Author’s response to reviews

Title: Evaluation of the Cochrane Consumers and Communication Group’s systematic review priority setting project

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Author’s response to reviews:

Thank you for this constructive peer review.

Reviewer #1
1. I found the statement that there was a 10 item conceptual framework a little difficult to get my head around in that there are in fact 27 items and 10 criteria. Of course this is probably not a big deal but it made for and overall lack of readability.

As suggested, we have replaced ‘10-item conceptual framework’ with ‘10-element conceptual framework’, which is in accordance with the term used by the authors of the framework (Sibbald 2010). To improve clarity, we now use the terms ‘10 elements’ and ‘27 questions’, rather than ‘criteria’ and ‘items’. These minor changes have been made in the relevant places in the paper.

2. In my opinion I think more could have been made of the areas for improvement in terms of the conclusions that were based on the results. The conclusion overall seemed a little truncated to me and this is a missed opportunity in terms of advising the research world about how evaluations could be performed and used to improve services.

We have now reframed the conclusion to expand on the areas for improvement and summarised our newly added recommendations for future evaluations of priority setting for systematic reviews as follows:

“We have built upon an existing conceptual framework and used easily replicable methods to conduct one of the first evaluations of the processes and outcomes of a priority setting exercise for systematic reviews. The process evaluation demonstrated the methods we used were broadly in line with recommended practice, including inclusive stakeholder engagement, use of explicit process and consideration of values and context. It also identified areas for improvement, such as increasing participation by people from diverse backgrounds and ensuring stakeholders can
contribute to all stages of the process. These findings broadly endorse the methods we used, giving confidence to those who want to replicate or use similar methods.

The outcome evaluation demonstrated the ways the project improved stakeholder understanding and acceptance (e.g. stakeholders involved in the project accepted invitations to be involved in the priority reviews), decision-making quality (e.g. the CCCG now has greater focus on coproduction of its reviews) and brought about a range of positive externalities (e.g. influencing the work of an Australian health department). Many of the benefits we identified have not been acknowledged previously, and clearly show that priority setting exercises can produce a range of ‘collateral’ benefits to the organisation and others beyond just identifying the top priorities for research.

Future evaluations of research priority setting exercises could use Sibbald’s (2009) conceptual framework, along with the questions we devised, to undertake a prospective evaluation using both project documents and interviews or surveys with stakeholders, the project team and funders. For a complete picture of the outcomes, final data collection should take place sometime after the project is completed.” (Page 19, paragraph 2 – marked copy)

We have revised the conclusion in the abstract to reflect this. It now reads:

“We demonstrated that our priority setting methods were broadly in line with best practice, and the project resulted in many positive outcomes, beyond just identifying the top priorities for research. Our evaluation framework and recommendations for future evaluations may be of use to priority setting researchers planning similar activities.” (Page 2, paragraph 4 – marked copy)

3. Table 1 the framework for the process evaluation is a nice way of ensuring consumer and user inclusion in projects, as well as stakeholders. Again I think more of this framework would be useful and some tabulation of data (which you refer to as being done) would be helpful in terms of understanding how this framework could be applied to other projects.

We have created an Additional File in which we present tabulated examples of the data used to evaluate each of the questions within the 10 elements of the framework.

We mention this in the paper with the following new text:

See Additional File 2 for tabulated examples of the raw data that contributed to each question within the 10 elements of the framework (Page 11, paragraph 1 – marked copy)

As a result of adding this table, we picked up a minor error in the paper (one of the elements should’ve been rated as ‘partially met’, rather than ‘met’). We have made minor changes in the Abstract and Conclusion to reflect this fact.

4. Overall, I think some further argumentation that allows the reader to follow your thinking and to understand what the purpose of this research is would be helpful. I don't understand what the proposed contribution is and I am left inferring what you think based on my own experiences. It would be preferable to me if some further argumentation was available that allowed me to follow your thinking.
We have amended parts of the introduction to make clearer the purpose and potential contribution of this work. In the second paragraph we have emphasised the lack of existing evaluations of priority setting for systematic reviews:

“Further, there are very few published examples of research priority setting evaluations” (Page 4, paragraph 2 – marked copy)

And the final paragraph now reads:

“Given the proliferation of research priority setting exercises, and near absence of accompanying evaluations, we present our evaluation of the systematic review priority setting project conducted by the Cochrane Consumers and Communication Group (CCCG) (Synnot, Bragge et al. 2018, Synnot, Tong et al. 2019). In this paper, our aim is to describe our evaluation of the processes and outcomes of the project. Such an evaluation can inform future CCCG priority setting exercises but can also be used to guide others’ priority setting activities, or provide a template for evaluation”. (Page 4, paragraph 4 – marked copy)

5.I find the use of the word empiric data disconcerting. In consumer research and health promotion research (which I am most familiar with) the word is empirical. The word empirical is concerned with the Platonic or Aristotelean (I have forgotten and it is not worth looking for the correct citation as I am probably just being a nerd) use of the term to describe something which is observable through the five senses.

We have changed empiric to empirical throughout.

6.In terms of the priority setting process much could be made of the methodologies of including consumers. It is sad that the most effective methods for obtaining consumer and stakeholder feedback are discounted on account of limited resources (page 8). What does this mean for further research? What are your suggestions to overcome this type of problem?

We have addressed this by adding further text to the following paragraph in the discussion:

“We identified some areas for improvement and make a number of suggestions for the processes in particular that could be addressed in future projects. We found there was low participation by people from diverse backgrounds, stakeholders were not involved in the final decision-making step, and that there was no formal mechanism for stakeholders to review the final priorities selected. We suggest partnering with organisations representing diverse groups early in the process, and ensuring there is sufficient time and resources to offer multiple ways for people to contribute. Priority setting projects like ours, that generate broadly scoped priorities, may benefit from doing more of the conceptual sorting of priorities before the final opportunity for stakeholder input. Alternatively, a final stakeholder workshop or two-stage online voting round would allow stakeholders to be involved in the final prioritisation step and provide a formal mechanism for stakeholders to review the priorities selected”. (Page 17, paragraph 2 – marked copy)
7. This paper is well written, but as it stands it does not make the most of the work described and is rather thin for publication. It is a description of what was found, but does not draw out the main lessons and how they may be applied to improve future work. The work largely reports an evaluation process that was conducted some time ago, and hints at the fact that there has been enough time to measure outcomes, but this is not drawn out in the report.

We have now added a more comprehensive summary to the conclusion. It now reads:

“We have built upon an existing conceptual framework and used easily replicable methods to conduct one of the first evaluations of the processes and outcomes of a priority setting exercise for systematic reviews. The process evaluation demonstrated the priority setting methods we used were broadly in line with recommended practice, including inclusive stakeholder engagement, use of explicit process and consideration of values and context. It also identified areas for improvement, such as increasing participation by people from diverse backgrounds and ensuring stakeholders can contribute to all stages of the process. These findings broadly endorse the priority setting methods we used, giving confidence to those who want to replicate or use similar methods.

The outcome evaluation demonstrated the ways the project improved stakeholder understanding and acceptance (e.g. stakeholders involved in the project accepted invitations to be involved in the priority reviews), decision-making quality (e.g. the CCCG now has greater focus on coproduction of its reviews) and brought about a range of positive externalities (e.g. influencing the work of an Australian health department). Many of the benefits we identified have not been acknowledged previously, and clearly show that priority setting exercises can produce a range of ‘collateral’ benefits to the organisation and others beyond just identifying the top priorities for research. Future evaluations of research priority setting exercises could use Sibbald’s (2009) conceptual framework, along with the questions we devised, to undertake a prospective evaluation using both project documents and interviews or surveys with stakeholders, the project team and funders. For a complete picture of the outcomes, final data collection should take place sometime after the project is completed”.

We have also added a new paragraph in the discussion, about how our work can be applied to future work:

“Based on our experience, we make a number of recommendations for those wishing to evaluate systematic review priority setting exercises. Future evaluations could use Sibbald’s conceptual framework along with our 27 questions. A prospective evaluation approach would allow interviews or surveys to be undertaken with stakeholders, the project team and project funders (if relevant) during and after the project. Detailed records of project decisions and meetings should be kept as an additional data source to provide examples of how certain questions were met or not (e.g. was there a commitment to genuine engagement through partnership and empowerment?). Some of the questions relating to outcomes (e.g. did stakeholders use the results of the priority reviews?) are dependent on the priority reviews being conducted and then published, so further data collection could be undertaken after the outputs of a priority setting exercise are produced. A
further evaluative step could include analysis of the impact of any reviews in terms of policy or practice but this would require a much longer timescale”. (Page 18, paragraph 4 – marked copy)

8. The introduction highlights two major themes - about the lack of evaluation of prioritisation exercises, and the way that the Cochrane process engages with people. The final paragraph is quite weak and does not give the reader enough information about why the work was done and the potential impact it could have.

The final paragraph of the introduction now reads:

“Given the proliferation of research priority setting exercises, and near absence of accompanying evaluations, we present our evaluation of the systematic review priority setting project conducted by the Cochrane Consumers and Communication Group (CCCG) (Synnot, Bragge et al. 2018, Synnot, Tong et al. 2019). In this paper, our aim is to describe our evaluation of the processes and outcomes of the project. Such an evaluation can inform future CCCG priority setting exercises but can also be used to guide others’ priority setting activities, or provide a template for evaluation”. (Page 4, paragraph 4 – marked copy)

9. The data included an online survey with 151 responses - this is not put in context about how many people were invited to participate, how it relates to other similar work and whether this was the expected size of the response. Similarly there were only 28 people involved in the meetings, so very difficult to assess whether this is likely to be sufficient to provide robust results or not. Very little detail is provided about how the data were analysed, apart from being entered into a spreadsheet, or the range of responses received and levels of agreement/disagreement. It is convenient to use staff reflections, but it would strengthen the results to have more detail about participants reflections some time after the events described. The limitations section needs to be strengthened.

The specific number of participants involved in the priority setting process is not probed in the evaluation tool (but rather the focus is on the breadth of perspectives captured). More detail around recruitment etc for the priority setting project is provided in the earlier papers, however, we have added the following text to the relevant section of the results with respect to the number of participants involved:

“All key stakeholders were involved in the decision-making process. Consumers, and consumer group representatives, health policy makers, health professionals, health service staff and research funders were all included in the steering group (n = 11), the online survey (n = 151) and the workshop (n = 28). To our knowledge there is no minimum number of participants suggested for priority setting surveys (capturing a range of different perspectives is usually the focus), while workshop numbers are often capped at 30 in line with best practice guidance (James Lind Alliance 2020)” (Page 11, paragraph 2 – marked copy).

With regards to the workshop feedback survey, we now provide the raw data in an additional file, with more information about how this was analysed. We have also explained that the survey was not specifically designed for the evaluation, but rather to aid any future workshops run by the CCCG. As such, while we have included the raw data in an Additional File (to support our
assertions), we have chosen not to describe the results in full in the paper, given these are not entirely relevant to the evaluation.

The relevant sections of the Methods > Data collection now reads:

The feedback surveys were intended to be used in the event of future workshops being run by CCCG and were completed by 25 of the 28 stakeholders who attended the prioritisation workshop. (Page 10, paragraph 1 – marked copy).

Responses to the feedback survey had been previously entered into a spreadsheet, with free-text responses grouped into like concepts (see Additional File 1). (Page 10, paragraph 1 – marked copy).

Please note we have removed the blank feedback survey from the appendices and instead replaced it with the raw data (which includes the questions used in the survey).

We have also provided more detail about the range of responses received to the workshop feedback survey and the level of agreement/disagreement in the following sections:

Under Evaluation of priority setting outcomes > Improved stakeholder understanding it now reads:

Based on the workshop feedback survey, stakeholders understood the nature of the priority setting process given all agreed with the statements that they understood what was expected of them and felt able to make a contribution. In addition, at least six workshop participants left feedback, or contacted the team after the workshop, to express their interest in being involved in the priority Cochrane Reviews. (Page 14, paragraph 2 – marked copy)

Evaluation of priority setting process > Stakeholder engagement it now reads:

However, 5/25 workshop participants suggested that the workshop structure may not have allowed quieter participants to contribute. (Page 12, paragraph 2 – marked copy)

Under Evaluation of priority setting outcomes > Stakeholder acceptance and satisfaction it now reads:

In addition, workshop participants gave overwhelmingly positive comments in the feedback survey, with 14/25 participants praising the structure and/or facilitation of the day, and others calling the day ‘fantastic’ and ‘great’. (Page 15, paragraph 3 – marked copy)

Finally, we have provided more detail about the analysis as a whole, with the addition of two new tables as Additional Files. The Methods > Analysis section now reads:

See Additional File 2 for tabulated examples of the raw data that contributed to each question within the 10 elements of the framework. (Page 11, paragraph 1 – marked copy)
We agree that it would strengthen the results to add participant reflections sometime after the events described but we were unable to do this. This is highlighted in the limitations section, which now reads:

“Two limitations of this evaluation are found in its design. First, it was planned and undertaken sometime after the project was completed, meaning some information and context may have been lost over time. While it did allow for some outcomes to develop (such as the impact on CCCG’s organisational values and focus on coproduction of its reviews), the evaluation would’ve been strengthened with a prospective approach involving interviews with stakeholders (rather than solely editorial staff reflections) during and after the project. Second, the evaluation was undertaken by members of the priority setting project team and CCCG editorial team, which may have introduced a positive bias.” (Page 17, paragraph 3 – marked copy)

10. The conclusions are too strong for the data collected and would be more useful if, as above, lessons about what might be good to include in future similar evaluations, could be included and discussed. I think this would give genuinely new thinking to this area of work.

We have reworded the conclusions to focus more on what might be good to include in future similar evaluations. This section of the conclusions now reads:

“Future evaluations of research priority setting exercises could use Sibbald’s (2009) conceptual framework, along with the questions we devised, to undertake a prospective evaluation using both project documents and interviews or surveys with stakeholders, the project team and funders. For a complete picture of the outcomes, final data collection should take place sometime after the project is completed.” (Page 19, paragraph 4 – marked copy)

11. I was concerned about a statement saying reviews to be prioritised included those whose authors were open to participation of patients/consumers - are there still review authors for whom this is an issue?

Whether or not review authors have an issue with consumer engagement is unclear, but anecdotally, consumer engagement in Cochrane Reviews has not been widespread (though is increasing).

12. No information was provided about why one of the reviews was rejected. It is important to unpick the reasoning, if this was one that was prioritised by the consumer group, and whether it was anything to do with the engagement process.

We have amended the following sentence to make this clearer (and reflect that now a second review has been submitted for editorial assessment):

“(all reviews have published protocols, two reviews has been submitted for editorial assessment, one rejected (for reasons unrelated to the engagement process), and the remainder should be completed within 2020).” (Page 15, paragraph 1 – marked copy)
I would like to see something more explicit about what might be a good outcome from prioritisation processes and from this work and the reflections of the staff, consumers, research team, what this means to improve future evaluations of this type, and what people embarking on prioritisation processes should include at the design stage to help later evaluations. There is mention of the collateral benefits - so more needs to be made of these in the context of this work.

We have added the following lines to the discussion relating to what ‘good’ outcomes mean for prioritisation processes and outcomes:

“The CCCG priority setting project met six and partially met four of the 10 process and outcome elements in Sibbald’s (2009) framework. With respect to priority setting process, the elements of Stakeholder engagement, Use of explicit process, and Consideration of values and context were met with the remaining two (Information management, and Revision or appeals mechanism) partially met. All key stakeholder groups were represented, and they were offered multiple and meaningful ways to contribute. The methods used were pre-determined and transparent, and supported by a well-coordinated and multi-pronged communication strategy. Most of the information used to set priorities was made clear to stakeholders and the priority setting decisions considered CCCG’s mission/strategic direction and stakeholder values. Finally, stakeholders could review and contribute to decisions made at some but not all points in the project. The process evaluation demonstrated the methods used were broadly reflective of best practice in priority setting.”  (Page 16, paragraph 3 – marked copy)

“For the outcome evaluation, the project met three elements (Improved stakeholder understanding, Improved decision-making quality, and Stakeholder acceptance and satisfaction and partially met the remaining one (Shifted priorities and/or reallocation of resources and Positive externalities). Stakeholders gained insight into the broader aspects of priority setting and CCCG/Cochrane. The project resulted in more Cochrane Review titles that were relevant to stakeholders, with reallocated resources within CCCG, and some external funding secured. CCCG also amended some editorial policies to better reflect stakeholder priorities, and shifted its organisational values, with a greater focus on co-production in its work and new collaborations. Stakeholders demonstrated their acceptance and satisfaction with the process and all priority reviews now involve stakeholders. While no research funders or research institutes included the priorities as part of their research agenda, the methods used have been replicated by a state health department and have indirectly influenced the work of Cochrane. The outcome evaluation demonstrated that priority setting projects can result in many more outcomes than just identifying the top research priorities.”  (Page 16, paragraph 4 – marked copy)

We have added the following paragraph to the discussion about what future evaluations of research priority setting should look like:

“Based on our experience, we make a number of recommendations for those wishing to evaluate systematic review priority setting exercises. Future evaluations could use Sibbald’s (2009) conceptual framework along with our 27 questions. A prospective evaluation approach would allow interviews or surveys to be undertaken with stakeholders, the project team and project funders (if relevant) during and after the project. Detailed records of project decisions and meetings should be kept as an additional data source to provide examples of how certain questions...
were met or not met (e.g. was there a commitment to genuine engagement through partnership and empowerment?). Some of the questions relating to outcomes (e.g. did stakeholders use the results of the priority reviews?) are dependent on the priority reviews being conducted and then published, so further data collection could be undertaken after the outputs of a priority setting exercise are produced. A further evaluative step could include analysis of the impact of any reviews in terms of policy or practice but this would require a much longer timescale”. (Page 18, paragraph 4 – marked copy)

With regards to collateral benefits, we have added the following description of what we mean by collateral benefits in the conclusion:

“Many of the benefits we identified have not been acknowledged previously, and clearly show that priority setting exercises can produce a range of ‘collateral’ benefits to the organisation and others beyond just identifying the top priorities for research.” (Page 19, paragraph 3 – marked copy)

There is already a description of what we mean by collateral benefits in the discussion:

“Second, the project resulted in editorial and organisational shifts within CCCG and indirectly influenced the work of Cochrane. These kind of outcomes are not uncommon in research priority setting partnerships, Staley (2019) refers to them as ‘collateral benefits” (Page 18, paragraph 3 – marked copy)