

Articles

Commissioning Handbook for Librarians – where is it going?

The Commissioning Handbook for Librarians which can be found at: <http://commissioning.pbworks.com> is a wiki based resource that has been developed by – and for – the NHS library community to support NHS staff involved in the commissioning of health services.

The aim of the Handbook is to provide a working collection which contributors regard as key resources and good starting–points for investigation as well as examples of best practice amongst library services. It was created to fulfil a need recognised by librarians who were increasingly being asked to find out about service development, and retrieve service specifications, and information about models of service developed by other trusts. Answers to these questions lie deep in Board papers, government documents, reports and case studies – the ‘grey literature’ which is not readily retrieved from traditional library resources or databases. Colleagues recognised that this was a new area for most librarians and this led to discussions about the quality of the service they were providing, and how it could be improved and shared. The answer came in the form of a wiki – one of the new online collaborative tools which can be accessed by all, developed and maintained on a shoestring and is flexible enough to be adapted as the landscape changes. (For a detailed description of the early development of the Handbook see the article by Alison Price¹)

The structure of the Handbook reflects the stages of the commissioning cycle and was guided by World Class Commissioning, at the time a new government approach to commissioning of health service in which evidence based practice and knowledge management was key.² When the Handbook was conceived Specialist Collections around Commissioning and Health Management were available via the National Library for Health. These were key collections of resources compiled by the Kings Fund and the Handbook aimed to compliment, not duplicate, these collections giving librarians both a supplementary place to look and a place to share their findings with others.

Following a rapid development phase the Handbook (then known as the Commissioning wiki) went live in late 2008. Since then the landscape of NHS primary care in England has changed radically following the election of a new coalition government, the mothballing of the World Class Commissioning initiative, introduction of the Health & Social Care Bill heralding GP consortia and then Clinical Commissioning Groups. In some cases, the radical restructure of PCTs and SHAs has been accompanied by the loss of some primary care librarian posts, and the services they offered. In addition the dispersal of the former NLH Health Management and Commissioning Specialist Collections across NHS Evidence has left librarians and health managers without ready access to key collections at a time of major change across the NHS. Primary care clinicians, most of whom have little or no previous experience in service development, are asking questions relating to commissioning and management of services. Library and information services must be prepared to pick up these questions from the clinicians in their new roles to support evidence based development of high quality services and to brief clinicians on their new role. Further, librarians will want to demonstrate the contribution they can make in the new commissioning support landscape. Because of its flexibility the Handbook is ideally placed to provide practical support to

¹ Price, Alison **The Commissioning Handbook: dynamic collaboration**
Inform: newsletter of IfM Healthcare 2010; 20(2): 14-18. <http://ifmh.org.uk/commwiki.pdf>

² DH **World Class Commissioning – Vision** (2007)
http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_080953.pdf

information professionals - a new page around the coalition government health policies and another on Clinical Commissioning Groups have been added to reflect political changes on the ground.

One of the original aims of the Handbook was to provide a place to share searches and strategies which may be of interest to others, not as examples of best practice but rather as a means of sharing learning amongst librarians, enabling improvement in knowledge and skills across this emerging area. In practice few searches have been put forward – whether through lack of time, lack of confidence, or because searches have not been considered to be of interest to others is unclear. However involvement in the Ask an Expert service at <http://www.pcc-cic.org.uk/ask-an-expert> is a key development to support collaborative working and to raise the profile of libraries to commissioners. NHS Library and Knowledge Services from across the country have joined with NHS Primary Care Commissioning (See <http://www.pcc.nhs.uk>) and the South East Coast Quality Observatory to pilot this new online help desk for NHS Commissioners who have questions about data sets, contracts, rules of competition and procurement as well as evidence from research. Library services from across England have volunteered to take questions from NHS staff in their locality and hopefully form new links between commissioners and their local NHS libraries. The resulting reports are being shared through the Handbook. See <http://commissioning.pbworks.com/08-2--Examples-of-search-strategies>

Development of the Handbook is under the guidance of a Steering Group and regional champions from each SHA. The Handbook initially benefited from some funding from NLH, and later SHALL for project management, administrative and website support. This was particularly important in the initial development phase, and to ensure that the pages are kept up to date to a standard expected from a group of information professionals. In recent months a large number of broken links to the Commissioning and Health Management Specialist Collections have been removed. With the changes to SHAs and library services the future of funding is uncertain.

Over the past year there have been nearly 2,000 visitors to the Handbook, over 300 of whom have visited 9 or more times. If this is a useful tool worth revisiting, it is important that librarians maintain and develop it, supporting our ongoing work with commissioners of the future.

See the latest additions to the Handbook by signing up for the **Commissioning Handbook for Librarians Newsletter** here: <http://eepurl.com/ft8xn>

Please note: I have put together a number of useful commissioning web links which will be published in the next issue (March) of the Newsletter in the Internet Sites of Interest column.

Anne Gray, Change Information Analyst, NHS Milton Keynes and NHS Northampton
[\[Commissioning.librarian@miltonkeynes.nhs.uk\]](mailto:Commissioning.librarian@miltonkeynes.nhs.uk)

Cochrane project: a comparison of searching CDSR and CENTRAL via Wiley and Ovid

Introduction

In 2010/11 users of the Cochrane Library via Wiley experienced a number of issues, such as timing out during searches, loss of searches, and displaying incorrect results. As a result, an internal project was set up by the Information Services (IS) team at the National Institute for Health and Clinical Evidence (NICE) to compare searching Cochrane CDSR and CENTRAL via Wiley and Ovid, with a view to being able to interrogate both interfaces effectively and provide the team with alternative access points to the Cochrane Library. This article provides a summary of the project, with examples of the initial findings and a request for feedback.

Aims

The aims of the project were to:

- Compare aspects of search functionality between Wiley and Ovid, including identifying the 'best match' for commonly used syntax between the two interfaces
- Identify any discrepancies in the way comparative search syntax are interpreted and executed across the two interfaces
- Investigate and explain any discrepancies identified
- Compare other aspects of provision between the two interfaces

Methods

Detailed cross comparisons were undertaken of a selection of search functions including truncation, proximity operators, MeSH terms, and free text searching.

Appropriate terms were selected from existing strategies applied by the IS team in Interventional Procedures (IP) and Guideline Review (GR) searches to explore each of the search functions. In addition to search functionality, other aspects of provision were also explored for comparative purposes, e.g. timing of updates, licensing arrangements.

Findings

Our initial findings indicate that there are some differences in search functionality across the two interfaces, which need to be taken into account. For example:

We found significant differences in the syntax used to retrieve records by MeSH headings from CDSR between the two interfaces. In CDSR via Ovid single MeSH terms are searched for using the suffix **.kw**, as opposed to the more common syntax of '/' and there is no option to explode MeSH headings in CDSR via Ovid; instead the top level heading and all narrower terms need to be entered on separate lines suffixed by **.kw** and then combined together using Boolean 'OR'.

When searching Free text/ All fields in CDSR the project identified small differences in retrieval. For example, 'evidence tables' and 'reference list' text is included in a Wiley '**all text**' search but not included in an Ovid **.tw** search, noting that **.tw** is equivalent to full text searching **.tx** in CDSR.

When applying proximity operators we found differences in the way words are counted. For example, a search in the Wiley interface using **Near/3** refers to the first search term plus the next two words, and all words are counted (including stop words). This differs from Ovid, where **Adj3** refers to three words between search terms and stop words are not included in the count. Based on this finding, the project recommended, when searching CDSR or CENTRAL in Wiley, using the **Near** proximity operator as the preferred proximity operator (equivalent to near/6), and as a reasonable equivalent to using adj3 in Ovid. A lower proximity operator can be used where necessary, but taking into account that the first search term and stopwords are included in the count.

The search syntax presented in the table and explanation below represent what we found to be the 'best match' between the Wiley interface and the Ovid interface:

Database	Truncation	Proximity operators	MeSH	Exp MeSH	Free text - All fields	Free text - ti, ab, kw/hw	Free text – ti,ab
OVID CENTRAL	*	adj3	MeSH/	Exp MeSH/	-	ti, ab, hw	ti, ab or tw ¹
OVID CDSR	*	adj3	kw	Include all terms as kw and Or/ together	tw ²	ti, ab, kw	ti,ab ²
Wiley -Cochrane Library	*	Near or lower proximity e.g. Near/4	MeSH ⁴	MesH explode all trees	Search All ³ text (i.e. term with no suffix)	ti, ab, kw – includes 'Plain Language Summary'	ti,ab

1 Preferred free text searching mode for Ovid CENTRAL

2 Preferred free text searching modes for Ovid CDSR, but note that .tw is equivalent to full text searching in CDSR

3 Preferred free text searching mode for Wiley

4 Note: in Wiley check tags (e.g. adult, child, male, female) need to be searched for using .kw

Discussion and request for feedback

The comparisons undertaken found that it is possible to successfully search CDSR and CENTRAL via both Wiley and Ovid. It should be noted, however, that even when executing comparable search strategies across the two interfaces there will always be differences in the number of records retrieved because of differences in the way searches for MeSH headings are executed (CDSR), differences in the fields searched across in an 'all text' search (CDSR) and differences in the way proximity operators perform (CDSR and CENTRAL). The search syntax presented in this article simply attempts to offer a 'best match' when developing search strategies using the Wiley interface and the Ovid interface.

The project was undertaken by the IS team at NICE for internal purposes and the findings have been disseminated to information professionals at organisations contracted by NICE/NHS Evidence to undertake information work, including the Technology Appraisal Assessment Groups, Guideline and Public Health Collaborating Centres and Evidence Hubs, for the purpose of sharing practice.

This article provides a summary of the project, and the initial findings, also for the purpose of sharing practice; the authors would welcome any feedback or comments from HLG Newsletter readers, especially from anyone who has undertaken similar comparisons. Please use the contact details provided.

A follow up article focussing on the results of the project in more depth is planned for a future issue of HILJ.

Jenny Craven, Information Specialist, NICE [jennifer.craven@nice.org.uk]

Jenny Kendrick, Information Specialist, NICE [jenny.kendrick@nice.org.uk]

Janette Boynton, Snr Information Specialist, NICE [janette.boynton@nice.org.uk]
