survey of editorial board and Neuromuscular Academic Advisory Group of the ABN completed May 15 2020
- Consultation with consumer stakeholder groups ongoing as of July 2020
- Data analysis September 2020 (to be confirmed)
- Publication of implementation plan October 2020 (to be confirmed)

## Updating Classification System: guide to applying to Cochrane reviews

