Feature

Knowledge for Healthcare –
Resource Discovery

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Richard Osborn introduces the work of the Resource Discovery programme, which aims to help healthcare staff, learners, patients and the public to quickly and easily locate relevant information and evidence, in the final article in our series on Knowledge for Healthcare.

THE Resource Discovery Group is the fourth group which has been established as part of Health Education England's Knowledge for Healthcare programme (an overview of which appeared in October's *Update*)**.**[1] **Its main goal is to ensure that healthcare staff, learners, patients and the public benefit from quick and easy access to relevant evidence at the point of need. By resource discovery, we mean primarily locating and retrieving information resources on computer-based networks and increasingly through mobile and tablet devices. As the volume of digital information increases year by year, high quality resources can be difficult to find, and the complex IT infrastructure within the NHS makes 'search and discovery' even more of a challenge.**

While the other Knowledge for Healthcare workstreams have undertaken focused pieces of work which are being delivered within a year for implementation from April onwards, it has become apparent that the resource discovery programme will be longer term, due to the many dependencies and stakeholders involved. This is an area which is both challenging and exciting at the same time, as we seek to make the design principle of 'digital and mobile by default' a reality in the coming years.

Our work is spread across five main areas, each of which has a task and finish group (see box on p. 35).

1 Collaborative procurement
For over 10 years, NHS organisations in England and their library and knowledge services have worked collaboratively to commission a core portfolio of electronic information resources (the 'National Core Content') for all staff who work for or with the NHS, and for healthcare students on placement in NHS organisations. This has yielded benefits in terms of equity of access and cost savings. Health Education England (HEE) currently provides funding of £3.8m for this portfolio and works in partnership with the Evidence Services team at the National Institute for Health and Care Excellence (NICE) which procures these resources and manages the contracts on behalf of HEE. Although the range of resources has increased over recent years, the portfolio is not as comprehensive as most users desire, due mainly to the limited budget available and the diverse nature of the users for whom resources are purchased. For instance, there are believed to be 60 specialisms within the healthcare science workforce alone (e.g. pathologists, scientists, technologists etc), so this highlights the challenge in providing access to relevant evidence at the point of need for everyone.

Flexible consortia
Knowledge for Healthcare acknowledges that a considerable amount of procurement activity still takes place at a local (trust) level, as organisations 'top up' the national offering to meet the needs of their own

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Knowledge for Healthcare

Health Education England published Knowledge for Healthcare: a development framework for NHS Library and Knowledge Services (LKS) in England in late 2014. This is the final article in a series outlining details of the key strands of work. Louise Goswami, National Programme Manager for Library and Knowledge Services, set the scene in 'Knowledge for Healthcare' (October 2015 *Update* **pp. 26-28) while Clare Edwards and Linda Ferguson outlined the work of the Quality and Impact working group in November's** *Update* **(pp. 35-37) and Sue Lacey Bryant, David Stewart and Gil Young reported on Workforce Planning and Development aspects in Dec/Jan's issue (pp. 33-35). In February (pp. 35-37), Helen Bingham and colleagues reported on Service Transformation.**

Quick and easy access to relevant evidence
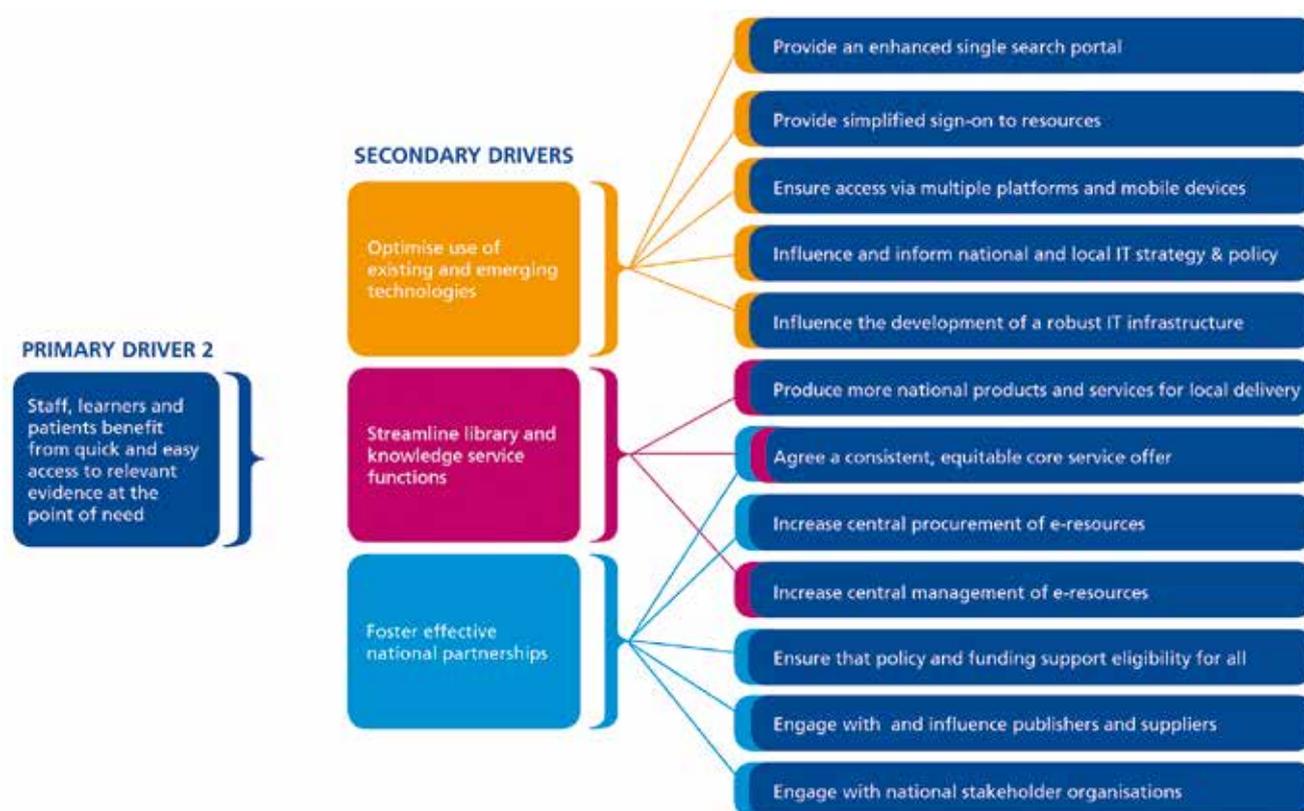
users. We believe that more than £12m is spent by NHS organisations on electronic information resources in addition to the £3.8m quoted above. So among the key objectives of the Collaborative Procurement Task and Finish Group is to build a detailed picture of what is being purchased at all levels across the NHS in England and to make recommendations on how collaborative purchasing can be increased. This would result in more resources being available to everyone across the system and in some cases, certain specialties having access to additional material purchased courtesy of flexible consortia bringing together like-minded organisations across the country, e.g. mental health trusts, specialist cardiac centres. A survey to capture data on electronic resource purchasing by all NHS organisations in England will be issued to library services shortly.

2 Open access
Of course, we look forward to a time when the majority of published articles are made available on an open access basis. This really will realise the vision of quick and easy access to relevant evidence for all, both healthcare staff and the general public. However, we acknowledge that this will take some considerable time. Moving from a subscription-based model for which costs can be budgeted, to open access publishing where funding for article processing charges is uncertain will be challenging, especially as a hybrid approach will be needed for the foreseeable future. The Open Access Task and Finish group is producing guidance on how NHS staff can begin to

embrace open access publishing more fully. The group is also looking at the feasibility of an open-access repository for NHS-funded research activity, or whether closer collaboration with higher education partners will be a better approach, at least in the short term. University College London is already piloting such an approach with a group of trusts in its area, encouraging NHS staff to deposit research papers in their UCL Discovery repository. [2]

Links are being made with organisations such as Public Health England, the National Institute for Health Research and the Wellcome Trust which have a significant interest in this area.

A welcome development has been an initiative, led by NICE, to maximise access to open access content in the journals which are indexed in the nationally-licensed bibliographic databases. More than 2,000 additional journal titles were added to our A-Z list of journals in October.

Partnerships with HE
Work continues on how the NHS should respond to the recommendations of the Finch report on expanding access to research publications.[3] The NHS in England, together with colleagues in Scotland, Wales and Northern Ireland, took part in a journals pilot project during 2014-15, extending access to higher education licensed resources from nine publishers to NHS staff. The results of that pilot have now been published.[4] Following further negotiations with publishers, it is clear that much is to be gained by NHS library and knowledge services working in partnership

with colleagues in the university sector, but additional NHS funding will be needed to supplement the current national offering with more research content.

3 Knowledge Hub
Quick and easy access to evidence is one of the key design principles of Knowledge for Healthcare. Busy healthcare professionals often have limited time to search for and discover relevant evidence and at the present time, navigating the wealth of resources available can be a time-consuming and frustrating exercise. Relevant content for NHS staff and the public is spread across a variety of websites and portals. Some resources are freely available, such as the material accessible from NICE Evidence Search.[5] Others require an NHS OpenAthens username and password, or some other form of login credentials.

Signpost
Knowledge for Healthcare proposes a Knowledge Hub to signpost to nationally procured databases and electronic journals and other sources of evidence, to enable quick access to knowledge management tools, to share learning and good practice and to promote a culture of translating knowledge into practice. The Knowledge Hub Task and Finish Group is still in a scoping phase, looking in detail at hubs in the NHS which are already available or in the process of development. Chief among these is the HEE Technology Enhanced Learning Hub. Close links are being forged with the HEE team responsible for its development, to prevent unnecessary duplication

as HEE develops its overarching digital strategy.

We are also drawing on the experience of NHS Scotland and their well-established Knowledge Network.[6]

4 Authentication

It is recognised that to promote greater uptake of the resources which are procured by the NHS, and thereby encourage the use of high quality evidence, access needs to be made more straightforward for time-pressed healthcare professionals. An access and identity management system will always be needed, particularly for remote, off-site access to content, but the Authentication Task and Finish Group has been exploring what steps can be made towards the goal of 'seamless authentication' and 'simplified sign-on'. Colleagues at NICE and Jisc (which provides digital solutions for UK education and research) have been looking at options for the NHS. There is agreement that the federated approach taken in higher education is not a solution for the NHS but can inform future development. A pilot will be commencing shortly with some trusts focusing on IP authentication, which will simplify on-site access to resources. This form of access worked effectively for most organisations during the Finch journals project. However, it is acknowledged that this is not a solution for all organisations or users.

Single sign-on solution

A single sign-on solution is not straightforward to implement with NHS IT systems but there is potential for some pilots in a handful of organisations. The lack of a central NHS staff directory with associated email addresses is a major stumbling block. And there are the users in non-NHS organisations to consider, for example, GP practices, dentists, public health staff based in local authorities and private healthcare staff contracted to deliver NHS care. There is plenty to think about!

5 Discovery services

Tools and technologies that facilitate the discovery of resources have become increasingly widespread in university and college libraries and other sectors. Over the last year, some NHS library services have begun to purchase discovery services, to ensure that their users have easier access to relevant material from electronic journals, licensed e-book collections, open access resources, as well as any local repositories of content. In addition, one area of the country is trialling a discovery service to evaluate whether it will enable more resources to be discoverable to its end users. Where such tools have been implemented, there is evidence that the usage of e-books has risen considerably.

We are conscious that discovery services are not platforms to enable in-depth searching but rather to make a wider range of resources more discoverable, as the search interface lends itself to a more 'Google-like' search of evidence-based resources.

Staff eligible for an NHS OpenAthens account can search the nationally-licensed bibliographic databases via the Healthcare Databases Advanced Search interface (HDAS), provided by NICE. HDAS is in the process of being redeveloped in a project jointly funded by NICE and HEE, and the new product is due to be launched after Easter. This interface is valued by NHS library networks but searches are limited to journal content.

Towards a national discovery service

A well-attended Resource Discovery Tools conference was held in Coventry last September, which scoped out the existing landscape of discovery services, and an audit is taking place of the tools which are being used across the NHS in England. We are aware that if the procurement of a national discovery service is to be actively explored (in addition to our existing link resolver) new funding will be required – a key issue in the challenging financial environment with which the NHS is faced.

Do get in touch

To get involved or to find out more details about any aspect of this resource discovery workstream, please contact me at richard.osborn@ncel.hee.nhs.uk [U]

References

1 Goswami, L. 'Knowledge for Healthcare'. *Update*, October 2015, pp. 26-28. www.cilip.org.uk/update

2 UCL Discovery http://discovery.ucl.ac.uk/

3 Finch, J. 'Accessibility, sustainability, excellence: how to expand access to research publications', 2012. http://bit.ly/1s2F4c0

4 Jisc. NHS (Finch) pilot: public report of final report, 2015. http://bit.ly/1JXGKxp

5 NICE Evidence Search. www.evidence.nhs.uk/

6 NHS Education for Scotland Knowledge Network. www.knowledge.scot.nhs.uk/home.aspx