

Bandolier sponsorship

Independent evidence-based thinking about health care

SPONSORING BANDOLIER'S INTERNET SITE

Bandolier is an Oxford-based hard copy journal, and a website, and is all about evidence-based thinking about healthcare.

We enter into agreements with sponsoring organisations on the basis that we cannot jeopardise our actual or perceived independence, so we make it clear from the outset that our sponsors have no control over what Bandolier writes in its pages. This 'no-strings' approach ensures that our integrity and that of our sponsors is maintained and that Bandolier remains a credible source of information for its audience. Our sponsors are far-sighted as well as generous and understand that this is why Bandolier is such a valuable vehicle for communication of truly evidence-based messages.

In 1999 a decision was taken to divorce the electronic and paper versions of Bandolier in order to accelerate development of the electronic version. With sponsorship detailed below we began to expand the Internet site, so that much material on the web site has not appeared in the print version.

About the Internet site

The website is a mixture of what has appeared in the journal for the last 11 years together with material written specifically about target conditions, as well as a collection of downloadable PDF essays on methods and topics for the longer read. These are known as Bandolier Extra if on a particular topic, or Bandolier Professional if more broadly educational.

More developed areas include a number of pain topics, as well healthy living, complementary and alternative therapy, arthritis, gout, migraine, statins, benign prostatic hyperplasia, and erectile dysfunction and premature ejaculation, as some examples. Good quality evidence fulfilling criteria of quality, validity, and size is what is provided.

Value added resource

Millions of medical papers are published every year. It has been said that 95% are flawed in some way, and it is known that at least 1 in 10 have major errors. Good systematic reviews should extract all the little nuggets from a pile of dross and combine it to form treasure. They choose trials of good quality, and which are valid, and can pool results to

Frequently-asked questions



- Why is it called Bandolier? Because a dozen or so years ago someone said only seven things were *known* to work in medicine. Actually there is much that is known to work or not to work. People needed bullet-points of good evidence that they could trust about what worked and what did not. Bullets are kept in a bandolier – hence the name.
- What is evidence-based medicine, or EBM? There are various definitions, but Bandolier uses the three criteria that are always important: quality (to avoid known sources of bias), size (to have enough information to be sure of a result), and validity (being sure that the result means something of use).
- What has Bandolier to do with EBM? Bandolier has been around for a dozen years, and helps people to think about evidence – whether it is epidemiology, diagnosis, treatment, health economic evaluation, or implementation and management. It helps people understand results and think in a wider context about what it is they are doing.
- What is special about Bandolier? It is read, and understood, by healthcare professionals and the public, and is known as independent, trustworthy, relevant, and rewarding. People read and come back for more. It has its own unique voice.
- Bandolier's Internet site sites gather available evidence across different aspects of a condition to help people understand the need for change, overcome resistance to change, and the inertia of doing the same tomorrow as yesterday.
- Bandolier's Internet site site has over a million visits a week, from professionals and public, from the UK and all across the world.

www.ebandolier.com

Sponsoring Bandolier in 2005

Welcome to Bandolier



Bandolier Journal

The internet version comes three months after print. PDF versions of the journal will be available six months after print. Download a form to [subscribe](#) to the paper version.

In this month's Journal (128)

Electronic Bandolier, Anti-TNF therapy in early rheumatoid arthritis, Premature ejaculation treatments reviewed, Finding type 2 diabetics in primary care, Management of high-risk heart failure, Understanding risk, Metanoma and congenital melanocytic nevi, Rationing critical care beds

Previous editions:

127, 126, 125, 124, 123, 122, 121, [links for full html listing of Bandolier](#), [html listing of Impact](#), [PDF listing of Bandolier and Impact](#)

Donate to **Bandolier!** 

- [Knowledge Library](#)
- [Healthy Living Zone](#)
- [Extended Essays](#)
- [Learning Zone](#)
- [EBM Glossary](#)

Sponsorship record

In 1999 a decision was taken to divorce the electronic and paper versions of Bandolier because that was the only way we could see to improve the electronic version. With 'no-strings' sponsorship from MSD and the BUPA Foundation, we began to expand the Internet site, so that much material on the web site has not appeared in the print version.

Since some folks criticise sponsorship, and industrial sponsorship in particular, it's worth being clear what no strings means. We only take sponsorship because the sponsoring organisations agree that they have absolutely no control over what Bandolier writes in its pages. That is one reason why there is relatively little sponsorship, because this is a difficult concept for organisations, industrial and charitable, to get their brains around. So we applaud our sponsors for being far-sighted as well as generous.

The BUPA Foundation sponsored us for three years. Their vision helped us to get the site reorganised and to begin to create specialist resource centres with additional knowledge from the paper version of Bandolier. Their support has helped us to create the Oxford Pain site, and that on Complementary and Alternative Therapy.

The Gwen Bush Foundation generously helped with a donation towards the Migraine website.

The NHSE contributed to the development of the Management site, and the **NeLH** is contributing to help develop more information on the glossary, Management and Diagnostics.

Merck Sharpe & Dohme UK have helped with support to create the Oxford Pain site, and to extend that to creating the Migraine site. In 2002 they also supported the creation of the Gout site, and in 2004 a site on Juvenile Idiopathic arthritis. MSD have also sponsored the Bandolier Professional and Forum series, providing downloadable essays for professional education.

AstraZeneca UK has been similarly brave in supporting the Atrial Fibrillation site, and the Needlestick site, again through an unrestricted educational grant.

Pfizer UK provided funding in 2002 to enable Bandolier to maintain and expand the Oxford Pain Site.

Menarini UK provided funding in 2004 for the creation of a Bandolier site that pulled together all the evidence on topical analgesics.

In 2005 **Janssen-Cilag** is sponsoring development of a Pharmacy site, and **GSK** is sponsoring a resource centre about restless legs.

have sufficient size to be sure about the magnitude as well as the direction of a result. The trouble is that most people just don't understand even this.

Bandolier uses good systematic reviews, and produces from them a layered approach to knowledge. Each web page has a clinical bottom line at the top – for the 10-second read. The main body should be readable in no more than 5-10 minutes, with a reference for those who want everything. The language is that of people not pointy-headed scientists: Bandolier will not use odds ratios that no-one understands, but numbers needed to treat, understood by most professionals, or percentages, understood by most of us.

Audience

Anyone interested in knowing or learning more about what constitutes good evidence. This includes healthcare professionals, patients, and the public. Bandolier eschews technical jargon for a more down-to-earth voice. If we can't understand it, we can't write about it, so the Bandolier point of view is one of delivering information by overcoming our own ignorance. Most people completing a recent on-line survey were healthcare professionals.

Track record

2004 has seen a surge in traffic to the Bandolier Internet site. The approximate annual doubling in traffic has accelerated, and over the last few weeks the volume approached, then surpassed, the figure of 1,000,000 visits in a week. Included were 100,000 PDF downloads in a week.

Total traffic will be much more than this. Bandolier exists on a number of Intranets, for instance. In addition, many Bandolier pages are cached on university and medical school websites, and on most of the main search engines. The result is that our measured traffic is likely to be only a fraction of the total readership, and therefore impact.

Electronic Bandolier is free to users: any user, anywhere on the planet, can access our pages free of charge. But Bandolier is not free to produce. We are immensely grateful to the Oxford University Medical School Information Management Services unit for making space on its servers, to support the site. Charities, industry, and government have helped through no-strings sponsorship to provide the resources to develop particular parts of the site.

We hope that Bandolier can continue to be free of charge, but that will only be the case if sponsorship continues.

Sponsorship targets for 2005

Bandolier is interested in discussing any topic with potential sponsors, although in 2005 some of the targets Bandolier sees as important include the following:

1. Development of the healthy living area with better accessibility and organisation, and addition of more material. The idea is to create a site about how to avoid seeing your doctor.
2. Adding more to the Bandolier Professional series, downloadable essays about how to understand and make use of evidence.
3. Pharmacy: gathering evidence pertinent to pharmacists, including educational material.
4. Asthma: Bandolier has not done enough in this area.
5. Restless legs syndrome: another forgotten topic that is common, and with a mixture of older and newer therapies.
6. Urinary incontinence: a common problem, and one where evidence and new treatments are emerging.
7. Vaccines: There are many good systematic reviews available about vaccines, and this is a topic of real concern to the public.
8. WHO essential drugs list: gathering the evidence to support their use.
9. Use of Internet and electronic communication as examples of modern management methods in health services.
10. Care pathways

Helping the sponsor

Sponsorship is either about doing a good thing, or doing a good thing and having a message informed, refreshed, or reinforced. The Bandolier method is terrific for this, because of the way it pulls together evidence on different aspects of a topic, and appraises that evidence.

It often happens, for instance, that while conditions are common, they are not seen as important, despite considerable evidence to the contrary. When a whole series of good published studies shows that the condition is both common and important, attitudes towards the condition, and treating it, can change. This can especially be the case when there is supporting evidence about diagnostic strategy, or when to refer.

Very often older trials of treatments lacked quality, were small, were short, and lacked adequate outcome data. More recent treatments will be of high quality, large size, and be conducted to criteria and outcomes laid down by international bodies, so they are valid in terms of outcomes and duration. Only when all the trial evidence can be laid out in front of readers can these differences be appreciated.

Bandolier sites, by pulling on what evidence is available across different aspects of a condition, can help people understand the need for change. They help overcome resistance to change, and the inertia of doing the same tomorrow as yesterday. They help lay down the agenda for change.

Sponsorship opportunities

The Bandolier Internet site is organised in several ways. There is a search engine, and several indices to the monthly journal. In addition, a number of more specialist subsites have been created on or around specific topics, like migraine, blood pressure, weight problems, handwashing, or complementary therapy.

To create a useful subsite, extensive searching is carried out to find studies relating to diagnosis, epidemiology, therapy, adverse events, or health economics. Typically systematic reviews are first sought, but where these do not exist, other evidence will be used, or systematic reviews performed for the site (and occasionally published).

The results of this work are organised within the subsite as a set of html links to the stories. For some, these are gathered together into a Bandolier Extra, a downloadable PDF on a particular topic. This can even take the form of a book of the site, as with *"Bandolier's Little Book of Pain"*, proxime accessit in the Royal Society of Medicine/Society of Authors 2004 prizes for medical books.

The site and associated Bandolier Extra will be periodically updated with additional searching. Typically a site is developed over a period, perhaps 3-6 months for a small site (to take account of searching, obtaining papers, analysis, and webwriting), and perhaps up to 12 months or longer for a large site.

Any organisation or individual can sponsor the Bandolier Internet site. Sponsorship is of two main types:

Specific subsite sponsorship

Here a specific subsite is developed, updated, or maintained, as described above. The cost of developing a subsite depends on the scope and size of the topic, but would be in the range of £25,000 to £75,000, but in the latter case for a large site this might be done over two financial years.

General sponsorship

It is also possible to sponsor general developments on the whole Bandolier Internet site. Any sum helps keep the free Bandolier site available to all. Individuals can also make a donation to support the Bandolier Internet site.

Contacts

If your organisation would be interested in sponsoring Bandolier or a particular resource centre, please contact: Maureen McQuay, Business Manager (maureen.mcquay@pru.ox.ac.uk)

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www.ebandolier.com