



Cochrane
Musculoskeletal,
Oral, Skin and Sensory

Prioritisation Audit in the Musculoskeletal, Oral, Skin, and Sensory Network

Written by Roses Parker,
NIHR Network Support
Fellow for the MOSS Network
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1 Introduction

Priority setting in review production is increasingly recognised as an important factor in ensuring efficiency of Cochrane Review Groups (CRGs) as well as producing reviews of relevance to end users that will inform clinical decision making. In October 2018, the Knowledge Translation (KT) Working Group produced the [Priority Setting Guidance Note](#) to assist CRGs in conducting a priority setting exercise of systematic review titles (Knowledge Translation Working Group, 2018). This guidance note describes five steps to define the scope, methods, and implementation processes in priority setting. Mandatory and highly desirable standards are delineated throughout. Cochrane reviews identified through prioritisation processes that meet the standards outlined in this note can be added to the [Cochrane Priority Reviews List](#).

Objective 2 of the [Cochrane MOSS Network Strategic Workplan](#) is to “Evaluate Network scope and prioritisation of topics”. The Musculoskeletal, Oral, Skin, and Sensory (MOSS) Network Support Fellow (NSF) undertook an audit to get a baseline understanding of CRG prioritisation processes. The predicted output of this was a report designed to support CRGs in prioritisation activities and increase the breadth and depth of prioritisation within the network.

To begin, in autumn of 2019, the NSF for MOSS consulted each group on their priority setting processes. The purpose of this audit was a.) to enable the Network Team to better understand each group’s experience in priority setting and future plans in this area; b.) To highlight where support may be useful and; c.) To collate information into a resource which CRGs can use to learn from each other¹.

This document details the findings of the audit and aims to:

1. Assist CRGs by providing a database of ideas for priority setting processes.
2. Provide a prioritisation resource to CRGs through which they can get inspiration for prioritisation, access priority setting process templates, and ascertain where knowledge on different aspects of priority setting lies within the network.
3. Help CRGs succinctly document their own prioritisation process.
4. Ensure the Senior Editor, Associate Editor, and NSF are appropriately directing their efforts to support prioritisation within MOSS.

¹ Note: this is not a comparison exercise, it is to provide a resource, metaphorically like a phonebook, within which CRGs can look-up where priority setting expertise lies within the network.

5. Provide patients and consumers with a transparent overview of prioritisation².

This first version of a report detailing prioritisation within the MOSS Network begins with a narrative summary of each CRGs prioritisation process which provides readers with ideas for prioritisation processes. Following this, CRG experience in different priority setting methods is summarised in a table. Experience is coded according to whether it relates to a past, ongoing, or planned priority setting process. This table provides a useful resource for CRGs to identify where within the network they might draw on others' experience to inform their own priority setting in the future.

Section 4 is entitled "Raising the Quality of MOSS Prioritisation Work". In this section, we aim to align CRG's priority setting exercises to the KT guidance note. Each CRG is asked to complete a form detailing how they meet the mandatory standards for priority setting at present or in the future. The process of completing this form will enable CRGs to identify where they are currently meeting mandatory standards and where future efforts may need to be directed. It will help the Network Team triage their efforts and support. This information will be compiled into version two of this report which will enable CRGs within MOSS to have further examples of how to reach mandatory standards. As a network, MOSS aims to have every CRG contributing to the Cochrane Priority Review List. The report finishes with Conclusions, Acknowledgements, and References.

² Note: This is pending approval by CRGs that this document be made public

2 Narrative Summary of CRG Prioritisation

2.1 Back and Neck Group

Cochrane Back and Neck used the following resources to develop their priorities for 2019:

- Priority reviews and titles from guideline developers 2017
- Cochrane Impact factor 2018 document (most accessed and cited reviews of 2017)
- BMJ scoping review on priority setting by (Bourne et al., 2018)
- Expert knowledge

Cochrane Back and Neck reviewed the top 10 published reviews that were recommended by guideline developers for update and the most accessed and cited in the Cochrane Library in 2017. They selected the reviews that were common across at least two of these lists.

They also selected the Yoga review which was published after the list of published reviews was sent to guideline developers and had the highest altimetric score in the Cochrane Library in 2017.

They then reviewed the BMJ scoping review on priority setting by Bourne 2018 and determined that intervention reviews were a priority in the area of back and neck pain and other spinal disorders.

Finally, they used expert opinion to decide on broad topic areas and other areas of clinical interest (e.g. DTA reviews).

In coordination with their list of priorities, they will use Cochrane's update classification system to determine which of their published reviews in the Cochrane Library should be updated (see [link](#)).

Priorities are not set in stone. They can be revisited as needed and are open to new advancements in the area of back and neck pain and spinal disorders

2.2 Ear, Nose, and Throat Group

Cochrane ENT was initially commissioned by NIHR to identify areas of priority for new evidence syntheses and updates in patients with chronic rhinosinusitis and to conduct these reviews. They assembled a team of two methodologists (freelance), two clinical experts (from rhinology), and two Cochrane ENT Co-ordinating Editors, supported by the Cochrane ENT Information Specialist and Managing Editor.

Their formal scoping exercise included:

1. Identifying current reviews (Cochrane and other);
2. Comprehensive searches to identify the number of new trial abstracts, to estimate the level of new evidence available; and
3. Extensive discussions with our clinical experts.

A [scoping report](#) was produced which considered burden of disease, current practice, clinical issues, current evidence availability, and which areas required updated evidence synthesis. Using the PICO format, the scope of each potential review was defined. The review questions, which were all on medical interventions, were identified and ranked, including the comparison pairs that would be included in each review. The scoping document also detailed the review methods to be used; and led to a template protocol that could be used for the whole suite.

This scoping report led to publication of six high priority reviews in less than a year. The suite replaced a number of existing Cochrane reviews which were withdrawn. This was achieved because the preliminary work led to a template protocol where all the methodological issues had already been resolved. These could be fast-tracked through a more streamlined editorial process.

Two further priority reviews identified by the process have been completed and published using the template protocol and another is in progress.

Building on this success, Cochrane ENT are replicating this process in other clinical areas important in ENT:

- Scoping of chronic otitis media is complete: seven reviews are in progress.
- Scoping of tinnitus is complete (scoping report February 2018): two priority reviews published in 2018 which fed into the new NICE guideline on tinnitus (due 2020); another review in progress in 2019/20.
- Two scoping projects started in late 2019 on otitis media with effusion (glue ear) and ENT aspects of balance disorders (including Ménière's disorder and benign paroxysmal positional vertigo). Further details available - <https://ent.cochrane.org/our-evidence/prioritisation/scoping-projects/new-scoping-balance-disorders-and-otitis-media-effusion>
- We hope to engage other teams to “scope + prioritise + conduct Cochrane reviews” in other clinical areas: otitis externa, voice, allergic rhinitis, epistaxis (nosebleeds).

These topics have been identified as a priority by a large ENT prioritisation process called GENERATE. Cochrane ENT felt that it was more efficient to take advantage of the work already done, rather than developing their own wider prioritisation. Details of the GENERATE research agenda are available here: <https://ent.cochrane.org/research-agenda-ent-hearing-and-balance-care>

Further information regarding Cochrane ENT priority setting work can be found here: <https://ent.cochrane.org/prioritisation>.

2.3 Eyes and Vision Group

Like many Cochrane Review Groups, Eyes and Vision historically accepted titles based on review author teams who submitted a relevant clinical question. They now follow this approach only when the question has been shown to be important clinically and is unlikely to produce an “empty” review. They developed a framework to help identify evidence gaps and research priorities (Li et al., 2012).

In addition, Cochrane Eyes and Vision has conducted a systematic prioritisation process in collaboration with the James Lind Alliance following five stages (Rowe et al., 2014):

1. Establishing a sight loss and vision priority setting partnership including patient representatives and eye health professionals.
2. Survey in which 2,220 people generated 4,461 submissions.
3. Data assessment including removal of out of scope questions, grouping questions, formatting to PICO, and removing duplicates.
4. Interim prioritisation in which survey respondents, other patients, organisations, and eye health professionals ranked top 10 priorities.
5. Final prioritisation which led to the top priorities for 12 categories being identified in workshops.

In response to NICE guidelines, Cochrane Eyes and Vision are prioritising several cataract and macular degeneration titles.

Information regarding their prioritisation work can be found online: <https://eyes.cochrane.org/how-do-we-decide-which-reviews-do>.

2.4 Musculoskeletal Group

The Musculoskeletal group are in the process of conducting an iterative and ongoing process of priority setting.

In 2009 a student conducted a priority setting process for osteoarthritis as part of their Masters' project (Jaramillo et al., 2013).

More recently, their priority setting process has been adjusted to meet the minimum requirements set by the Editorial and Methods Department. They started with a scoping review of priority setting exercises. This entailed searching MEDLINE and EMBASE from inception to November 2017, the James Lind Alliance top 10 priorities, Cochrane Priority Setting Methods Group, and Cochrane Musculoskeletal and Back and Neck Groups review priority lists. Research topics/questions identified were extracted, and a descriptive synthesis conducted.

For rheumatoid arthritis and osteoarthritis Cochrane Musculoskeletal looked at EU guidelines, what's changed, and where things are uncertain. They then matched these to clinical trial recommendations in an ongoing process.

They developed a priority setting tool to rank questions by considering the background of the topic and potential impact of the review. It was originally developed for RCTs but has subsequently been adapted for use in prioritising reviews.

The Australian base is working through the following list of activities which combine to produce a list of prioritised titles which are updated continuously:

- Web-Survey of ANZMUSC Clinical Trials Network members.
- Workshop format of clinicians and consumers to identify contemporary clinical issues that participants would like addressed by research.
- Review of Therapeutic Guidelines: Rheumatology, 3rd Edition to identify recommendations that were made based upon either low quality evidence or consensus.
- Review of all Cochrane reviews relating to MSK conditions (mostly published by Cochrane Musculoskeletal and Cochrane Back) to identify where implications for research included the need for further high-quality evidence.
- Scoping review of musculoskeletal questions produced by previous priority setting projects internationally (Bourne et al., 2018).
- Review of Choosing Wisely and like initiatives such as EVOLVE for MSK conditions to identify evidence-practice gaps.
- Scoping searches for the availability of new trials.
- Direct contact with guideline developers.

Further information regarding their priority setting work can be found here: <https://musculoskeletal.cochrane.org/about-us/priority-setting>

2.5 Oral Health Group

Cochrane Oral Health regularly publishes priority setting bulletins which outline the process so far, the results, and future plans. These bulletins can be accessed online:

<https://oralhealth.cochrane.org/about-us/priority-setting/cochrane-oral-health-priority-setting-bulletins>

During 2014, Cochrane Oral Health undertook an extensive prioritisation exercise across eight areas of dentistry to consider the clinical importance of 234 existing systematic review titles. A total of 725 active authors were invited to provide Cochrane Oral Health with an initial Top 10 ranking of clinically important reviews for their area of dentistry.

Using these provisional rankings for discussion, 135 clinical experts from 8 international expert panels defined a core portfolio of priority reviews (see [Cochrane Oral Health priority reviews page](#)). The core portfolio consists of 81 existing titles to be maintained by Cochrane Oral Health, and a further 15 new systematic review titles.

A new priority setting exercise is underway, and the results will be published in 2020. There are six stages to their new priority setting process:

1. Examining data on how existing reviews are being used: how often have they been cited, downloaded and discussed on social media?
2. Looking at areas where new trials have been registered - what are the up-and-coming research areas in oral health, which might have scope for a new systematic review?
3. Looking at the guidelines that have been developed to inform dentists and healthcare workers how to prevent oral diseases, and the best treatments for keeping the mouth, teeth and gums healthy. In which areas do guideline developers need more research evidence, and would a new systematic review help them to deliver better guidance?
4. Gathering the opinions of patients, carers and the general public. What questions do people have about their oral health? An open online consultation was conducted from January 1st 2019 to March 31st 2019.
5. Data gathered in stages 1-4 will be presented to stakeholders, who will help to decide which topics are the most important, and where there are systematic reviews to update or undertake.
6. An implementation plan will be developed to ensure that the priority questions are developed and answered where possible by a new or existing Cochrane Oral Health systematic review.

Further information regarding their priority setting work can be found here:

<https://oralhealth.cochrane.org/about-us/priority-setting>

2.6 Pain, Palliative, and Supportive Care Group

In January 2019, the Cochrane Pain, Palliative and Supportive Care Review Group (PaPaS) embarked on its first formal prioritisation exercise. Historically, PaPaS has registered new titles in two different ways, either by responding to proposals from individual author teams, or by planning suites of reviews for specific priority topics (for example, NIHR Programme Grant on chronic pain (2014-17)).

PaPaS categorised its existing portfolio into four main topics of focus:

- acute pain;
- chronic pain;
- headache & migraine;
- and palliative care (pain and other symptoms; health systems).

Steering Groups (SGs) will be formed for each topic area, with a skill-mix of expertise in the topic/clinical area, and general methodological and statistical skills; the Co-ordinating Editor and Information Specialist will join each group, and all will be led by the Managing Editor.

Each SG will first help to identify gaps in the current portfolio for the specific topic area, focusing on under-represented populations, interventions, and/or conditions. The SGs will also flag existing reviews that potentially need updating, splitting/merging, withdrawing, or replacing. PaPaS will then seek input from the relevant communities and will circulate a survey requesting responses from anyone with an interest in the topic; relevant stakeholders will also be approached for their input. Once feedback is received, the SGs will identify the top priority new reviews or updates by evaluating the gaps in the existing portfolio as well as the new questions raised in the survey. The SGs will also take into account any existing prioritisation work, new or updated guidelines, any emerging new interventions, and any new or ongoing RCTs. PaPaS will promote the priority titles, e.g. on the Cochrane priority list, and will seek new author teams where necessary.

PaPaS's long term objective is to identify 50 priority titles for publication before the end of their next funding period (2020 – 25), and aims to re-evaluate their priorities at least every five years. Their approach to priority setting is published on the PaPaS website: <https://papas.cochrane.org/resources/prioritisation>.

2.7 Skin Group

Cochrane Skin undertook a prioritisation exercise, asking for suggestions from a wide range of stakeholders about what reviews or updates they would like prioritised over the next two years. More information is available in a [Cochrane blog](#), or in a [publication in the BJD](#).

The project began in January 2017 and aimed to identify titles which were:

1. Key to informing guidelines or policy,
2. Not already well-covered by a recently-published Cochrane systematic-review,
3. Of high clinical importance e.g. relating to a disease with high global burden; or of great relevance to patients, healthcare providers, or public agencies.

A wide range of stakeholders (such as professional societies, guideline development groups, healthcare commissioners, the CSG membership, and patient representatives) were consulted for title suggestions.

Next, the Skin Group reviewed prioritisation exercises undertaken by the James Lind Alliance (JLA) and collated suggestions for further research made by national and international guideline groups. Skin disorders identified as carrying a significant global burden in the Global Burden of Disease (GBD) project and their representation in the CSG portfolio were considered and gaps identified.

After gathering all title suggestions, incorporating these wider dermatological research results, and taking into account historic existing or ongoing Cochrane Skin titles, a final shortlist was sent to international editors, who rated their preferences. The full document can be downloaded [here](#).

Cochrane Skin plan to repeat this exercise in 2020. Further information can be found here: <https://skin.cochrane.org/prioritisation>.

2.8 Wounds Group

Context and General Approach

Cochrane Wounds has a longstanding track record of directing our resources to facilitate the production of high priority reviews and updates which meet the needs of our funders and stakeholders. In 2019 we revisited and reviewed our priority setting processes to ensure that these reflect current Cochrane strategy and the NIHR Adding Value in Research (AViR) framework.

Cochrane Wounds is embedded within the Wounds Research Group at the University of Manchester and we have an over-arching, integrated approach to prioritisation which prioritises uncertainties (or questions) rather than methods or designs. When a new uncertainty is identified as being important and of high priority, we then consider what the appropriate research response is (A systematic review? A scoping review? New primary research?). Consequently we do not pursue a separate prioritisation strategy for Cochrane Wounds. Where our prioritisation identifies a priority not addressed by a systematic review, or where the systematic review is out of date, depending on the volume and nature of the existing primary research, the topic is very likely to become a priority for a Cochrane review.

When we receive proposals for new reviews, we (our editors and an international group of topic prioritisation advisors) scrutinise them for relevance and importance, to ensure that only reviews in relevant and high priority topics are adopted. We may then consult further with health professionals working in the clinical areas relevant to high priority topics (e.g. wounds in the acute care setting or burns/scars) for more guidance. Our editors and prioritisation advisors are asked to consider whether:

- Review questions are important (and the intervention is currently used)
- They are aware of relevant trials in this area
- The title overlaps with existing reviews.

NIHR Collaboration for Leadership in Applied Health Research and Care Greater Manchester (CLAHRC GM) Wounds and James Lind Research Prioritisation Exercises

The Wounds Research Group at the University of Manchester led, until September 2019, the Wound Care Research Programme of the NIHR CLAHRC GM. This Programme worked closely with stakeholders in the health system of GM to increase the volume, quality and responsiveness of wounds research. We conducted a comprehensive analysis of the management of more than 2000 people with complex wounds in GM to identify treatments being used in practice and unintended variations in practice (which are signals of uncertainty) (Gray et al., 2018). The CLAHRC work also included a formal prioritisation process with NHS stakeholders that yielded 158 “raw” uncertainties in wound care (Gray et al., 2017). These 158 uncertainties were further prioritised to a final 25 topics identified as high priority for decision makers. All these data are used to prioritise updates and new reviews and we published an analysis of the extent to which systematic reviews are meeting the needs of decision-makers in wound care (Christie et al., 2018). In addition, we previously conducted a James Lind Priority Setting Partnership for Pressure Ulcers which generated 12 high priority questions and we continue to be guided by those priorities to ensure reviews and updates respond to service-user demand (Cullum et al., 2016). To date the majority of the uncertainties identified in this exercise now have a new or updated corresponding Cochrane Review.

NHS England National Wound Care Strategy Programme

The close involvement of our Coordinating Editors in the English National Wound Care Strategy Programme is ensuring that Cochrane Wounds identifies high priority topics relevant to pressure ulcers, lower limb ulcers and surgical wounds where systematic reviews are needed.

The National Institute for Health and Care Excellence (NICE)

Cochrane Wounds is a stakeholder for NICE and receives draft guidelines and other guidance for comment; consequently we are able to ensure Cochrane evidence is properly reflected and also are able to ensure that Cochrane reviews exist for key decision points identified by NICE.

Our Coordinating Editors are also working as wounds advisors to NICE on their Medical Technologies Evaluation Programme, wherein new devices with promise are evaluated and guidance is produced and published. Wound care related products are frequently offered for evaluation and we are supporting NICE in ensuring the evidence for costs and effects is considered as fully as possible. Our involvement in this process is another way we prioritise topics for systematic review.

Manchester University NHS Foundation Trust (MFT)

Cochrane Wounds has a very close collaborative relationship with MFT, one of the largest health care providers in Europe, covering 10 hospitals and community services. Our Coordinating Editors are members of the Manchester Wound Care Group, which is chaired by the Chief Nurse of MFT. This multidisciplinary group is developing a wound care strategy for Manchester and identifying priorities for research (including systematic reviews), education and practice.

Other contextual information feeding the prioritisation process

Download statistics

Where Wiley download and access statistics indicate that a review is highly accessed, we will prioritise it for update searching and, pending the results of a new search, consider it for early update.

National guidelines (e.g. NICE)

Where a topic is the focus of an existing NICE clinical practice guideline (which itself indicates that the topic is high priority) or a planned NICE guideline we will prioritise review production/updating.

Impending publication of a large, new study

Where we are aware that a large study in a topic area that meets other prioritisation criteria is in the analysis phase and likely to publish soon, we prioritise the incorporation of the new evidence into the existing systematic review; frequently working closely with the trialists to ensure simultaneous publication of the trial and updated review. Examples of where we have done this include our review Negative pressure wound therapy for open traumatic wounds (Iheozor-Ejiofor Z., et al 2018) which included the JAMA-published WOLLF study (Costa et al., 2018) and for which we synchronised publication of the review with that of the trial paper.

National Prescribing Data

We regularly review NHS data regarding the community prescribing data for wound care products and where there is high use/high cost of a treatment, we prioritise the topic for a new review or review update (Hussey et al., 2019).

Based on this collective assessment we will continue to categorise all titles, protocols, reviews and updates as being of high, medium or low priority. We carefully track the progress of all our registered titles, protocols and existing reviews through the production and updating process and implement various measures to expedite the timely production of evidence.

Summary of Cochrane Wounds criteria for prioritising topics for reviews and update

- Topic was identified in previous research prioritisation exercises (e.g. CLAHRC GM or James Lind)
- Topic was identified via the NHS England National Wound Care Strategy Programme
- Topic identified by NICE (Medical Technologies Evaluation Programme or a clinical practice guideline)
- Topic identified by local clinical networks including Manchester University NHS Foundation Trust and its Wound Care Group
- Current review highly accessed (identified via Cochrane download statistics)
- Evidence landscape changing (including impending publication of a large, new study)
- National prescribing data (evidence of high use/high expenditure of an intervention)
- Topic suggested by a prospective author team and verified as high priority by Cochrane Wounds Topic Prioritisation Advisors.

3 Summary of Experience Table

Table 1 provides an overview of MOSS CRGs' priority setting experience. Colour coding enables the reader to establish whether the experience is complete (red), ongoing (yellow), or planned for the future (blue). Note: this is not a comparison exercise; this table aims to provide a resource from which CRGs can look up where experience lies within the network.

Table 1: Experience in Priority Setting within MOSS CRGs

Cochrane Review Group	Experience in Priority Setting									
	Reviewing guidelines	Prioritising review updates	Developed priority setting tool	Scoping	Stakeholder collaboration	In-house James Lind Alliance	Outsourced prioritisation	Assessing unintended variations in practice	Review access statistics	Surveying the research landscape*
Back and Neck	✓	✓		✓	✓				✓	
ENT	✓			✓	✓		✓		✓	✓
Eyes and Vision	✓		✓		✓	✓			✓	✓
Musculoskeletal	✓		✓	✓	✓					
Oral Health	✓	✓			✓				✓	✓
PaPaS		✓			✓	✓				✓
Skin	✓	✓		✓	✓		✓		✓	✓
Wounds	✓	✓			✓	✓		✓	✓	✓

*identifying fast-moving areas where new evidence is likely to make a difference

4 Raising the Quality of MOSS Prioritisation Work

4.1 Collating templates of meeting mandatory criteria

At the end of 2018 and early 2019 the Network Team collected information regarding how each CRG met mandatory and highly desirable criteria. Figure 1 shows the percentage of CRGs within MOSS meeting each mandatory criterion during this audit. It would be useful for CRGs wishing to raise the quality of their current prioritisation, and hoping to have review titles added to the [Cochrane Priority Reviews List](#), to have examples of how each mandatory criterion could be met.

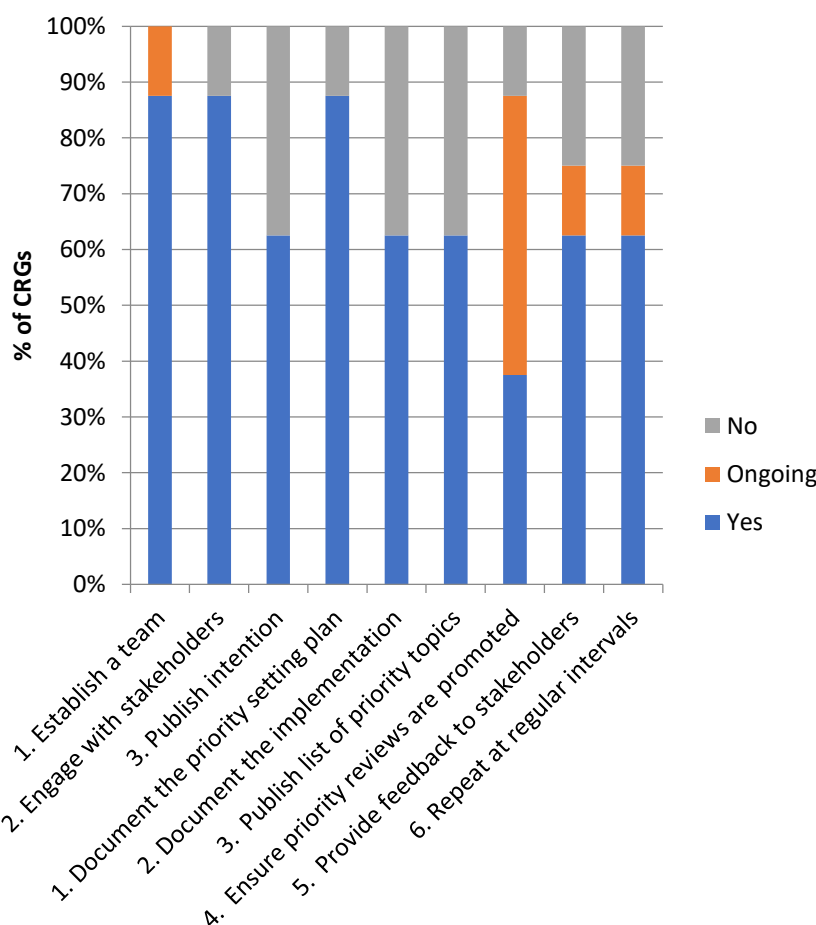


Figure 1: Percentage of CRGs meeting mandatory criteria in 2018/19

The data above provides an initial picture but more up to date information would help the Network Team focus efforts, evaluate progress, and ensure MOSS Reviews reach Cochrane’s priority list. The form below asks each CRG to describe how they are meeting each of the mandatory standards described in the Priority Setting Guidance Note. It is hoped that each CRG will complete the form below and return it to the NSF (Roses.Parker@ouh.nhs.uk).

To minimise workload, CRGs can select one of three options for completion of this form.

- a) Complete the form electronically and email to the NSF.
- b) Arrange a meeting with the NSF during which each criteria will be described. Following this meeting the NSF will complete the form.

- c) The NSF will use information in Section 2 of this report to populate the form and return to the CRG for comments.

To ensure prioritisation work progresses in a timely manner and to enable distribution of ideas before they go out of date, we ask that each CRG let the NSF know which option they will be selecting within two weeks and aim to complete the form within six weeks.

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Table 2: Mandatory Standards Form

Name of Cochrane Review Group:			
Category	Standards	Past Ongoing Planned	Response
Governance	1. Establish a team to lead the priority setting process. As a minimum, this steering group could be drawn from the Group, Network or Field membership.		
Stakeholder Engagement	2. Engage with at least <i>one</i> stakeholder group e.g. guideline developer, funder, consumer organisation, professional society etc. This must extend beyond the Group, Network or Field membership and/or editorial boards.		
	3. Publish, through relevant Cochrane channels, the intention to conduct prioritisation, to give external and internal stakeholders (Groups, Networks and Fields) an opportunity to be involved (e.g. by facilitating connections to external stakeholders in other geographic areas, or in a specific thematic area).		
Documentation and Dissemination	1. Document the priority setting plan, detailing stakeholder engagement, methods and criteria that will be used for the priority setting process.		
	2. Document the implementation of the prioritisation process and make it available online on the Group, Network or Field website. CRGs should include a link to the Network portal*.		
	3. Publish 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 individual, group or field website.		
	4. Ensure priority reviews are promoted on publication using the KT dissemination brief.		
	5. Provide formal feedback on the results of the priority setting process to the stakeholders that were involved in it.		
Currency/ Timeframe	6. The prioritisation process should be repeated at regular intervals, according to emerging treatment and intervention options within the Group, Network or Field scope and changing stakeholder needs. At a minimum, every 5 years.		

*Note: the "Network portal" is the MOSS website where this document will be published pending approval by all CRGs within MOSS.

5 Conclusions

This report provides an overview of the current status of prioritisation work for the MOSS Network. Every CRG within MOSS has a prioritisation process and most are looking to continue or expand this work. There is wide variation in how this manifests which is shaped by each CRGs unique experience, funding, resource availability, capacity, and existing relationships with stakeholders. The report will be shared within the Network to increase sharing of knowledge, expertise, and collaboration. With permission, this will be published on the Network Portal.

Table 1 provides CRGs with a resource for accessing Network wide knowledge on different priority setting experience. Of note, two CRGs have produced tools which they use in priority setting: Cochrane Eyes and Vision have produced a framework to establish evidence gaps; Cochrane Musculoskeletal have produced a tool to rank questions. Two CRGs have outsourced priority setting work: Cochrane ENT have used GENERATE; and Cochrane Skin have used James Lind Alliance. Every CRG has identified stakeholder engagement as a key part of their priority setting and has either got experience in this, or will do in the future.

In Sections 4, the Network team seek to support CRGs individually and the MOSS Network as a whole in raising the level of prioritisation work. Once information from the Mandatory Standards Form has been collated it will provide a helpful resource including useful strategies, templates, and an idea of who within the network can provide knowledge to CRGs wishing to meet all mandatory standards. It will enable the Network team to focus their efforts in supporting CRGs priority setting processes and raise the quality of the Networks' prioritisation with the ultimate aim of ensuring MOSS evidence is of utmost relevance to end users.

6 Acknowledgements

This document was produced using “Prioritisation in the Cancer Network” produced by Eve Tomlinson as an example.

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