**NIHR ESGs Best Practice Working Group on Living Evidence Synthesis**

June 2025 | Prepared by Anna Noel-Storr& Ian Shemilt

**Purpose**

To establish a UK-based community of practice (CoP) for sharing best practices in the planning, conduct and dissemination of living evidence synthesis among National Institute for Health Research (NIHR) Evidence Synthesis Groups (ESGs).

**Background**

*Living evidence synthesis*

Living evidence synthesis (LES) is a general approach to keeping evidence synthesis continually updated with new evidence as it becomes available.  Currently,  the most common types of LES are living systematic reviews (LSRs) and living evidence maps (LEMs). However, in principle, any type of evidence synthesis can be conducted in living ‘mode’.

For some LES projects, continual updating is planned from the outset; while, for others, an existing evidence synthesis (e.g. a ‘baseline’ systematic review or evidence map) is temporarily transitioned to using a continual updating workflow. In both scenarios, criteria for considering a LES approach are the same; and these criteria are also comparable, but not identical, between LSRs and LEMs:

For LSRs [1]:-

* New research evidence is emerging (or expected to emerge) rapidly and continually over a sustained period of time.
* Certainty of the existing body of evidence is (expected to be) low or very low.
* The review questions are (expected to be) of sufficient importance to decision-making to justify an ongoing allocation of resources.

For LEMs [2]:-

* New research evidence is emerging (or expected to emerge) rapidly and continually over a sustained period of time.
* There is (expected to be) uncertainty about key characteristics of the existing body of evidence (e.g. what kinds of new studies are there; and how is this changing over time?).
* There is (expected to be) sufficient importance to end-users in being continually updated with information about the evolving key characteristics of the emerging body of evidence to justify an ongoing allocation of resources (e.g. to inform decisions by researchers and/or funders about what kinds of further research are, and aren’t, needed).

*NIHR Evidence Synthesis Groups*

The NIHR Evidence Synthesis Programme (ESP) funds research projects that identify, evaluate and combine data from existing research studies to provide best evidence, including on the effectiveness and cost-effectiveness of treatments, tests and other interventions, to support decision-making across health, public health and social care in all four nations of the UK. The ESP includes current funding for nine evidence synthesis groups, three specialised screening evidence synthesis groups, and a specialised living evidence synthesis group (ESGs). These ESGs undertake a range of evidence syntheses of different types (e.g. systematic reviews or evidence maps) and in different modes (e.g. living or rapid) for the NIHR ESP. They include members of staff who are researchers and information scientists with substantive collective expertise and experience in the development, application and evaluation of LES methods, tools and workflows. Establishing a best practice network (or ‘CoP’) for LES among interested members of staff will help to share this expertise and experience among the ESGs for the mutual benefit of our people, activities and outputs.

**Objectives**

The NIHR ESGs Best Practice Working Group on LES will:

* **Provide** a forum for discussion about LES methods, tools and workflows; and
* **Facilitate** capacity building for the further development, judicious application and rigorous evaluation of LES methods, tools and workflows.
* **Develop** agreed criteria and guidance for the use and application of LES to inform policy, practice and research, including consideration of topic suitability.

**Proposed Working Group / Community of Practice (CoP)**

* The working group / CoP is **being** **convened by the specialised LES group** **(BUcKLES) on behalf of all UK-based ESGs**, currently comprising: nine evidence synthesis groups, three specialised screening evidence synthesis groups, and the specialised LES group itself.
* The working group / CoP will have **two co-leads from ESGs.** Ian Shemilt (EPPI Centre / LACES / BUcKLES) and Anna Noel-Storr (Cochrane / Complex Reviews Synthesis Unit) are the inaugural co-leads.
* **Each ESG has nominated 1-2 people to join** the working group / CoP. We hope that these people will try to **regularly attend bi-monthly meetings** of the group (when available) and will also **represent / act as a point of contact** for cascading (and occasionally requesting) information to (from) their own ESG.
* In general, **anyone else interested from ESGs will also be welcome to join any of the bi-monthly meetings** of the working group / CoP, according to their group and individual needs, and **nominated reps for each ESG will share meeting times, details and joining instructions with these other people** (as needed).
* The working group / CoP will **plan and deliver a programme of group activities and outputs**, primarily centred around its **rolling programme of bi-monthly meetings** (see a few ‘examples’ in the next section below).

**Examples of Working Group / CoP Activities & Outputs**

* **Produce** a series of webinars focused on LES and delivered by leading experts (producers, methods people and others) from the UK & international ES communities**.**
* **Maintain** a ‘toolkit’ repository of methods and tools for supporting a LES (including a living map of LES methods & guidance articles)
* **Convene** occasional,longer workshop- or hackathon-style events focused on LES and aligned with the purpose and objectives of the group
* **Create** guidance for potential requesting organisations/LES users, clarifying issues around topic suitability, interpretation and application.

**Next Steps**

Key: Done | In progress | Not yet done

1. Nominations: Request ESGs to nominate members.
2. Inaugural meeting: Schedule an online meeting for members.
3. Consultation: Consult with members on this ‘living document’ during the inaugural meeting.
4. Web page: Establish a web page for the group, hosted on the EPPI Centre website.
5. Consultation feedback: Consider & integrate feedback from the consultation and post the updated version of this ‘living document’ on the new group web page.
6. Bi-monthly meetings: Establish a schedule of bi-monthly meetings.
7. Other activities & outputs: Plan and deliver other activities & outputs as required.

**References**

[1] Elliott JH, Synnot A, Turner T, Simmonds M, Akl EA, McDonald S, Salanti G, Meerpohl J, MacLehose H, Hilton J, Tovey D, Shemilt I, Thomas J; Living Systematic Review Network. (2017). Living systematic review: 1. Introduction-the why, what, when, and how. *Journal of Clinical Epidemiology*, 91, 23-30. DOI: 10.1016/j.jclinepi.2017.08.010

[2] Shemilt I, Churchill R, Higgins JPT, Hollands GJ, Khouja C, Lorenc T, Marshall IJ, Noel-Storr A, Raine G, Sowden AJ, Stansfield C, Sutcliffe K, Thomas J. (In Preparation). Living evidence maps: an emerging form of evidence synthesis. To be submitted to *Research Synthesis Methods*.