

The impact of Cochrane Reviews: a mixed-methods evaluation of outputs from Cochrane Review Groups supported by the National Institute for Health Research

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Declared competing interests of authors: Frances Bunn and Daksha Trivedi are editors with the Cochrane Injuries Group, Phil Alderson is an employee of the National Institute for Health and Care Excellence (NICE) and was employed by the UK Cochrane Centre (UKCC) from 1998 to 2004 and was seconded part time to the UKCC from May 2013 to March 2014, Frances Bunn, Daksha Trivedi, Phil Alderson and Steve Iliffe are all authors on Cochrane Reviews and Phil Alderson has also published papers about Cochrane Reviews.

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Plain English summary

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Plain English summary

Cochrane produces systematic reviews evaluating the effectiveness of health-care interventions. These reviews are produced by Cochrane Review Groups (CRGs) and published on The Cochrane Library. Twenty CRGs are based in the UK and receive funding from the National Institute for Health Research.

The aim of our study was to assess the value of Cochrane Reviews produced by those groups by looking at the way they have been used by health-service providers, policy-makers, researchers and service users. For example, have they been used in developing guidance, such as that produced by the National Institute for Health and Care Excellence, or have they identified gaps in the evidence and led to new research? We used a mixture of methods: we sent questionnaires to CRGs and review authors, interviewed guideline developers, reviewed existing documents and looked at the number of times the reviews had been cited in other research papers or guidelines.

We found evidence that policy-makers use Cochrane Reviews to inform clinical guidance both in the UK and around the world. However, policy-makers found reviews less helpful if they were out of date or if they had asked too narrow a question. There is evidence that Cochrane Reviews identify areas for new research and provide an important source of knowledge about the value of different treatments. Although there is some evidence that they influence the behaviour of health-care providers, and lead to benefits for the health service, these are more difficult to prove.

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