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GOING VIRTUAL: IS IT A REALITY? EXPERIENCES AND WAYS FORWARD IN PROVIDING LIBRARY SERVICES TO SUPPORT THE HEALTH SERVICES MANAGEMENT FUNCTION IN THE UK*

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The Health Services Management Centre (HSMC), University of Birmingham is one of the leading centres for management education and research in the UK. HSMC's purpose is to strengthen the management of health services and to promote better health. This purpose is pursued through research and development, postgraduate teaching, seminars and conferences, and management development activities.

HSMC is a dedicated library and information service, separate to the main University's Information Services, which is jointly financed from internal HSMC funds and external contracts with local NHS providers. Although the HSMC has a core collection of books and journals, the services have been developed to reflect the business nature of HSMC; much of which occurs away from the Centre. The core user groups are HSMC academic staff, HSMC postgraduate students, NHS Management Training Scheme (MTS) students, public health specialist registrars in the West Midlands and local NHS managers.

With this diverse user group in mind a hybrid library service was developed. The service combines access to traditional collections

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with the use of web-based technologies to 'push' information out to users. However, this was done without formal consultation as to the content users required, nor with any information as to user skills in interrogating and utilizing information in this format. The focus on delivering information digitally also raised questions as to the viability of the retaining traditional services and on the skills required by library staff culminating in the question *'Going virtual: is it a reality?'*

A questionnaire survey

To evaluate the appropriateness of HSMC web–based resources (http://www.bham.ac.uk/hmsc/library/), and to consider the future direction of services development in relation to the virtual environment, a questionnaire was designed and targeted at NHS Management Training Scheme (MTS) students. MTS students are a key HSMC user group, with an annual in-take of approximately 70 students. This population was chosen because they represent the most geographically spread HSMC user group, they rarely visit HSMC, and they are mostly very young and therefore considered to be reasonably computer literate.

The questionnaire sought to find out how often, if at all, respondents used the HSMC web site. Respondents were asked to grade a range of options for using the site on a Likert scale of 1–5 (one being the least important). In addition, respondents were asked to rank their perceived levels of success in finding the information they required, identify any specific barriers they come across and make suggestions as to ways in which the web site could be improved.

To consider the roles of the library team, respondents were also asked whether they make contact with members of the library team and for what reasons. Finally, respondents were invited to comments as to how far we should be moving to providing information totally virtually, without access to physical resources, and if this was to be the way forward, what did they perceive to be the role of the library team.

The questionnaire was emailed to all 62 NHS MTS students in year two during the academic year 2001–2002.

Survey findings

Thirty-six questionnaires were returned by email (a 58% response rate), 33 of which had at some point used the web site to obtain information. On average, respondents reported that they used the web site once or twice a week to search for information.

Results were aggregated *(potential maximum: 165 (33 (number of returned questionnaire) x 5 (the highest ranking to any one activity)).*

Reasons for searching HSMC web site

Accessing electronic journals came out with the highest aggregate score (136/165). It is perhaps not surprising that the need for full text electronic journal articles should score highly amongst postgraduate students studying from a distance. This may have important implications for future direction around journal purchasing policies. Currently, the focus of HSMC's policy is to purchase hard copy journals primarily, and to make available electronically only those titles that are freely available, those free with the hard copy subscription or those available at a drastically reduced rate.

Database searching was the second most highly ranked service (135/165) suggesting a tendency for self sufficiency in identifying materials over and beyond those supplied on reading lists. Acknowledging that this does not necessarily indicate a competence in searching skills, this does have implications for a potentially reduced role for the HMSC mediated search service.

Access to the HSMC catalogue of locally held books, reports and journals scored highly (126/165), suggesting a need to maintain an up to date in-house collection supplemented by a postal loan service for those who are rarely based at HSMC. This also emphasizes the importance of retaining library staff with traditional skills such as cataloguing and indexing materials to aid easy and meaningful retrieval for the "virtual" searcher.

Links to self-help materials e.g. making the most of Medline, was one of the lowest rated reason for using the HSMC web site (79/165).

Contacting the HSMC library service

Thirty-one respondents indicated that they contact HSMC, rather than rely on the web alone for information. Reasons for contacting the library included advice on locating materials (6/31), advice on literature searches (5/31) and general enquiries (2/31). This suggests that even at a distance, value is given to the importance of the human interface for troubleshooting advice. This is perhaps perceived as a quicker way of finding answers rather than looking for a web site and that computer technology can act as a supplement to, but not as a substitute for, the information professional.

By far the most frequent reason for contacting staff related to document delivery requests to borrow, reserve or renew books (18/31). Eleven respondents noted it was to request journal articles that they are unable to get either electronically or through other sources locally. Due to costs, licensing agreements, archiving and availability issues, it is unlikely that HSMC will dramatically increase its range of full text resources in the short term. As such, it is anticipated that document supply services will continue to form a central point of HSMC services in the near future.

Self-reported analysis of success in searching the HSMC web site

Two of the 33 respondents considered they were always successful in obtaining the information they wanted, whilst the majority of respondents reported feeling fairly successful (ranking 3 or 4 on the Likert scale). Specific barriers were identified by respondents who were not always successful including confusion over passwords, uncertainty about the best source to use, lack of ability in defining search terms/strategies and lack of full text articles. Although there is clearly some way to go in improving access to

web-based resources, many of these barriers suggest a continued need for librarian/user interface for 'troubleshooting' and user education and training.

How could the web site be improved?

Twenty-three of the thirty-three respondents completed this section of the questionnaire. Ten reported that more full text information would be their first priority, primarily of journal articles, but also HSMC reports and other 'grey' literature. The other ten respondents cited access to reading lists, the catalogues of libraries, the ability to reserve or recall books on the web-enabled HSMC catalogue, more filtered information related to the topics chosen for assignments and a more sophisticated internal search engine are desirable web features. The final three respondents considered that the content and lay out was user friendly and so had no suggestions as to how the site could be improved.

Is going virtual a reality?/What role for library staff?

Thirty of the 33 respondents provided answers to this section of the questionnaire. Only five respondents believed that going totally virtual was a reality and was their preferred option. Many others cited the desirability for an increased range of full text documents to be available.

Respondents were pragmatic in the feasibility of going virtual. Whilst it may be good in theory, they identified too many practical issues thwarting the drive to make more material available electronically. However for many, it would be the case of lamenting the loss of a physical resource. It was clear that many NHS MTS students like to browse collections and some expressed a dislike at reading information off screen.

Many linked the idea of going totally virtual with the possibility that access to individuals might also be reduced and the good news for library and information professionals is that this would be seen as abhorrent! Indeed, 100% of respondents (even those who advocated the notion of going virtual to support distance learning needs) felt that the information professional would continue to have a vital role to play in advice on search strategies, signposting appropriate resources, and ongoing liaison with users.

Conclusions

The provision of web-based resources will play a crucial future role in the provision of library and information services to support the needs of NHS Management Trainees and other remote users of HSMC services.

The desirability of full text resources has implications for decisions about purchasing journals, and it would be prudent to work with local and national initiatives to enhance the potential of purchasing electronic resources.

Not withstanding issues related to the procurement of electronic materials, the results of this survey suggests that users wish to retain physical resources and require access to library staff. Library staff will need to be flexible in delivering hybrid services that combines traditional services with high tech web developments, and in responding to the evolving demands of users.

Going virtual: is it a reality?

The evidence suggests not. To obtain an affirmative answer the question should perhaps be rephrased to *Going hybrid: developing flexible services to meet the needs of distance learners?*

** Abridged from an article originally presented at the EAHIL Conference, Cologne in September 2002. A full text electronic copy of the article can be found at: http://www.zbmed.de/eahil2002/proceedings/rose-proc.pdf*

Citation searching in Health Technology Assessment

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NHS Quality Improvement Scotland (NHS QIS) are currently conducting a Health Technology Assessment (HTA) to determine the most clinically and cost effective programme of routine ultrasound scanning offered to women in the first 24 weeks of pregnancy. A number of search protocols for systematic literature searches recommend supplementing database searches with citation searching (Khan et al, 2001; NZHTA Clearing House, 2003). The purpose of this exercise was to establish whether citation searching could add any value to the project, by identifying any papers that may have been missed through searching to date.

Citation searching, using Web of Science (WoS), was carried out on the Science Citation Index (SCI) and the Social Science Citation Index (SSCI) for 6 key papers identified by the Health Services Researcher (HSR). The papers represented a purposive sample of references within the area of clinical effectiveness. References retrieved by the citation searches were categorised as either:

- Unique – Not identified by the literature searching to date
- Identified – Listed in the locally developed ultrasound references database, but not requested by the HSR
- In file – Identified and selected, with full text requested and obtained

Titles of those citations that were unique or identified were passed to the HSR, who in turn indicated if an abstract was required. Abstracts were passed, if available online, and feedback on whether the paper was relevant and of interest was given.

Key numbers

- The 6 papers had been cited a total of 242 times. 11% (26) of the citing articles were unique, 43% (104) were identified, and 46% (112) were in file.
- 130 titles were passed to the HSR for review.
- 17 abstracts were requested in total by the HSR, of which 82% (14) had been identified in the literature searches and were in the ultrasound database.
- 3 of the abstracts the HSR requested were unique, but all were review articles with no data, and were not relevant to the HTA.
- Of the 17 requested abstracts, 6 were not available online, and so were not take into account in this exercise.

Below is a look in more detail at the citing articles retrieved from the 6 individual papers and the requests made by the HSR. As the table below shows, the majority of references the HSR was interested in were already identified through the literature searching. Details of why the unique references were not picked up in any literature searches to date and also some tentative conclusions as to the value and usefulness of the citation searching exercise are outlined.

	Times cited	Titles passed to HSR	Abstracts Requested	Unique or Identified?
Economides & Braithwaite (1998)	19	11	3	2 unique 1 identified
Michailidis et al. (2001)	15	8	3	3 identified
Smith & Hau (1999)	3	1	0	0
Eurenius et al. (1999)	4	3	1	1 identified
Saari-Kemppainen (1994)	16	5	1	1 identified
Pandya et al. (1995)	185	102	9	1 unique 8 identified
Totals	242	130	17	17 (3 and 14)

Economides & Braithwaite (1998)

This paper had 19 citing articles of which 16 were already identified and in the ultrasound database, and 8 selected and 'in file'. There were 3 unique references, not identified by previous searches. The HSR requested 3 additional abstracts, 2 of which were unique, and 1 that had been identified but not selected.One abstract was not available online. Having read the abstracts, the HSR concluded that the studies were not relevant or suitable for analysis as they were review articles, and contained no data.

Michailidis et al. (2001)

This paper had 15 citing articles of which 14 were identified and in the ultrasound database, and 7 selected and 'in file'. There was only 1 unique reference, for which the HSR did not request an abstract. She requested 3 abstracts, all of which were already identified and in the ultrasound database. Of the 3 requested abstracts, 1 was not

available online so the HSR was unable to determine if it was a useful study. The other 2 requested abstracts were review articles with no data and not relevant to the HTA.

Smith & Hau (1999)

This paper had 3 citing articles, all of which were identified and in the ultrasound database, though only 2 were selected and 'in file'. The HSR did not request additional abstracts from any of these cites.

Eurenius et al. (1999)

This paper had 4 citing articles, with 3 already identified by previous searches. The HSR requested 1 abstract, which had been identified in our searches and was in the ultrasound database. Again, as with previous papers, the abstracts for the study showed it was not suitable for inclusion, due to it being a review article with no data

Saari-Kemppainen (1994)

This paper had 16 citing articles, of which 15 had been identified through previous searches. The HSR requested only 1 additional abstract, which was in the ultrasound database, but concluded that it had no data and was not useful to the HTA.

Pandya et al. (1995)

This paper retrieved the highest number of citing articles, with 185. 165 of these references had been identified and were in the ultrasound database, with 83 of these selected and 'in file'. The HSR requested 9 additional abstracts, 8 of which had been identified in previous searches, and 1 that was a unique reference. Of the 9 abstracts requested, 4 were not available online and therefore it is not known whether they would have been useful, 4 were review articles with no data and therefore excluded. KR advised that 1 abstract had looked interesting and that she may have selected it. This article was in the ultrasound database and had been missed on initial selection.

Unique references

It is also interesting to determine why the 26 unique references were not found in the literature search. Of the 26, 25 were indexed in OVID, and there were various reasons as to why they were not retrieved by previous searches. Firstly, 4 references had been indexed after the date of our last searches. Secondly, 2 references would not have been retrieved from our search strategies. Although they were looking at pregnancy and ultrasound, they were not relevant to our HTA questions. Thirdly, 19 references did not focus on the use of ultrasound and did not have any ultrasound MeSH headings assigned to the OVID entry. Only one unique reference was not indexed in OVID, a French article titled *Failure of trophoblast differentiation in Down syndrome.* Having checked with the HSR, she advised that she would not have selected this paper.

Conclusions

The number of unique references retrieved was small, 26 (11%), and the number of these that were of interest to the HSR was very small, being only 3 (1%). The majority (82%) of the abstracts requested were references that had been identified from the literature searches but not previously selected. Having read the available abstracts (11), the HSR determined that all but one were unsuitable for study selection, being review articles with no data. It is fair to say that a small number of these abstracts may simply have been missed when selection first took place. However, information needs change as the project evolves, and papers that looked unsuitable 6 months ago, may now be required to answer questions that were not apparent at the beginning of the project. The exercise was of limited value in identifying new references that were useful to the HSR. It was a valuable exercise in determining that 89% of cites from these 6 key papers, had been found with the searches carried out to date.

Acknowledgement

Thank you to Dr Karen Ritchie, Health Services Researcher, NHS QIS, for her considerable contribution in this exercise, and to Janette Boynton, Senior Health Information Scientist, NHS QIS, for her valuable comments on this article in draft format.

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Here a grant, there a grant: where to find funding for your research

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Research and development is a fundamental input in the drive to constantly improve the methods and quality of health care provision within the NHS. However, research is expensive and needs to be adequately funded. As well as raising a salary, funds are needed for national insurance and pension contributions. There will also be other expenses, such as, the cost of the research infrastructure, and costs specific to a project such as equipment. Researchers are always on the search for elusive grants. Accessing information about potential sources of research funding is often difficult as there is such a wealth of information sources on funding that it is difficult for users to know where and how to find the right information. Time is also of the essence: the interval between advertisements for funding proposals and closing dates for submission can be just a few weeks, so it is important to keep an eye on the grant calendar.

The complexity of grant information resources and the need to trawl regularly for new funding awards demands a range of information skills to ensure successful exploitation. Providing streamlined access to resources and setting up research alert services on behalf of researchers could be a key part of a research support librarian's role or one of the tasks performed by a clinical librarian. Such a service would inevitably benefit from close collaboration with any R&D support staff in the organisation. This article explores the web sites and services that could be used to inform a research alert service.

The Internet can provide cost-effective systems to identify, collect and disseminate relevant up-to-date information to key audiences. It is increasingly common for research sponsors to advertise their research fellowships and project grants via the Internet. In fact, many funders provide detailed information, application forms and guidelines on how to apply for funding on the web. The Wellcome Institute (http://www.wellcome.ac.uk/en/1/gra.html), for example, provides details of all its awards along with guidance and application forms downloadable in Adobe Acrobat or Word format.

For busy health professionals trawling the sites for research funding opportunities is time consuming and often difficult to remember to do on a regular basis. It may also be frequently unproductive. One way to reduce these problems is to make use of facilities offered by web sites. Some research sponsors offer the option to set up email alerts. These email alerts vary from simply notifying the recipient that there has been a change to the web site to specifying the change or even informing of a change in a specific area of interest. The Biotechnology and Biological Sciences Research Council (BBSRC) at http://www.bbsrc.ac.uk/funding/Welcome.html offer free registration for their regular email digest of "BBSRC news" that includes new initiatives and funding opportunities and Action Research at http://www.actionresearch.co.uk offer email alerts on "fundraising news and events".

For those sites that do not offer email alerts external notification agents can be used, which notify the user by email of changes to specified web sites. Change Direct (http://www.changedetect.com/) is a good example of a notification agent, whose basic service is free. However, whichever email alert service is used, this method of finding research funding opportunities relies on selecting the most appropriate funding sources in the first place. Fortunately, there are other services available to assist in accessing the growing volume of information on funding found on the web.

Many universities and other organisations have set up hypertext listings of potential sources of funders, often organised by category. For example, HERO (Higher Education and Research Opportunities) at www.hero.ac.uk gives numerous links to funding sources such as councils and charities as well as links to databases such as "find a PhD" (www.FindAPhD.com), the UK Research Office (UKRO) (www.ukro.ac.uk/) and the New Scientist directory of opportunities (www.newscientistjobs.com/). The Association of Medical Research Charities (www.amrc.org.uk) gives hypertext links to funding sources along with a summary of each entry and OMNI (http://omni.ac.uk/subject-listing/W20.5.html) has a list of sources of funding giving links and descriptions of each site.

A number of websites offer a further time saving facility: searchable databases of funding opportunities. In some cases email alerts tailored to the specific requirements of the researcher are also offered. There are some excellent websites available listing grants, by subject area and closing date. Not all such websites are free, however, and not all are UK focused. Some of the more useful sites are described below.

RDInfo

RDInfo (www.rdinfo.org.uk) is a continuously updated web-based digest giving information on funding opportunities for health-related training and research. It is free at the point of access and includes details of both UK and

non-UK awards available to UK-based researchers. RDInfo currently holds information about 1117 different organisations offering more than 4000 awards.

The site offers a search facility for funding opportunities by research area, keywords, duration, award amount and other criteria. Funding opportunities can also be listed by closing date and new entries can be viewed on their own. Others listings include government funded projects, 'long shots' (i.e. other possible funding sources), and the full list of all research funding opportunities.

RD Info attempts to provide as much information as possible on each funding opportunity. Details are provided (where available) on the research question, the funding body and any previous research it has funded, the length of the project and the amount of funding available. In some cases, an electronic application form is also provided.
Another useful feature of the site is the electronic mailing list. This allows users to register their interest in specific research areas. Details of relevant research funding opportunities are then sent weekly to the user's email, and this provides an easy way to keep up to date with the latest funding developments. Librarians offering a research support service might see this an opportunity to develop a mediating role, using their knowledge of how to translate users' questions into searches to set up profiles on behalf of their users. This could save users' time and also may produce more relevant weekly emails.

Community of Science

Community of Science (http://fundingopps2.cos.com/) is updated daily and contains detailed information for more than 18,600 available research grants worldwide. Subscribers receive a weekly Funding Alert customised to their area of expertise.

The Community of Science website describes itself as a tool for R&D staff to identify potential funding, to promote their research findings and to collaborate with researchers around the world. Details of funding opportunities are available via the COS Funding Opportunities database that covers a wide range of disciplines including medical sciences, biomedicine and the social sciences. The type of funding included on the database is stated as being collaborative activities, travel, conferences, fellowships, post-doctoral posts, operating and capital expenses.

It is difficult to judge the usefulness of this database, as it is only available via an institutional subscription. Individual researchers can access a small sample of the information via a subject-related update. If this resource looks interesting it may be worth exploring whether your organisation already has a subscription.

UK Research Office (UKRO)

UKRO (http://www.ukro.ac.uk/) is a subscriber-based organisation providing information & advice primarily to UK organisations on European Union funded opportunities for research & higher education. The website contains browsable lists of funding and a research partner search service.

It is a subscription service although any UK University, charity or public sector research organisation can subscribe to UKRO and associate membership is available to companies and non-UK research organisations.
EU funding is a complex area and this website helpfully gives more general news on EU programmes and policies as well as providing a glossary of EU jargon. Subscribers have access to interactive tutorials on specific EU programmes and can view calls for funding by subject area. The explanatory material on this website makes it much easier to use than the Community Research & Development Information Service (CORDIS) http://www.cordis.lu/en/home.html.

SPIN, SMARTS and GENIUS service

SPIN, SMARTS and GENIUS are U.S.-based subscription services provided by InfoEd (http://europe.infoed.org/).
SPIN (Sponsored Programs Information Network http://europe.infoed.org/new_spin/spinmain.asp) claims to be the most comprehensive international source of information on research grants and sponsored programmes). This database has basic and advanced search facilities with drop down menus for keywords and programme types. Not surprisingly, the database has a US bias, but funding sources can be searched by country reasonably easily by selecting from a pick list.
Although SPIN has a large overlap with other databases of funding sources, such as RDInfo, it also has many unique records.
SMARTS (SPIN Matching and Researcher Transmittal System) is an electronic notification system that sends daily updates and alerts of research funding opportunities to an individual's email account.
To enable SMARTS to 'understand' an enquirer's areas of interest, the enquirer needs to register with GENIUS (Global Expertise Network for Industry, Universities and Scholars http://www.infoed.org/GeniusSearch/genius.asp). This involves providing profile information in GENIUS, and these details are then used for matching with the SPIN database. Although time consuming, it is worthwhile spending around 30 minutes entering all the personal information GENIUS requests. This enables the system to filter out irrelevant funding programmes and allows other web users to identify the enquirer as a potential collaborator. It also promotes the enquirer's own work, as these personal profiles are searchable via the GENIUS database. Again, providing information to ease the complexity of setting up profiles might be an area of development for a librarian supporting research efforts within an organisation.

In summary, full advantage should be made of email alerts, as they are an excellent way to keep up-to-date with new funding opportunities. RDInfo is probably the most relevant and cost-effective database for UK researchers but to be comprehensive in a search for funding other databases could be scanned and do not forget to check whether your institution already has a subscription to services such as GENIUS or Community of Science. Both sites provide an alphabetical list of subscribing institutions. Librarians can assist their users by making them fully aware of the services available on the web and by demonstrating how to best search databases such as RDInfo and SPIN. Information professionals may see opportunities to use their skills to develop research alert services on behalf of researchers and in collaboration with R&D staff.

IFM Healthcare News

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This edition of IFMH Inform adopts an overarching perspective of health management issues. As well as the regular contributors, we also have a number of first time authors writing for this edition, and together they provide a fascinating overview of service and project management issues, as well as where to go for that all important funding. I'm sure you'll find something of interest.

RIWA 2004

IFM Healthcare is pleased to be able to support the 2004 Research in the Workplace Award (RIWA). The previous award funded work which subsequently informed the development of the Managed Knowledge Networks project in Scotland, and details of this work are published elsewhere in this newsletter.

In 2004 the award aims to build on this success. RIWA 2004 seeks to fund innovative research projects which might otherwise go unfunded, with the intention of contributing to the ever growing evidence base of library and information science. Details of how to apply for funds will shortly be distributed via the ifmh-members discussion list (http://www.ifmh.org.uk/discussion.html)

Farewells

After over four years of invaluable work, the New Year sees two of IFMH committee members move to pastures new. Pat Spoor and Alison Brettle have held a number of posts during their tenure with IFMH, and their enthusiasm and commitment have greatly contributed to the growing profile of IFMH. I would like to personally thank both Pat and Alison for all their hard work, and to wish them well in their new projects.

CPD Opportunities

With the departure of Pat and Alison comes the opportunity to welcome new members to the IFMH committee. The posts currently vacant include those of web author and co-study day coordinator. No previous experience is required for either post (this is a development opportunity after all), and both provide excellent chance to acquire new skills and to meet with like-minded professionals in the area of health information management. The IFMH committee meets four times a year, each meeting taking place within the organization of a different committee member, and all travel expenses met by the group.

If you would like to find out more about what is practically involved with either posts, or if you are interested in becoming involved with IFMH activities more generally, please do contact me. My phone number is 0161 295 7284. My email is m.j.grant@salford.ac.uk

And finally…

Congratulations to Bertha Low on the birth of their daughter Brontha in October. Bertha will be rejoining the IFMH committee as Inform Editor in mid-2004.

SIDELINES

Compiled by Steven Duffy, Julie Glanville, Su Golder, Kate Light, Lisa Mather, Lindsey Myers, Gill Ritchie and Kath Wright of the Centre for Reviews and Dissemination, University of York (http://www.york.ac.uk/inst/crd)

This selection of abstracts explores publishing trends and issues around the quantity, quality and style of reporting and retrieving research evidence. The emerging theme is the importance of minimising the potential for publication bias. Achieving this objective will affect many aspects of the research process as well as the systems that record and retrieve research and its results. Ensuring the quality and reliability of routine data collection poses other important issues. Two papers in this column explore how the effective retrieval of statistical and management information through medical information systems depends on the quality and consistency of coding systems.

Yank V, Barnes D. **Consensus and contention regarding redundant publications in clinical research: cross-sectional survey of editors and authors.** Journal of Medical Ethics 2003;29:109-114.

The International Committee of Medical Journal Editors defines duplicate publication as "the publication of a paper that overlaps substantially with one already published". Authors and editors were surveyed on the extent of this practice, why it happens, whether it is ever justified, and how it should be prevented. All those surveyed agreed that redundant publication occurs because of pressures on authors to publish and that journals could do more to prevent it. However, the views of authors and editors tended to differ about whether redundant publication can be justified. Authors gave many examples that they considered to be acceptable. For example, publishing a second article in a non-peer reviewed symposia supplement, segmented (salami-sliced) articles, and publishing to a different audience or non-English speaking audience. Publishing research results in more than one paper may introduce bias into the research that forms the basis for evidence-based policy and practice, so this issue has important implications. The survey highlights the need for consensus between authors and editors to prevent redundant publication.

Krzyzanowska M K, Pintilie M, Tannock I F. **Factors associated with failure to publish large randomized trials presented at an oncology meeting.** JAMA 2003;290(4):495-501.

This study identifies large randomised controlled trials presented at the American Society of Clinical Oncology (ASCO) annual meetings (1989 to 1998) that have yet to be published in full. The objectives of the study were to determine the rate of publication, to quantify the level of bias against publishing non-significant or negative results, and to identify factors associated with the time it takes to publish.

Non-publication and non-dissemination of important trial results can lead to bias in systematic reviews (including meta-analyses) due to the potential overestimation of treatment effects, and can ultimately contribute to inappropriate decision-making in clinical practice.

The study found that 26% of the 510 trials identified (phase 3 randomised trials with a sample size greater than 200) remained unpublished 5 years after being presented. It also found that there is a significant bias against publishing non-significant or negative results. The non-publication of large trial results not only weakens the evidence base, but also has ethical implications as trial investigators are ultimately breaking their contract with trial participants and funding bodies.

Villanueva P, Peiro S, Librero J, Pereiro I. **Accuracy of pharmaceutical advertisements in medical journals.** Lancet 2003;361:27-32.

This study investigates the accuracy of pharmaceutical advertising in medical journals that make reference to trials purportedly providing evidence to support the claims being made for the product.

Advertisements for antihypertensive and lipid-lowering drugs published in 6 Spanish medical journals in 1997 with at least one bibliographical reference were identified and then reviewed for accuracy. It was found that 44% of the 102 references retrieved did not accurately support the promotional statement made in the advertisement. This was despite the majority of the bibliographic references appearing in reputable medical journals (82%), and the stringent regulatory procedures that oversee medical publications in Spain.

The authors accept that their study was limited to only 6 Spanish journals and 2 types of drug. They also recognise that their study only questions whether the bibliographic reference supports the advertisement, and not whether the claims being made are actually true: each claim would have to be considered as a separate research question and systematically reviewed. Furthermore, the study does not look at whether advertising actually affects physicians' prescribing behaviour. Despite the limitations of the study the authors suggest that doctors should always be cautious of advertisement claims, even when the claims appear to be evidence-based and supported by references to trials published in reputable medical journals.

Aronson JK. **Anecdotes as evidence: we need guidelines for reporting anecdotes of suspected adverse drug reactions.** BMJ 2003;326:1346

Discussion around the hierarchy of clinical evidence is highly topical. This editorial expands the debate by emphasising the

relevance and importance of anecdotal evidence for reporting adverse events.

The author discusses the need for detailed guidelines for reporting anecdotes of suspected adverse drug reactions. Many anecdotal reports currently lack vital information and there is no uniformity in reporting. A suggested protocol for publishing anecdotal reports is available on the web at bmj.com.

Although the author is concerned with the reporting of anecdotal evidence there have also been reports of incomplete information about adverse events reported as part of formal research. For example, Santiago et al comment on the lack of uniformity in tracking adverse events in randomised controlled trials (RCTs): Santiago LM, Debanne SM, Neuhauser D. Tracking adverse events in RCTs: lack of agreement among regulatory institutions. Quality and Safety in Health Care 2003;12:234-235.

Santiago et al note that this lack of consistency in monitoring adverse events in RCTs exists both nationally and internationally. This is illustrated by examples of the variation in guidelines from the different agencies in the USA National Institutes for Health (NIH). As with Aronson, Santiago et al advocate the use of clear and consistent guidelines in reporting adverse events.

The need for guidelines in reporting adverse events has been recognised, but these papers emphasise the need for consistency across all study designs and the need for greater agreement across regulatory institutions.

Dickersin K, Rennie D. **Registering clinical trials.** JAMA 2003;290:516-523.

Dickersin and Rennie discuss the widespread problem of the lack of information on ongoing clinical trials. Many trials are not registered on publicly accessible databases whilst ongoing. In addition, some may never be published, either because they were not submitted for publication, or due to publication bias - positive results being more likely to be published than negative ones. The results of some trials, therefore, may never be known, and those who participated in them due to a desire to contribute to medical knowledge may not have achieved their aim.

There are inherent difficulties involved in maintaining databases on ongoing research, including industry resistance, the lack of necessary funding for a sustained effort required in maintaining a database, the lack of a mechanism for enforcing contribution to databases, and a general lack of awareness of the importance of the problem.

Initially the way forward may be to merge existing databases, such as the UK National Research Register, the Meta-Register of Controlled Trials, ClinicalTrials.gov, Center Watch and the European Clinical Trials Database. The authors feel that efforts to resolve the problem of wasted and unnecessarily duplicated research should be made throughout the profession, by the public and private sectors, by journal editors, lawmakers and investigators.

Bennett DA, Jull A. **FDA: untapped source of unpublished trials.** Lancet 2003;361:1402-1403.

A major problem in producing systematic reviews is reducing the potential for publication bias. Publication bias may be compounded by the inclusion of only published studies within a review, as these have been found to be more likely to show statistically significant results than unpublished studies.

This research, carried out by Caroline Maclean and colleagues, looks at the use of US Food and Drug Administration (FDA) unpublished research within a systematic review.

Searches were carried out to locate trials for inclusion in a review on NSAIDs for dyspepsia. In addition to traditional searches of databases of published research, the researchers also located and analysed FDA reviews of new drug applications, the majority of which are usually unpublished. The FDA research was found to be of similar methodology to published studies, although the quality of reporting was poorer. It was, however, a very resource-intensive exercise to locate and analyse this unpublished data.

The authors conclude that the disclosure of unpublished FDA research in the public domain would help alleviate publication bias, and make an enormous contribution to evidence-based health care.

Healy D, Cattell D. **Interface between authorship, industry and science in the domain of therapeutics.** British Journal of Psychiatry 2003;183:22-27.

This article looks at the consequences of the emergence of a new form of scientific authorship. Ghost-writing involves the use of unacknowledged writers or editors and is used widely by communications (medical writing) agencies working for pharmaceutical companies.

The authors compare ghost-written articles with those produced in the traditional way. They assess the quantity of material produced by each acknowledged author, journal impact factors, citation rates and literature profiles for each of the two groups. Agency articles tend to be longer, have more authors (and each author was linked to more papers) and a greater citation rate than non-agency articles. These facts merit a discussion of the pros and cons of ghost-writing.

Positive effects of ghost-writing by agencies include a greater likelihood that results will be published results than if authorship is left to researchers. Secondly, the quality of the writing may be better. Thirdly, at least some communications agencies seem to be better than researchers at disclosing vested interests. Finally, data suggest that company-sponsored publications may be better at reporting adverse effects than other publications.

Negative effects of ghost-writing include a lack of recognition for the people who actually write the articles, as well as the possibility that credited authors of ghost-written articles may become opinion leaders in a field in which they actually have little first hand experience. Articles that are

produced by pharmaceutical companies may be likely to address questions that are of interest from a marketing point of view, rather than scientifically valid questions. Finally, the authors are concerned about the accuracy of company-authored reports, especially in relation to adverse events.

The article ends by offering a possible solution to these issues, whereby companies make the raw data from the trials publicly available.

Melander H, Ahlqvist-Rastad J, Meijer G, Beermann B. **Evidence b(i)ased medicine – selective reporting from studies sponsored by pharmaceutical industry: review of studies in new drug applications.** BMJ 2003;326:1171-1173.

This article explores the potential for bias in systematic reviews (including meta-analyses) that rely on studies sponsored by pharmaceutical companies. It contends that because the companies that sponsor them own the results from these studies, it can be difficult for researchers to identify multiple publication, selective publication and selective reporting of results, which may lead to bias.

The authors conducted an experiment using the material submitted by industry to the Swedish regulatory authorities as part of the drug approval process. The reports all related to the selective serotonin reuptake inhibitor group of drugs. This pool of information was used a gold standard and compared to the information available in published format.

The results of the study showed that multiple publication was frequent, and often hard to spot, though the result of the analysis suggested that this did not cause major bias. Selective publication also existed, so that studies that showed a significant effect were more likely to be published than those that didn't. In addition, selective reporting, particularly, the tendency to report favourable per protocol analyses, rather than the less favourable intention to treat analyses, could lead to large overestimates of effect.

This article concludes that reliance on published material alone is likely to lead to medical decisions being based on biased evidence.

Brown PJP, Warmington V, Laurence M, Prevost T. **Randomised crossover trial comparing the performance of Clinical Terms Version 3 and Read Codes 5 byte set coding schemes in general practice.** BMJ 2003;326:1127-1130.

The use of standardised clinical terminology in the form of a knowledge based coding scheme is used to record patient data in electronic records. The NHS has developed the Clinical Terms Version 3 coding scheme, which provides unlimited hierarchical depth, multiple relationships and unambiguous preferred terms.

This paper describes a randomised crossover trial to determine whether Clinical Terms Version 3 provides greater accuracy and consistency in coding electronic patient records than the Read Codes 5 byte set. The main outcome measures were the percentage of coded choices ranked as being exact representations of the original terms; the percentage of cases where the coding choice of paired GPs was identical; and the length of time taken to find a code.

Ten general practitioners recruited from practices in Norfolk conducted the study. Each GP recorded the consultation details of ten consecutive patients in a consultation setting. A framework of headings was provided: reason for encounter, diagnosis, treatment and medical history. The GPs were grouped into five pairs and each GP coded terms using both schemes. They coded the terms from their own records and those of the other doctor.

The authors report that Clinical Terms version 3 performed significantly better than Read codes 5 in the consistency of coding the meaning of concepts. Exact matches were more common using Clinical Terms Version 3, and the pooled proportion with exact and identical matches by paired participants was greater for Clinical Terms version 3 than Read Codes 5. The time taken to code with Clinical Terms was not significantly longer than Read Codes 5. The authors conclude that improved coding accuracy in electronic patient records can be achieved with the use of Clinical Terms Version 3.

Gray J, Orr D, Majeed A. **Use of Read codes in diabetes management in a South London primary care group: implications for establishing disease registers.** BMJ 2003;326:1130-1132.

This cross sectional study examined the Read codes used in recording information on the management of diabetes in 17 GP practices in one primary care group in South West London. The main outcome measures were the number of codes in use in all of the practices, the variation in the use of codes between practices and the prevalence of Read code use in diabetic patients.

The study identified all patients with diabetes, and all the Read codes associated with their management. Patients were identified across all practices by using the C10 code for diabetes, all its lower level codes and the drugs used in treatment. The proportion of practices that had used each Read code, and the proportion of patients with diabetes who had the code in their electronic patient record was then calculated.

The study found nine separate Read codes groupings and 25 individual diabetes codes were in use across all 17 practices. Only one Read code, C10 Diabetes Mellitus and its sub code, was used by all practices. However, its use varied from 14% to 98% of patients with diabetes. Other Read codes for monitoring the care of patients varied widely across practices and less than half of patients had their type of diabetes coded.

The authors conclude that diabetes registers may be inaccurate because the prevalence of diabetes is underestimated due to many patients not having a diabetes code recorded in their medical record. The use of Read codes for diabetes needs to be standardised and the level of coding improved if valid diabetes registers are to be constructed.

Samanta A, Samanta J, Gunn M. **Legal considerations of clinical guidelines: will NICE make a difference?** Journal of the Royal Society of Medicine 2003;96:133-138.

With reference to a legal shift in deciding how standards of care are measured, this paper addresses the issue of how lawyers and the courts might use guidelines, such as those produced by NICE, in clinical negligence litigation.

The process for developing guidelines and the potential benefits and limitations of using guidelines as an option for improving the overall quality of clinical care are discussed. Case law from the US and the UK are presented and the Government's agenda for healthcare and NICE, its policy for healthcare quality and the present climate of medial practice are discussed in turn.

The conclusions that are drawn are based on recent analysis and suggest that guidelines are likely to play an increasing part in the UK law of clinical negligence. NICE guidelines are likely to emerge as 'a reasonable body of opinion' for the purpose of medical litigation and doctors who deviate from NICE guidelines may need to explain why they have done so.

Bessell TL, Anderson JN, Silagy CA, Sansom LN, Hiller JE. Surfing, self-medicating and safety: buying non-prescription and complementary medicines via the internet. Quality and Safety in Health Care 2003;12:88-92.

This study aimed to evaluate the quality of information published on global e-pharmacy websites and whether the sale of medicines via the Internet supports their safe and appropriate use.

The DISCERN rating instrument was used to assess the quality of online consumer health information. Of 104 unique e-pharmacy websites that were investigated, 63 (61%) provided some health information, 41 (40%) provided no information, and 53 (51%) published poor quality information of limited or no benefit.

A case scenario was designed to evaluate the quality of care delivered, along with Internet pharmacy practice standards. The study examined what happened when a pseudo customer attempted to purchase one non-prescription medicine (Sudafed) and one complementary medicine (St John's wort) online. Alarmingly, the outcome was that only three websites provided adequate advice to consumers to avoid a potential drug interaction. As consumers may have insufficient access to information and advice to make informed decisions the study concludes that it is probably unsafe to self-select medicines from websites and to self-medicate. Internet pharmacies need to start to comply with the standards set for them by national pharmaceutical associations.

Date for your diary

23rd February 2004, London
Health and Social Care Study Day

IFM Healthcare will be holding a study day, hosted by the King's Fund, on sources of information for social care. Programme to be confirmed. For more information or to register your interest (NB: this will *not* constitute a firm booking), please contact either Susan Mottram, s.j.mottram@leeds.ac.uk or Alison Brettle, a.brettle@salford.ac.uk or visit our website www.ifmh.org.uk/studydays.html

Stop Press

IFM Healthcare has changed its Web address - make sure you change your bookmark/favorite to http://www.ifmh.org.uk/

e-Library in Scotland: Managed Knowledge Networks for cancer, coronary heart disease and mental health in the west of Scotland

http://www.elib.scot.nhs.uk/

Annette Thain
MKN Project Manager, NHS Education for Scotland
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For this update I have been asked to give you more information on the Managed Knowledge Networks (MKN) project. Although the MKN project is funded independently, it is integrated into the wider developments of the NHS Scotland e-Library. A research project investigating the information needs of a cancer clinical network, funded by Research in the Workplace Award 2001*, made a major contribution to the development of the MKN project.

Introduction

This two-year project, funded by PPP Foundation, began in January 2003. It is being carried out by a team of three, working with the NHS Scotland e-Library team within NHS Education for Scotland. Dr Ann Wales, the NHS Scotland Library Service Development Co-ordinator, is overseeing the project.

Aims and Objectives

The aim of the project is to provide equitable access to information and learning support for staff and public at all stages of the patient journey in cancer, coronary heart disease and mental health in the West of Scotland.

The objective is to develop a network of library and knowledge services to match the changing pattern of health care management and to provide information support tailored to the needs of this new model of healthcare delivery. This will incorporate the principle of regional managed clinical networks, providing equity of access across the West of Scotland. Internet portals will provide single access points to resources and services for staff and public in each priority area and will aid staff to satisfy a growing demand by patients for signposts to evaluated resources. A Health Information Conference of all the stakeholders will be arranged for early 2004 to enable the project board and stakeholders to ratify the preferred model and endorse a pilot system.

Background

The Acute Services Review by the NHS in Scotland in 1998 recommended the setting up of managed clinical networks. These networks are 'linked groups of health professionals and organisations from primary, secondary and tertiary care, working in a co-ordinated manner, unconstrained by existing professional and NHS Board boundaries, to ensure equitable provision of high quality clinically effective services throughout Scotland'. Linked to the concept of networked provision of patient care is the 'patient journey' model, whereby patient care is seen as a continuum encompassing health promotion, preventative care and follow-up support from health and social services in the community, rather than as isolated acute episodes.

Cancer networks for a number of tumour types have been in operation in the West of Scotland for over two years. Coronary Heart Disease networks are currently under development. The Mental Health Framework for Scotland and the local mental health strategies in the West of Scotland will inform the development of the services to this sector.

Organisation and Communication

A *Project Board* selected from various stakeholders will oversee the developments and ratify the business and operational models proposed by the team. *Project Panels* with representatives from NHS, Local Authorities, Public Libraries, Education and the Voluntary Sector will encourage and enable co-operation of information providers in the sectors and areas. The intention is that these panels form 'communities of interest' which will ensure sustainability beyond the end point of the project including the editorial management of the portals.

Method

Mapping existing service providers

The project team, in collaboration with the health library and information services of the West of Scotland, is gathering

information on services to all sectors: NHS Libraries, Public Libraries, HE/FE and the voluntary sector. Using information from questionnaires and interviews we intend to produce a map of the services available. We are liaising with other NHS organisations and projects in particular Health Scotland. We will cross-search Health Scotland's database of voluntary sector groups and self-help groups.

Information needs of all potential users.
The information and learning needs of the users from all sectors and health boards in the priority areas are being investigated in conjunction with the e-Library team.

Building on the results of an investigation into the information needs of the West of Scotland Colorectal Cancer Managed Clinical Network and through scoping workshops held with a variety of groups, we are planning a series of formal needs analysis interviews and evaluations of the pilot portals early in 2004. This will help to define a clearer picture of the knowledge and information needs that can be met using the portals supported by networks of librarians.

Service gap analysis
The project panels will be encouraged to identify options for service co-operation and developments to address any gaps identified in the mapping exercise.

In the months following the launch of the pilot portals the team will concentrate on working with the librarians to investigate ways to co-operate and access services to ensure equity of access across the region.

Portal development
The portals will provide easy access to evaluated resources and to the information services in each area. The functionality will be designed to enable content management and communication between users.
Each portal will enable quick access to:

- Evidence based resources
- NHS subscriptions resources: databases, e-journals, e-books
- Evaluated patient information websites
- Evaluated professional websites
- Clinical trials
- Guidelines
- Specific topic areas
- Discussion forums
- Links to information and service providers
- Current awareness services
- Personalised pages

Emphasis is being put on the evaluation of the websites as this has been consistently highlighted in all our discussions with potential users. Each website will be first evaluated by a librarian to check standards of presentation, management etc before being passed to the health care professionals to review the content.

Outcome

It is hoped the Managed Knowledge Networks will improve co-operation between information providers and services in all the sectors across the West of Scotland and will be used as a model for other areas and sectors.

** The Research in the Workplace Award 2001 (RIWA 2001) was sponsored by the Health Libraries Group, IFM Healthcare, University Medical School Librarians Group and University of Health Sciences Libraries Group, with support from Libraries for Nursing. The award aims to encourage and facilitate research activity by health librarians or information specialists, and thereby contribute to the development of evidence based librarianship.*

A report of the RIWA 2001 project aims has previously been published in Inform: Thain, A. (2002) Information services to managed clinical networks: RIWA 2001, Inform, 13 (1).

NeLH: What's New?
http://www.nelh.nhs.uk/

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By the time you read this, Awareness Week (AW03) might be a happy memory but at the time of writing, we're working hard to get everything in place to make this year's campaign even more successful than last year's.

The first Awareness Week (AW02), held last year, demonstrated the power of a joint campaign, bringing together librarians, trainers and the NeLH, with the shared focus of promotion and training. AW02 was a great success with 4 times the normal usage during that week alone and was a factor in boosting usage to the current levels of 100,000 users per month. Last year we had over 20 registered local and national events (and many more unregistered) across the country. The target this year is 100 registered local campaigns. We aim to push NeLH usage above 150,000 per month level and at the same time raise the profile of librarians within their local health communities.

A major feature of the week will be online training, delivered via a combination of teleconferencing and web resources, to over 400 health professionals. The training will be offered day and night to hit those staff who don't usually work office-hour shifts. This kind of training has the advantage of being confidential (so senior staff don't need to be embarrassed about not knowing stuff); quick (only 10 minutes) and convenient (no travelling).

The key message for AW03 is getting "best effect from libraries" (both physical and virtual). The objectives are:

- 100 local promotional campaigns raising initial awareness of digital resources including NeLH, core content and local library resources
- deliver a programme of introductory training using a combination of teleconferencing with Internet for 400 users and prospective users
- Raise awareness of Librarians' role in their local health communities
- Increase visitors to NeLH during AW03 to 35,000
- Allow Digital Libraries Network (DLnet) representatives to network with lead clinicians in their health community

NeLH has invited libraries to submit marketing plans to take part in AW03 – the first 150 submitted were offered £100 expenses, which they could spend on printing, food, incentives… anything which could help raise awareness locally. The marketing plans were quite straightforward – librarians were able to select from a list those activities they were happy to do and plan was produced automatically. See http://www.nelh.nhs.uk/dlnet/activities/ for a full list of activities. Libraries (and other organisations) who sign up to the marketing activities will become Awareness Week Partners.

Following the prototype period of Virtual Branch Libraries four Specialist Libraries will be launched during AW03: Cardiovascular, Health Management, Musculoskeletal and Child Health. The Guidelines Finder will also be re-launched. More information at http://www.nelh.nhs.uk/awareness/

In brief

FOLIO In October, NeLH advertised for a supplier to provide the full FOLIO programme of online learning for health librarians. FOLIO will be run over a period of 2 years, consisting of 12 modules, covering topics relevant to health librarians. Thanks to the delegates who took part in the Pilot FOLIO programme, developed and delivered by Andrew Booth, we have excellent suggestions for improvements. Keep up to date at http://www.nelh.nhs.uk/folio/

Primary Care NeLH commissioned Sue Lacey-Bryant, of Drs.Net.UK, to carry out some work on librarians working in primary care. The results are being written up and will be presented at a workshop for primary care librarians later in January 2004. Look out for details to be announced via lis-medical shortly.

DLnet The first series of DLnet masterclasses came to an end earlier this month. Hard work but fun, they provided library staff with a chance to talk to key content suppliers, have coaching sessions with a facilitator and learn tips and tricks for promotion and training. We'll be running another series of events in the new year, focusing on Specialist Libraries. Keep up to date with the latest DLnet developments at http://www.nelh.nhs.uk/dlnet/

Update You can now sign up to receive the NeLH monthly newsletter, Update, directly to your email address. Visit http://www.nelh.nhs.uk/update/ to sign up and to view the current and previous issues.

Management Briefing NHS

01/01

October 2003

National Electronic Library for Health

Compiled by Alison Winning
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Health Management

Clinical Guidelines :
a brief introduction

What are...?[vi]
Why are they important?
What do I need to do?
What are the benefits?
Whom can I contact?
Where can I find examples of good practice?
Resources
References
Comments

What are Clinical Guidelines

Clinical guidelines are 'systematically developed statements which assist clinicians and patients in making decisions about appropriate treatment for specific conditions'[1]. They offer concise instruction on clinical practice and can be developed at a national or local level by multidisciplinary groups. Guidelines can be developed in relation to any clinical condition or aspect of practice with the aim of improving the quality of care. Five key reasons for choosing an area in which to develop guidelines have been identified, these are[1]:

- where there is excessive morbidity, disability or mortality
- where treatment offers good potential for reducing morbidity, disability or mortality
- where there is wide countrywide variation in clinical practice
- where resources involved are resource intensive-either high volume and low cost or low volume and high cost
- where boundary issues are involved, across sector and across professional bodies

Why are they important

Clinical guidelines are key to clinical effectiveness and clinical governance programmes. Designed to help practitioners assimilate, evaluate and implement the ever increasing amount of evidence and opinion on best current practice[2]; they are a method of bridging the gap between academic research and everyday practice. Preparation of quality guidelines should include a thorough systematic review of the area under investigation including collection of expert opinion, followed by robust critical appraisal of the evidence. Evidence about the benefits, costs and harms are drawn from the literature, which is then translated into recommendations, in the form of guidelines[3]. Guidelines should identify recommendations for appropriate and cost effective management of clinical conditions or the appropriate use of clinical procedures with the principal aim of promoting good performance[4].

What do I need to do?

- Assess your organisations current use of guidelines and identify potential areas which would benefit from the introduction of guidelines
- Form a multidisciplinary guideline development group
- Identify national guidelines which may be adapted to your local situation
- Familiarise yourself with methods of appraising guidelines. The SIGN organisation is a member of the AGREE (Appraisal of Guidelines Research & Evaluation) collaboration and has produced a guide to the use of the AGREE appraisal instrument.
- Find out about methods of implementation and what makes a successful implementation strategy.[5, 6]
- Familiarise yourself with issues surrounding the use of guidelines, such as currency[7] and the legal implications for healthcare professionals.[8,9,10] Ask your librarian to do a literature search.

Related Management briefings:

NSFs

Effective dissemination of information

What are the benefits

Primarily, clinical guidelines improve the quality of care received by patients[4]; but they also hold benefits for health care professionals and the health care system[11]. Successfully implemented guidelines improve patient/health outcomes4 change clinical practice[4] and lead to more cost-effective care[12]. Guidelines can increase the consistency of care[11], improve the quality of clinical decisions[11] and may be effective in improving efficiency.[12]

Whom can I contact

- Scottish Intercollegiate Guidelines Network (SIGN)
- St George's Medical School Health Care Evaluation Unit.
- The Health Services Research Unit at Aberdeen University and the Centre for Health Services Research at Newcastle University

Where can I find examples of good practice?

For examples of guidelines and further information visit the following Web sites:

- National Institute for Clinical Excellence (NICE)
- NeLH Guidelines Finder
- National Guideline Research and Development Unit
- Royal College of Anaesthetists, Royal College of General Practitioners and other professional bodies (link to the Leicester University list of organisations producing guidelines)
- Scottish Intercollegiate Guidelines Network (SIGN)

Management Briefings are short briefing papers produced by experienced health management librarians. Their purpose is to provide a brief introduction to topics of current concern.

Resource Sites

1. NICE Clinical Guidelines Work Programme
2. NeLH Guidelines Finder
3. Health Care Evaluation Unit (St. George's Medical School)
4. How to use a Clinical Practice Guideline (JAMA User Guide)
5. eGuidelines
6. Prodigy Guidance
7. UKMiCentral Medicines Information
8. SEEK
9. TRIP
10. AGREE (for information on methodology)
11. eBMJ Collected Resources: Guidelines

Information is obtained from the HMIC database and from desk-based Web research. Readers are advised to consider further information before acting on information contained in Management briefings

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This briefing will be reviewed and updated in April 2004

Information for Authors

Scope

IFMH Inform is the official newsletter of IFM Healthcare, a subgroup of CILIP's Health Libraries Group. It provides a forum for information professionals working or interested in health and social care management and other related topics. The editor invites articles from presenters of study days and regular authors. We would also welcome submitted articles on examples of good practice, research and resources. If you would like a sample copy of Inform, please contact the Publicity Coordinator: V.Wildridge@kingsfund.org.uk

Format

Copy should be submitted in Word format (no headings or footers) either to the Editor; email: m.j.grant@salford.ac.uk. All articles should have a title, author's name and contact details (the email address will be published - please let us know if you wish to withhold this information). Articles should be approx. 1500 words in length.

References

References should be in the 'Vancouver' style (see British Medical Journal 1991, **302**, 338-341). References should be numbered consecutively in the text. Authors are responsible for the accuracy of the references.

Illustrations, graphs & tables

IFMH Inform is printed in black and white. Therefore, all illustrations, tables and graphs, need to be clear and readable in black and white.

Proofs

It is not our normal practice to send proofs to authors as very little copy needs editing. On the rare occasion that this does happen, copy will be emailed to you for comment. We ask that the copy is returned within three working days of receipt.

Free copy

Authors will each receive one free copy of the newsletter.

Further information

If you wish to discuss your submission, please contact the Editor, m.j.grant@salford.ac.uk.

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IFM Healthcare's aim is to improve the provision of all formats of information to health and social care managers and other professionals, and enable its members to keep up to date on issues related to the management and delivery of healthcare.

We offer:

- **IFMH Inform.** A newsletter published three times a year on topical issues, resources and research
- **Study days.** The opportunity to hear about leading developments in the provision of information within health and social care settings, and the chance to meet and share ideas informally. IFMH members can attend study days at a discounted rate
- **A web site: http://www.ifmh.org.uk** The site contains reviews of IFMH study days, excerpts from Inform, links to other web sites, IFMH papers and access to the IFMH members electronic discussion list
- **Discussion list.** Enables members to share information, questions and thoughts with fellow group members, and with the IFMH committee.

IFM Healthcare is a sub-group of CILIP's Health Libraries Group.

If you have an enquiry about any specific aspect of our work e.g. a study day, please contact the committee member concerned. For all other enquiries, or if you are unsure to whom to speak, please contact the IFMH Chair.

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