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Evaluation of the Specialist Libraries/Communities of Practice. Report for National Library for Health

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Report for

National Library for Health

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Executive summary

The **aim** was to provide an overview of the status of the Specialist Libraries around 12 months after the commissioning exercise of March 2003 that saw the creation of new Specialist Libraries, as well as the continuation of some that had been established for some years prior to 2003.

The **objectives** were to answer the following questions:

- Are the Specialist Libraries operating as intended? Are their differing management structures working well?

- How are they acting as communities of practice?

- How can their stage of development be assessed?

- How is the community of information specialists operating to support the development of the Specialist Libraries?

- What are the Specialist Libraries' links with other organisations, such as professional associations and patient groups?

Operation and management of the Specialist Libraries

Structures are different but they work. Many Libraries see the need to reward contributors' efforts through CPD points or payment.

The RMS is working, and most Specialist Libraries appreciate the benefits of the links between the libraries, the ability to make use of RSS feeds, but the drawback is the difficulty in providing training and learning materials. Technical support has improved.

Information specialists are taking on greater responsibilities for ensuring that their editorial boards, reference groups, and advisory groups are kept informed of developments. There is some uncertainty about the fit between the Specialist Libraries, and other national knowledge activities, particularly the Map of Medicine.

Specialist Libraries as communities of practice

Some Specialist Libraries wish to foster their 'active' stage of development and move towards the 'engaged' stage by:

- developing interaction with their communities – online discussion forums, or question and answering services

- providing more learning activities and materials.

The evidence from the recent literature suggests that the Specialist Libraries will need to focus on:

- dealing with differences between the professions represented in their communities on the way innovations are handled.

- integrating primary care, and providing services that primary care appreciate (such as the question and answering services)

Specialist Libraries may need to debate how to:

- support learning, and link into existing CPD activities (such as journal clubs)

- provide filtered access, to people with the knowhow about service improvement, for their specialist area.

Acknowledgements

Abbreviations

CEBM   Centre for Evidence-based Medicine

CPD   Continuing Professional Development

CMS   Content Management System

RMS   Resource Management System

RSS   Really Simply Syndication

SL   Specialist Library

1 Introduction

1.1 Aims and objectives

1.1.1 Aims

The aim of the project was to provide a rapid evaluation of the status of the Specialist Libraries following the commissioning exercise in March 2003, that established 19 Specialist Libraries. The findings should identify the barriers and enablers to further development of the Specialist Libraries, as well as indicating the direction of future development. Some of the Libraries established in 2003 were new, others had been established for some years as the 'Virtual Branch Libraries'.

1.1.2 Objectives

The objectives were to answer the following questions:

- Are the Specialist Libraries operating as intended? Are their differing management structures working well?

- How are they acting as communities of practice?

- How can their stage of development be assessed?

- How is the community of information specialists operating to support the development of the Specialist Libraries?

- What are the Specialist Libraries' links with other organisations, such as professional associations and patient groups?

2 Methods

The methods used included:

- Interviews with Specialist Library teams – clinical leads and information specialists (Appendix One, face to face interview schedule, Appendix Two, telephone interview questions, sent in advance)

- A talk aloud session (Appendix 3) with a health sciences lecturer helped to provide some validation of the criteria used for the website evaluation

- Evaluation of the websites against criteria to determine the stage of development (Appendix 4 presents the evaluations, Appendix 5 a summary of progress notes for the Specialist Libraries by stage of development)

- Literature review to update the previous systematic review of the communities of practice literature for NeLH[1]

Interviews were intended to complement the website evaluations and provide answers to some of the questions concerning future development plans. In addition, one of the research team attended the Information Specialists' meeting in Bath (8/9 December 04) (observation and background fact finding). In total, 10 Specialist Libraries were approached for more formal interviews, and 10 supplied information. A selection matrix was used to ensure that the sample included old and new libraries, various organisational set-ups, and clinical communities (e.g. chronic conditions, acute specialities).

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[1] Urquhart C, Yeoman A, Sharp S. NeLH Communities of practice evaluation report. Aberystwyth: Department of Information Studies, 2002, http://users.aber.ac.uk/cju

Method	Observation	Face-to-face interviews	Talk-aloud session	Website evaluation	Telephone interviews
Sample details	All Specialist Libraries represented	4 Specialist Library information specialists 1 clinical lead n=5 interviewees (n=3 SLs)	1 Health Sciences lecturer	19 Specialist Libraries	3 clinical leads 2 information specialists (plus 1 set of emailed replies from an information specialist)

Table 1 Methods and sampling

Several of the information specialists service more than one Specialist Library and the interviews with those information specialists sought comparisons with the work they did for both Specialist Libraries.

3 Website evaluations

The evaluation criteria used were based on those used in the previous evaluation of the first trials of the Specialist Libraries (called Virtual Branch Libraries).

The main questions concerned:

- Functionality

- Usability

- Content

- Stakeholder involvement

The evaluations are presented for each library. Most (n=18) of the evaluations were conducted in late 2004, apart from the Infection Specialist Library. The main changes since then have been included in the appraisal documents. The evaluation summary (Appendix 5) is a summary of the situation at the end of 2004 (one SL: Infection, was not available at the time and has not been included in the evaluation summary, but it is included in the full list of appraisals in Appendix 4). Two new Specialist Libraries, Skin Conditions (officially launched 8 March 2005), and GenePool, the Specialist Library for clinical genetics have not been evaluated.

4 Findings

4.1 Operation of the Specialist Libraries

4.1.1 Getting started

The problem faced by the libraries is that before they can engage users they have to have something to show them:

> *'if you want to get people on board you have to show them something so they can tell what it's going to be like, and get excited by the vision of it.' [Specialist Library developer)*

However, the Specialist Libraries developers need to know what users want before they can give them anything.
Approaches used include:

- asking users what they want in terms of usability and content, using an EBM-based requirements assessment, for example.

Problems encountered include

- Initial, unfavourable reactions of users to the Specialist Libraries' front page. (In interviews, one Specialist Library was aware of the problems of their front page and they were working on some changes)

With the current focus on migration to the new RMS, and the experimentation with the RSS feeds, there was a feeling among Specialist Libraries that user-led needs analysis has been overtaken by NLH-led needs.

Local meetings of information specialists located near each other has helped the newer Specialist Libraries to learn from the experience of the more established Specialist Libraries.

> *'The SLs within a given geographical area meet quarterly to discuss developments and share information…This gives the most recent SLs a chance to ask questions of the existing older Libraries.'*

4.1.2 Maintaining momentum

The key concern for many was maintaining trust in the quality of the product,

> *'what you are putting over… and seeing that that what you're doing is of high quality and also again it's how good are those involved.'*

Part of the answer to building trust *'was having a site to show people.'* Trust is being put to the test for some Specialist Libraries in the transition from a web-based HTML site to an RMS based site where much of the content has gone and:

> *'you're faced with a community of users who have seen the functionality go with no extra, no real extra content'.*

Information specialists noted the need to juggle priorities, and work on a particular aspect might be changed before it was finished. There was a danger that some might not see the need to start anything, on the assumption that it would need to be changed anyway. There is uncertainty about the impact of the Map of Medicine.

Clinical staff need to be trained to help with critical appraisal of the evidence, and that takes time. Some of the Specialist Libraries see training and mentoring as a means of helping to spread workload. if clinical users can be trained to carry out critical appraisal,

then they form a network of people who can in turn help Specialist libraries to appraise evidence. Possible incentives include financial rewards and / or CPD points. One Specialist Library sees the clinical students as potential recruits for appraising evidence as she points out:

> *'they are the people we can influence most, and that could be done cheaply and easily… they will be our main users in the future.'*

Training in critical appraisal was carried out at an early stage with user groups through the Learning Disabilities Specialist Libraries, which helped *'establish a sort of momentum in the library.'* This Specialist Libraries developer sees a much more integrated opportunity:

> *'the Specialist Libraries should be building and equipping a community of contributors and information specialists to maintain and expand the content of the library.'*

One Library described their editorial process. The Editorial Board has evolved from the Steering Group, and they have (as other Libraries have) a wide range of professions within their Group, and their selection criteria and review processes are based on existing guidelines. Others noted the need to have such a good structure to deal with the primary studies.

> *'…whether you actually put in documents which are inherently quality assured, like Cochrane reviews, or whether you go down to the next level of primary studies and actually have someone to quality appraise it. My personal view is that we're unlikely to get anyone with the right expertise to quality appraise anything for us for no academic credit or reward whatsoever, so we haven't gone there.'*

Incentives via payment or CPD credits may help recruitment of appraiser authors. The role of the Specialist Libraries would be as editor to establish and maintain a network of authors and to search and distribute information for approval. Development and population of the Specialist Library depended on the provision of evaluated materials, and the usefulness of the site to users would be diminished if appraisal processes constricted the ability to put up useful material.

4.1.3 Technical guidance and support

Problems identified centred on:

- Different Libraries are doing different things

- Lack of clear technical guidance

- Technical team at NLH – have different goals to the Specialist Libraries?

- Uncertainty about how the Map of Medicine works and fits in with Specialist Libraries

- Confusing messages on review dates of literature

- Confusion surrounding migration of Libraries and where users go to search

- Uncertainty about what the NKS does

Interviewees cited instances when the technical advice had come too late:

- Waiting to change to an activities led front page by the technical team – this has slowed the development of an editorial panel (a year has been lost in one case, and opportunities for assistance from potential users have been lost)

- Potential users have gone to other websites *'the competition'* because of these delays

- Trying to get information notes / guidance facility (took 15 months) – *'compromised our ability to do the job well'* (Specialist Libraries developer)

Poor communication affected:

- Time taken to get to technical help

- Use of technical language by the technical team in dealing with Specialist Libraries

- Lack of a technical system to manage distribution of new content to approvers of information

- Making contact with large organisations to get information e.g. ONS, NKS, *'it's a question of just finding the right person to ask'*

- Achieving collaboration with groups such as ONS to get what we need

On a more positive note, interviewees were pleased that some improvements had made a difference:

- Some improvements – being able to store templates, able to get by without going to the technical team for help on a regular basis, better search engine in place – *'it sort of ended up giving you rubbish'* a year or so ago

- Need for a HTML editor – but this is planned

- Need for better evaluation tools

- Still issues over the usability of the RMS from the user's point of view, but system is settling down

- Online web space makes it easier to report problems and these receive a response.

- RSS: *'it was very, very easy to trial'*

The introduction of a co-ordinator speeds up dealing with queries, *'getting people to work together'*, *'being very supportive'*. The Specialist Libraries that are new have not, perhaps, developed to the stage of having ideas that are not in line with the NLH plans.

> *'I think at this stage we're trying to kind of bring together the content and satisfy NeLH and then that's what we've been focusing on so it's not been too much of a problem because we've been looking to them for guidance really. I think possible once we feel like we've got the core content in there we'll be asking…we'll be asking at our next meeting of the Reference Group, what do you want.'*

4.1.4 Standardisation (ICT)

At worst the standardisation could be summed up as:

> *'Everybody wants something different and the technical team have to fit in with the National Programme'*

Clinical leads, for example, may want a clinical text-book oriented front page rather than one that is librarian oriented. Topic headings may be unhelpful in engaging a user in the system, *'Oh God! I'll just quit and go and do something else, go and find some other way*

of doing it' (Specialist Library developer). Policies for critical appraisal may be similar but differ across libraries to some extent.

Among libraries, some want standardisation across all the Specialist Libraries, others want control of their front page and beyond, yet others want standardisation but with flexibility. The RMS constrains abilities to write information guidance notes for users, and some interviewees noted that the RMS actually reduced the functionality for them, and in fact slowed the process involved with one of the key features of the Specialist Library (and the NLH/NeLH) – the signposting to quality, evidence-based resources.

> *'…so there aren't any benefits for us staying in the RMS. It certainly restricts our opportunities for innovation and I think that there is an issues around how the scope of the library to some extent has changes and there have been discussions for example over to what extent quality tagging of times with the library is supported by the RMS. My view is that quality tagging is absolutely essential.'*

On the other hand, the RMS does provide, from the information specialist perspective:

> *'We need a system that everything fits into so that we can talk to other libraries and we can draw in content from other places. And whilst it doesn't have a lot of the functionality that people would want and that users might expect you know we need to be all part of that system. So I think everybody is signed up to the theory behind it but at the same time everybody's quite frustrated because they can't really produce the site that they want to produce.'*

> *'We're all linked together using the common RMS now which helps with consistency between all the individual libraries and allows cross-linking with different libraries and, for instance, the guidelines finder database as well.'*

Problems that had occurred, for example with the need to update the homepage if breaking news required some guidance up immediately, to deal with enquiries from patients and the press, have been resolved through the introduction of the Content Management System that allows information specialists to update and create their own homepages and supporting pages.

Immediate improvements that should be made concern accessibility – both in terms of compliance with BOBBY guidelines and the type of search result outputs.

> *'The main problems for me with the RMS is the fact that it's not very accessible…so people who are disabled…the current RMS systems doesn't really match the usability guidelines…And it's also quite…difficult to use. If you look at any of the Specialist Libraries that are in the RMS and try and answer a clinical question with them then it's quite difficult to use that piece of research because you might find a 200 page Cochrane review or 100 page NICE guidelines. Not massive problems, things that we can overcome but be aware of.'*

4.1.5 Management and organisational structures (HRM)

Arrangements varied considerably, and some Specialist Libraries had developed from earlier work for other, related purposes.

> *'We currently have a half time computer scientist who's now just gone full time, who's basically the project lead. I'm the clinical lead along with (name) but I have very little time now to devote to it. We have a two days a week information scientist. We have a full time information scientist…we technically can deliver what our needs analysis says that our user groups wanted.*

Other libraries have a larger number of part-time information specialists. Some of the Specialist libraries have worked with Minervation (whose output include several Specialist Libraries) on a sub-contracting basis *'for specific areas that we needed input on.'* Minervation sub-contracts to the CEBM for its Specialist Libraries (Learning Disabilities,

Mental Health and Later Life). Minervation offers support to other Specialist Libraries, and as already seen it also works for other organisations, in effect spreading its risks.

Where the Libraries are co-located in the same organisation one information specialist may work on more than one library, and there is also likely to be some more contact between the clinical leads than might be expected.

As libraries expand the content it is likely that the number of clinical 'leads' or at least the need for varied clinical input increases, particularly if there is a great emphasis on quality assurance processes.

> *'I think we've invested quite a lot of time in the quality assurance of things…of guidelines that we're going to put on and that's why it's taken us, we spent 18 months developing the clinical library…Recently I've had more clinical input, we've divided the library up so we've got other clinicians involved more. So I'm doing far more of the sort of overview.'*

One information specialist noted that the advisory group would need to be nurtured, once the initial enthusiasm might have worn off.

> *'We had a good meeting in December. I think it might be partly because it's new thing. I don't know how it will happen in the future…I'm intending to actually email them quite soon to get some more feedback.'*

4.1.6 Future developments in structure and organisation

The Specialist Libraries viewed the future with uncertainty, either putting it to the back of their minds or accepting that there would be inevitable change. Others welcome change and find it stimulating and challenging.

Whilst most of the interviewees believed that the Specialist Libraries wouldn't just disappear, but how 2006 would change the future of funding for the Specialist Libraries is unclear. There are differences of opinion on paying people for contributing material to the Specialist Library. Some Specialist Libraries see the job of supporting the Specialist Libraries as something professionals should accept as part of their role, and would become ingrained during professional education and training.

> *'What we want them to do is to let us know they read something interesting and to provide us with a quality assessment of that. They're doing it all the time, they should be doing it to the people they're training, their junior staff, they're doing it for journals, what we do is provide them with materials so they can provide use with their opinion online.'*

On the policy front, other interviewees noted the need to plug into existing programmes and government initiatives.

> *'I think we just need to make sure that the efforts that are being made at the moment to plug it into the key programmes like Map of Medicine are successful.'*

> *'I still believe that NPfIT is the way through . You know when we have the electronic patient record and somebody can, you know they just type in their diagnosis and then they can just click a button and link in with the information in the NLH, that'll be when we really start getting people to use the information.'*

The pace of change means that tasks seen as necessary now were not forecast during the tendering process.

> *'If I go back and look at the tendering document I wrote two years ago it's completely different to what we're doing now. It's rather strange that we sign up a contract for a three year job and then it's keeps changing…I suppose the biggest one was we saw ourselves developing a guideline system then suddenly the Map*

of Medicine comes along and we're told this is going to be the main system so our work is more about the evidence behind the guidelines than the guidelines.'

One information specialist noted that other home countries might need to be involved in the future, just as national UK-wide organisations had been in the past. The difference with the Specialist Libraries was the maintenance system.

'We're aware of the NHS e-library for Scotland. They approached us because they are starting to provide collections for subjects and so we've kind of shared our approaches really. I think there was talk about how we could actually share the workload but, we.., I'm leaving that for the time being…but the development team have to look at that (cross searching)…There was a Royal College of Nursing project…they didn't seem to have kind of ongoing maintenance…which is where we might come in.'

There was a degree of uncertainty about long term plans, compared to the comparative certainty of working as a Cochrane Group.

'I'm still sitting here waiting now to know what the long term plan is...It's a great privilege, I like the Library, I'm pleased with what we've done and I'd like to see it move forward, but I'm unclear in my own mind as to what the goals are…Cochrane was sorted out on a fairly short term grant about five years for the initial period…but it was very clear with that organisation what the direction was, what the strategy was and what we were all expected to do.'

4.2 Community of practice development

4.2.1 Activities and fit with other national knowledge activities

Some uncertainty and frustration was expressed over the perceived lack of consultation over developments surrounding the National Knowledge Service, Map of Medicine and the NPfIT.

'Well, everything is changing so NKS is effectively - what the core team is effectively turning into so the links are just the same…Lack of understanding why this particular model, lack of again real understanding of how we provide content to the Map of Medicine and I think some big concerns about some of the intellectual property/commercial aspect of the Map of Medicine…I mean we're not against going…but there are some issues around overall consultation.'

However, those Specialist Libraries with early input into the Map of Medicine, were more aware of developments and their contribution.

'The NKS is still a bit of an odd thing…Map of Medicine, we're slightly more involved with because (name of area) have two or three topic in the top 50, in the Big 50 topics that are being tackled first by the Specialist Library community…I think essentially we're going to be expected to produce content that fits into the Map of Medicine. And we've met with the people from Medic to Medic …to investigate how best to do that. But that's still in a very early stage, so it's very hard to say.'

Reasons for some of the difficulties could be lack of common language, although that might change

'The Knowledge Services and information people tend to use a completely different language to what staff in the NHS are using. .a few years ago nobody understood what IT people were talking about whereas now a lot of their language has become commonplace, and I think knowledge management is going through the same process.'

Some of the Specialist Libraries were more concerned with National Service Framework activities than others, inevitably.

'I also do subject searching for some of the key topics that have been targeted by the government….the resources I'm involved in identifying and posting to the site are not really geared to non-specialists, however the general public are perfectly entitled to access the site.'

Whether future liaison should be information exchange or work collaboration – that was uncertain.

'The National (name) Support Team…they've certainly got a forum, discussion forum of health professionals. It's linked in the National Service Framework…I don't think we've thought about how we might encourage them explicitly but possible in the future. We had an idea to have some kind of discussion board and that would inevitably encourage some kind of communication. Not so much collaborative working…It's tricky. I don't think we've thought that one through.'

There could be some overlap with other government initiatives, particularly those coming from NHS Modernisation Agency (See Section 4.5.3).

4.2.2 Audience

Training and mentoring are seen as important to 'community building', by giving skills and also making people aware of the resources of the Specialist Libraries.   But this is tinged by Specialist Library developers' fears of large-scale demand for hands-on training, which in their current state they could not support.

Information specialists and clinical leads talk very much in terms of interactive relationships with the audience. The wider 'reference groups', or 'advisory groups' of professional organisations, charities are a representative inner circle. Within that there may be a core group of people from those organisations who contribute regularly to the work of the Specialist Library.

'So that the kind of core group of people, there's around about 20 across those organisations and they're involved on a fairly regular basis…if we have a new website or have a new section that we want them to help with. Then there's a more, a bigger groups of about 300 or 400 individuals, and they're kind of a discussion list…we involved those at the next stage…we say OK we've got a new site here, it's been reviewed by our core team, our reference group and now we'd like you to review it as well.'

Clinical leads in particular could see the value of an interdisciplinary forum for their specialist area.

'We've cast our web, out net as widely as we possibly could….So we're quite a broad community but I do perceive that as being a community of practice.'

4.2.2 Feedback

Feedback from users was seen as key to informing the Specialist Libraries developers about their site and the library. All of the Specialist Libraries interviewed were keen to receive feedback, though there are issues about how responses are dealt with, Specialist Libraries fearing excessive demands for responses could overburden them.   There is a difference between feedback comment and feedback that is also an enquiry.

'I have had enquiries come through the feedback form and I can manage them at the moment but I don't think I've got the capacity to provide a full-on enquiry service.'

Most information specialists considered they could not handle requests for information, and instead encouraged enquirers to use NHS Direct or other resources. In the Learning Disabilities Specialist Libraries there is an established user group of around 100 people who use a Yahoo email discussion group and who provide informal feedback on content of the site. Even where these members were not active contributors they championed the library. Other Libraries noted that feedback had been minimal.

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> *'We invite feedback but that's all and we've had very little. Only two or three people have emailed us, that's all.'*

Feedback ultimately is part of the virtuous circle of involvement: check, comment and change.

> *'We send items out to our stakeholders who are the experts in the field and say should this still be in the library. The more that we can get the stakeholders and the user involved it's a virtual cycle, you know you want people to be looking at the site and they will say look this is now out of date…And that's starting to happen. And we're providing online tools so that if individuals see something they think should be on the library, if they have clearance which the editorial board agree to then they will be able to directly post it…but that's the sort of thing you can't do within the RMS.'*

4.2.3 Learning

Several interviewees noted the need to ensure that recently qualified practitioners get the support they require, and that the Specialist Libraries could contribute to that, although there are now problems with the RMS to enable them to do that.

> *'we've had quite a lot of information in the library which is aimed at recently qualified (name) professionals…and a lot of that content is not going to be in the new version of the library so some of that's been taken out.'*

There is a perceived need to support students and staff from overseas.

> *'The material available on the SL can be used by medical students, foreign personnel employed within the NHS and newly qualified staff to assist them in their day to day work.'*

The problems of the RMS constrained the development of social learning.

> *'Things like online discussion fora, developing communities of practice seems to be one of the key elements of the initial scope and ideas behind all that, the RMS does not allow us to do that…if the newer libraries go in merely wanting to deliver what they can through the RMS I actually think they won't deliver a very worthwhile product.'*

There is a huge potential for sharing learning activities, developing learning zones for the sharing of resources and news about educational activities, but this is not yet developed.

> *'We want to get involved with the trainees in the speciality and provide them with a resource of the information…what we want to do in the long term is have slide and lecture sets available.'*

> *'One imagines you could have an area for trainees or training materials, it's a possibility but not at the moment.'*

There is competition from other providers – but the resources are not multidisciplinary, and links are impossible for policy reasons as well.

> *'They've (Doctors.net) is a load of training programmes on their site where you can do online training and at the end of it you get a little certificate…and the problem is that's only for doctors basically because it's paid for by advertising.'*

Other interviewees contrasted active and passive provision of learning materials.

> *'If you're talking about the SL developing training materials, online training resources – that's an administrative thing – I don't think that's a Library role at all. It would be a new role to actually assemble those types of resources and make them available through the library but there's a subtle difference between a library that has an active training and mentoring role and one that has a passive role in*

providing training and mentoring materials. I can see us doing the latter but can't see us ever doing the former.'

For other Specialist Libraries the aim is to provide the right information for decision making at the time of need. Perhaps the way forward is to integrate the information within the clinical pathway – and record.

'the majority of depression presents in primary care but 50% of the time it's not accurately picked up or diagnosed… so you could say that GPs are missing the information that they required to correctly diagnose and treat depression…I guess that's what the Map of Medicine is all about…providing good quality information on the desktop of a GP… so that if he or she needs access …then it's there.'

One of the presumed benefits of the community of practice would be to identify very clearly where the gaps in evidence are, and that should encourage researchers to focus on areas where evidence is required.

4.2.4 Evaluation

Some Specialist Libraries are doing very full analysis of their usage statistics.

'We use the web logs to try and drive the site. We try and look at things like people's search terms, to see what they want.'

If the Specialist Libraries are part of the process of changing professional behaviour:

'It should be evaluated properly and formally'.

Work needs to be done to identify who is using the site and why, recognising that for some users participation will be peripheral (but that this is still legitimate, and no more could be expected).

'Mental health is something that presents right across primary and secondary care, right across voluntary and public sectors… So it's something that a lot of people are interested in even if it's only, you know, for half an hour a week.'

For some of the longer established libraries evaluation has been, and still is viewed as vital.

'The evaluation that we did last year is still available on the old website…and that goes into a lot of detail and who uses the site, whether they like it, whether they found answers to their questions…we've got archived tracking statistics…we're going to rerun that evaluation questionnaire sometime later this year on the new site, ask the same questions and compared the results really…so we get an idea about how successful the migration has been into the new RMS. We've also done an evaluation with our external reference group of the new site using the template questionnaire that has been produced by the Evaluation Working Group within the project.'

'We're just exploring the best way, whether it's a sort of pop-up questionnaire when they go into it for the first time or whether we just ask people can we send you a questionnaire.'

There are concerns that more could be provided centrally.

'We don't get anything routinely, which I think…to have statistics routinely saying this is how many hits you get, even down to page level to know what people are actually looking at. If we're spending ages developing a page that nobody looks at, it would be useful to know that really.'

The newer libraries now want to do some more formal needs analysis/evaluation of their effectiveness.

'We want to see a survey, I think it's more of an evaluation, but it might cover information needs…that goes wider to our users. I think that'll be something later this year.'

'I would love to see how many hits we've got and there they are coming from.'

4.3 Stages of development

Some of the older established Libraries are more advanced than those newly established in 2004 (Cancer, Oral Health, Later Life). And, as might be expected there are signs of change with different parts of the same library showing signs of operating at different levels. In one Specialist Library the user group is at the building phase, but their UK-wide steering group is well into development of the active and adaptive phases.

The stages of development (as used in the previous evaluation) are:

1. Building stage
> Constructs communal memory and context
>> Learning about one another
>> Building a common vocabulary
>> Creating roles
>> Begin repertoires

2. Engaged stage
> Promotes access and learning
>> Build trust, loyalty, and commitment
>> Provide outreach
>> Telling community stories
>> Encourage contribution to the knowledge base

3. Active stage
> Support collaboration
>> Engage members in work groups / collaborative work with others
>> Use of analytical and decision-making tools

4. Adaptive stage
>> Creation of new products
>> Foundation of more communities
>> Response to environmental changes

One of the more established Specialist Libraries viewed their role in the active stage as the integration of the smaller 'communities of practice' in their area. This included specialist interest groups and professional groups, represented through their advisory group structure. They stress collaboration but '*we try hard not to be seen as competition with the specialist societies'.*

As already noted (Section 4.2.3) the RMS did not provide the required functionality to support some types of collaborative working as discussion as easily as it might.

All the Specialist Libraries fulfilled the criteria for the building stage, most were at the engaged stage but were developing this in different ways. The model of outreach, and fostering of contribution to the knowledge base needs to be sustainable.

Ultimately this has to be part of the 'business process re-engineering' for the National Library for Health, and National Knowledge Service, *'changing the way that people work'.*

Routes to capitalise on what people already do, to use that as a scaffold to extend the work of the community of practice in the Specialist Library include trying to work with existing journal clubs.

> *'At the moment we're trying to get links into things like journal clubs in teaching hospitals.'*

Some Specialist Libraries viewed their role as helping their community make decisions quickly, and that includes provision of digests or summaries of the content that comes via NeLH, such as NICE guidelines or Cochrane Reviews. Convenience is part of the added value of using the Specialist Library site – but convenience saves time, and users may be more willing to search if they know the information is almost certain to be there.

> *'If a NICE guideline is difficult for somebody to use because it's an 80 page Word document then there's not much we can do about that…I suppose what Specialist Libraries are doing, is that we are trying to present critically appraised abstracted versions of content to give people a way into some of those more difficult to use resources. That's something we're working on as well.'*

> *'I hope that the reward is the convenience, the knowing that there will be something there.'*

4.4 Role of information specialists

4.4.1 Informal liaison

The information leads are increasingly acting as the liaison mechanism as the clinical leads attend the formal meetings of the clinical leads, but the information specialists keep in contact more regularly. In fact, the information specialists are increasingly a community of practice in their own right.

> *'On the whole it's the information people. The clinical leads really just meet through the formal clinical leads meetings. I went to he last one. It tends to be the information scientists that get together'*

> *'We can actually have an electronic community of all the Specialist Libraries' staff so we can collaborate and have online discussions, file sharing, post events, have some statistics on the electronic community.'*

Those based near each other geographically have close working relationships:

> *'And that's a kind of group therapy session as much as anything else. We get together and talk about some of the difficulties involved in producing these libraries.'*

4.4.2 Development of liaison structures across communities

From the Specialist Library representatives interviewed it is clear that sub-communities have developed among the Specialist Libraries through editorial boards, development teams and groups of Specialist Libraries from specialisms

One area of concern is overlap of content, such as Cancer and ENT. The likelihood of content overlap will increase as the Libraries develop. Editorial boards have devised policies on what they will cover and where the boundary crosses to another Specialist Library, for example between Women's Health and Cancer for breast cancer. The cancer community of practice will develop around particular *'tumour groups'*, but may be limited by resources to be fully comprehensive. It is envisaged that the *'tumour groups'* will help share the workload in helping identify and find new research.

One clinical lead, on the other hand, viewed overlap of content as inevitable – and even the difference in presentation of the quality of the evidence on different sites as something that had to dealt with. Opinions would differ, but that was part of the process of learning and change.

> *'Now sometimes opinion is contested and that's part of education…I don't mind differences as long as we know why it is. On the whole where the evidence is very clear and very good there won't be differences in opinion…I think it's better to have overlaps than underlaps.'*

Sub-groups are also examining and resolving problems such as standards of presentation, training and evaluation. The main subgroups are information specialists from the following Specialist Libraries, plus some other experts:

- Standards and presentation (Oral Health, Diabetes, CVD, Child Health/Pediatric, plus Guidelines Finder)

- Training and development (Women's Health, Learning Disabilities, Screening, Ear/Nose/Throat, SL Development Manager)

- Evaluation (Mental Health)

- Publication types (Skin Conditions, plus SL Development Manager)

There is some overlap in responsibilities with several specialists either having additional responsibilities for part of the work of the subgroup, or else their responsibilities span more than one group.

4.4.3 Promotional activities

One information specialist suggested that they – and librarians – would play an important part in the promotion of the library. Some promotion is also through established print resources for communication.

> *'We have done more training with specific groups such as librarians in the past…I think once the site is a bit more established and people are using it more it's something we might pick up on a bit more. Empowering them to present it to their own community…If we can get the librarians using it and showing people the site then that's probably the best promotion you'll ever do.'*

> *'A constant figure (usage statistics) indicates that there is a need to promote the SL more widely in order to hopefully increase the user figures, e.g. editorials in professional bodies' magazines, and conferences.'*

Others noted the debate about how best to deliver training and support – via online tutorials or through face-to-face library training sessions – or both?

> *'I certainly think it's important to trainer user or potential users to use it …they can save a huge amount of time using the SL. There's definitely a role for it, but again, it's how you actually organised that delivery – do you provide it from the site itself with an online tutorial…that requires people to know about it in the first place…When it is linked into Map of Medicine, that will become increasingly important.'*

4.4.4 Skills required

Information specialists working for a Specialist Library need to have good awareness of the needs of the clinical area as well as the skills required to manage the content, to keep in touch with the editorial boards, steering groups, and reference groups.

'…because (name) was such as able person who not only had experience of health management, health information specialists….fully familiar with (clinical area) so that's why they hit the road running very quickly.'

4.5 Links with other organisations and groups

4.5.1 Collaborators' roles, links with primary care

Recruitment of collaborators is a key function, the collaborators' role ensures that the Specialist Libraries deliver what people need. Each collaborator will have an area of expertise to share with the Specialist Libraries. Collaboration can help generate a network of non-competing organisations, which is a key idea of the Virtual Centre for Improving Oral Health. The development of collaboration is underway through the Specialist Library's liaison with professional organisations and Royal Colleges. Having a known clinical lead is seen to help with getting these organisations interested and engaged. There is abundant evidence of collaboration between Specialist Libraries and specialism related organisations such as the Oral Health Specialist Libraries and the Centre for Evidence-Based Dentistry, the Cochrane Oral Health Group and others. This draws in a wide range of clinical expertise and experience. The Oral Health specialists hope they will be able to use the work that these groups are producing to help populate their library. Collaboration helps to populate libraries it also buys

'…kudos and respect from other organisations, which will promote user-ship.'

Collaboration may also help to fund libraries albeit on a small scale, through Specialist Libraries' teams appraising literature with the relevant organisation. *'* Collaboration is a means of ensuring longevity as the work is distributed to a wider group of people avoiding overload on any one person. But collaboration *'needs to be an organic thing it needs to be supported by face-to-face training'* to keep people motivated.

The cost to the collaborator in time spent developing relationships needs to have benefits, and they need to believe in the product – not always the case:

'I felt it would be very hard to sell to my colleagues' … '…spending a lot of time on the project where it was so apparent that it was not going to be of any use at all to any of our colleagues unless it was changed quite a lot.' (Clinical Lead)

Not all members of the wider circle for a Specialist Library are at the same stages of community development themselves. One clinical lead contrasted the ease of working with group that was an established community that had been developing guidelines for some time, with a newly established group that had developed from a government policy initiative in primary care.

'We don't really know what they are doing…they don't have a national organisation…it's all being arranged locally so the answer is I'm not sure at the moment.'

Primary care liaison is perhaps easier for some Specialist Libraries than others. Some are at the early stages of this process.

'We are currently targeting GPs to see that we are addressing the NeLH's intention of providing GPs with the information they require in a suitable format.'

Others have withdrawn some interactive services that appear to be popular with primary care, such as the clinical question and answering services (such as ATTRACT), as it was difficult to keep up-to-date, with the resources available.

'We found that delivering the question and answering service that we used to provide was useful, but the problem with it was the evidence summaries and the answers would become out of date…that's the sort of thing Specialist libraries ought to be providing. It's really a case of whether or not you have the resources available to do it and we don't.'

4.5.2 Advisory and reference board structures

In some Specialist Libraries the advisory board structure was deliberately made very broad at the beginning, in a very open structure, to encourage participation.

> *'All the identifiable groups, most of whom attend or at least we consult with by email, broadly across the various different professional groupings…I think we certainly get the message that they increasingly see the library as a key resource and part of their activity…although we had a small steering committee we have a wider advisory group and certainly people said our advisory groups are the only occasions when all those groups actually sit together around a table.'*

4.5.3 Links with other government policy initiatives

As one of the objectives of the Specialist Libraries is to assist with getting evidence into practice, and assisting with behaviour change among health professionals it is not surprising that some of the Modernisation Agency initiatives have overlapped with their activities. For example, the National Institute for Mental Health in England, part of the Modernisation Agency has a 'knowledge community' to promote joined-up working (http://www.nimhe.org.uk). For the Mental Health Specialist Library:

> *'We're intending to piggyback on the back of their technology really rather than build our own….what we'd like to do is to make use of their knowledge community.. getting more involved with the National Institute for Mental Health in England.'*

4.6 Website evaluation

This section summarises the findings of the initial website evaluation in December 2004. Some of the findings have been noted in previous sections. The main changes since December 2004 are indicated.

An evaluation of the Specialist library websites was conducted on 19 of the available sites in December 2004, and was updated in April 2005 (with another site added). The evaluation used pre-determined criteria, which were checked with some of the Specialist library developers during interviews (Appendix 4). A summary table of the results (status as of December 2004) is provided in Appendix 5. The table is divided by the type of the Specialist Libraries, whether it is a prototype, newly migrated, under-development or not categorised.

4.6.1 Functionality and identity

In terms of functionality and identity all the libraries are clear. A similar picture is true of identifying members, however there was one prototype library where this was unclear.

4.6.2 Knowledge management

All of the Specialist Libraries were clear about knowledge management and the majority scored well under functions to support navigation, though there was a slight falling off when it came to guides to information amongst the prototype libraries. Many offered site maps, Help functions, tours to the library, and search facilities.

4.6.3 Evaluation

Evaluation was offered by only one of the prototype libraries, but the majority offered feedback options plus an opportunity for a response in most cases. Only one provided an archive of emails.

4.6.4 Links

The majority of the Specialist Libraries linked to other Specialist Libraries, only one of the prototypes did not at the time. Many linked to their key organisations including the Royal

Colleges, various agencies in the NHS and Patient Associations. With migration to the new RMS, there have been changes (since December 2004) to the structure of the links in many of the Specialist Libraries. Infection (still prototype in March 2005) linked to other Specialist Libraries through a 'Useful online resources' link.

4.6.5 Policy making links

The majority of Specialist Libraries linked to evidence based resources including guidelines, NSFs, NICE, and the DoH. There appeared to be a short fall amongst newly migrated sites to NSFs, DoH and NICE links. Other resource links include NHS Netsites, BNF, Clinical Evidence, Cochrane, Cancer links, and NHS Agencies.

4.6.6 Usability: connections

This area offers a lot less consistency than any of the above. There was very limited evidence of sites providing facilities to bring people together via discussion lists. During face-to-face interviews this was seen to be an important aspect with strong support and intentions to provide user connectivity in the future. On some sites there were indirect links to discussion groups provided by other sites (which accounts for the anomalies in the totals in the table in the appendix). These were difficult to find and could be easily missed by users. In most cases the knowledge organisation was clear and around half of the Specialist Libraries provided transparent feedback.

4.6.7 Content

Most of the Specialist Libraries have directories of members, though in some cases these are very small comprising just one or two people.

4.6.8 Range of content

The majority of Specialist Libraries sites provide access to other databases or information systems, but very few provided stories, evidence of collaborative work or current content links with the prototypes scoring highest here. In the second half of the category the picture is completely different. All of the Specialist Libraries have links to guidelines, reports and current research.

4.6.9 Decision making support

Again there is very limited provision, none of the Specialist Libraries offer support software and only three of the 19 have online training, a few offer other online training in the form of NatPaCT, EBHC skills and online screening training. Some of these services were not easily identified.

4.6.10 Links to EPRs

None of the Specialist Libraries had links to EPRs, a few offered research information on EPRs.

4.6.11 Stakeholder involvement

This category offered a mixture of evidence for stakeholder involvement. The highest scores were for professional societies. Patient groups had very low representation as did research people, and charities. The poorest showing was for the commercial sector, perhaps not unsurprisingly in an area currently controlled by the public sector. Other groups listed in the Specialist Libraries were knowledge management professionals, service providers, and policy makers (all in the prototype Specialist Libraries). Health professionals, governmental, non-profit making, private sectors, National Assembly for Wales, and patients (newly migrated Specialist Libraries). Professionals and patients were listed in the under development Specialist Libraries, and lastly NHS professionals appeared in the not categorised group.

4.6.12 Appropriate participant level

Most of the Specialist Libraries scored highly in this category, though the newly migrated libraries scored less well than their counterparts.

4.6.13 Encourage contribution

All the Specialist Libraries encouraged contribution from users as this would help shape the library to what the users wanted and improve usability in the long term.

4.6.14 News reported

Once again all the libraries offered news, though some had only one or two items listed.

4.6.15 Rewards for membership

During the face-to-face interviews all the Specialist Libraries indicated strongly that there should be some kind of reward for membership and contribution. CPD or CME points, cash incentives, and feedback were shown in the websites. In one interview, the reward for membership was viewed as a trusted quality product.

4.6.16 Types of collaboration

The prototypes listed mixed discussion boards or for a, links with other providers. During a face-to-face interview a Specialist Library developer added ONS, and charities. He commented that there were huge opportunities here for the Royal Colleges but that they were dragging their feet over the technology. The newly migrated Libraries listed news email alerts, future knowledge sharing, and contact networks. The 'under development' Specialist Libraries supported networking heavily.

4.6.17 Mentoring and training

Eight of the migrated Specialist Libraries showed no evidence of mentoring or training. There was online learning on 3 of the prototype Specialist Libraries, 2 of the newly migrated Specialist Libraries, 2 on the under development Specialist Libraries, and 2 on the not categorised Specialist Libraries.

4.6.17 Handling primary care

This was not easily identified in many of the Specialist Libraries though some offered links to primary care services, pathways, guidance, professional bodies, and information on conditions cared for under primary care. One site hosted issues around drugs in the community. The Cancer Specialist Library informed the interviewer that primary care was being considered.

4.6.18 Patients as stakeholders

Very few of the Specialist Libraries listed patients as stakeholders, most being aimed at healthcare professionals or managers. One Library has done an evaluation of the usability of the site for the public about antimicrobial prescribing, to help reduce pressures on doctors to prescribe antibiotics.[2]

4.6.19 Links to NHS Direct

Most of the Specialist Libraries had links to NHS Direct clearly positioned on the front page of the library. Two of the newly migrated libraries did not offer links to NHS Direct.

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[2] Williams P, Madle G, Weinberg J, Kostkova P, Mani-Saada J. Information for the public about disease: usability issues in the development of the National Electronic Library for Communicable Diseases. *Aslib Proceedings* 2004; 56(2): 99-103.

4.7 Overview of communities of practice literature 2000-2004/5

4.7.1 General trends in evaluation of communities of practice

- Sense of community, perceived usefulness and 'honesty' important

An evaluation[3] of the factors affecting the sharing of knowledge in online communities used a model based on aspects relevant to the information system itself (ease of use, perceived usefulness), trust (integrity-, benevolence- and competence-based trust) and recognition (career advancement, sense of community and value congruence). Preliminary indications are that the main factors are the sense of community, perceived usefulness and integrity-based trust (the honesty and truthfulness of the dealings between the community and the individual).

- IT-led communities more difficult to engineer than IT-supported communities

An evaluation[4] of the Inquiry Learning Forum for secondary school teachers in Indiana found that the community failed to develop as a community. Participants seemed unwilling to acknowledge problems openly unlike more technical discussion groups where participants were happier to ask for advice on purely technical issues, or some non-professional forums, where there may be less risk of losing face.

- Different types of non formal learning exist, and the concept of 'situated learning' needs to be reviewed

Eraut[5] distinguishes implicit learning (implicit linkage of past memories with current experience, and unconscious effects of previous experience), reactive learning (recall and reflection of previous episodes, noting of facts, impressions, and being prepared for emergent learning opportunities) and deliberative learning (review of previous learning, full reflection and engagement, with planning of learning goals and opportunities. Three types of tacit knowledge exist: tacit understanding of people and situations, routine actions, and the rules for intuitive decision-making. 'And what may begin as publicly available scientific knowledge, which people treat as having a universal meaning, may end up as a set of differentiated variations formed by the distinctly separate learning histories of a group of individuals'.

- Legitimate peripheral participation – not just the experts showing the younger members what to do, the experts can also learn from the novices.

Studies in education and in manufacturing industry[6] found different levels of participation for apprentices – restrictive and expansive. In schools, the newly qualified teachers were often bringing in new skills and knowledge to their departments and the experts became the novices on occasion. Power, or rather control over resources, can affect the opportunities (or lack of them) for learning.

- The ways in which communities of practice work to produce individual change and organisational change (or not) can be viewed using several theoretical frameworks for innovations in service organisations.[7]

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[3] Sharratt M, Usoro A. Preliminary result of empirical study of factors affecting knowledge-sharing in online communities Paper presented at UKAIS conference, 2004.

[4] Kling R, Courtright C. Group behaviour and learning in electronic forums: a sociotechnical approach. *The Information Society* 2003; 19: 221-235.

[5] Eraut M. Non-formal learning and tacit knowledge in professional work. *British Journal of Education Psychology* 2000; 70: 113-116.

[6] Fuller A, Hodkinson H, Hodkinson P, Unwin L. Learning as peripheral participation in communities of practice: a reassessment of key concepts in workplace learning. *British Educational Research Journal* 2005; 31 (1): 49-68.

[7] Greenhalgh T, Robert G, MacFarlane F, Bate P, Kyriakidou O. Diffusion of innovations in service organizations: systematic review and recommendations. *The Milbank Quarterly* 2004; 82 (4): 581-629.

For the individual, the adoption is affected by several factors including the meaning of the innovation, and the way the innovation is to be adopted (compulsory or voluntary). Those intending to adopt an innovation need to be fully informed about the innovation, how it works and how it affects them. Adoption is also affected by the different social networks – and nurses' networks may operate vertically, whereas doctors' networks operate horizontally. Evidence suggests that knowledge 'must be enacted and made social'. Other factors include the construction of 'a shared and emergent organizational story'. The systematic review recommended further research on, for example, the nature and extent of social networks, and the process leading to innovations becoming routine within organisations.

- Different professions tend towards communities of practice in their own discipline.

The spread of innovations in clinical practice may be retarded by the social and cognitive boundaries between different professions – 'multi-professionalization shapes the non-spread'.[8] There seem to be few forums for multi-professional groups to meet to debate the evidence, CPD training does affect behaviour and knowledge exchange (but occurs mostly within a profession), and forums which are ostensibly multi-professional are in fact medical.[9]

4.7.2 Health communities of practice

Studies include:

- Collaborative learning for children's pain management.[10] This online discussion forum was aimed at interdisciplinary members of the pain team, in an emergency unit and a paediatric intensive care unit. The planned evaluation will focus on the way the discussion threads have operated, using social network analysis.

- Multi-agency groups intended to improve health and social services provision for older people.[11] These were really groups which were intended to act as communities of practice, and the research examined the knowledge-based behaviours to see whether the efforts to facilitate and support the groups to make evidence-based policy decision worked. On the whole, decision making was opportunistic, and the members 'satisficed', making decisions on what information was available at the time, with little effort made to seek out high quality evidence. Groups could also be swayed by personal experience and the roles and powers of particular participants.

- Evaluation of CHAIN, an informal email network for evidence based healthcare.[12] Staff target messages for help to appropriate people. The access to people with the knowhow was immensely popular, and the diversity of expertise useful. Those

[8] Ferlie E, Fitzgerald L, Wood M, Hawkins C. The nonspread of innovations: the mediating role of professionals. *Academy of Management Journal* 2005; 48(1): 117-134.

[9] Dopson S, Fitzgerald L, Ferlie E, Gabbay J, Locock L. No magic targets! Changing clinical practice to become more evidence-based. *Health Care Management Review* 2002; 27 (3): 35-47.

[10] Curran-Smith J, Abidi, SSR, Forgeron P. Towards a collaborative learning environment for children's pain management: leveraging an online discussion forum. *Health Informatics Journal* 2005; 11 (1): 19-31.

[11] Gabbay J, le May A, Jefferson H, Webb D, Lovelock R, Powell J, Lathlean J. A case study of knowledge management in multi-agency consumer-informed 'communities of practice': implications for evidence-based policy development in health and social services. *Health* 2003; 7: 283-310.

[12] Russell J, Greenhalgh T, Boynton P, Rigby M. Soft networks for bridging the gap between research and practice: illuminative evaluation of CHAIN. *BMJ* 2004; 328: 1174-1179.

who were acting at the periphery also appreciated what they could learn from reading the postings.

- Evaluation of three Collaboratives[i][13] (Cancer Services, Mental Health, Orthopaedic Services) set up under the NHS Plan to modernise ways of working. The main features of the Collaboratives are a) the creation of horizontal networks across NHS organisations and b) empowerment of relatively junior staff in solving local problems. The Collaboratives do not seem to be working as communities of practice, and they are acting more as project teams. Perhaps the Collaboratives are 'information rich' and 'knowledge poor' The evaluators recommend more emphasis on knowledge creation, and more efforts to tap the tacit knowledge.

Frameworks include:

- Health services research frameworks, contrasting the academic/researcher community of practice with the clinician/practitioner community of practice.[14] 'There may be fewer levers to change than we may wish to believe'. The implication is that the nearer the very clinical Specialist Libraries come to primary care, the more difficult their task.

- Fluid communities of practice in primary care. An ethnographic study[15] of knowledge management in primary care identified the collectively constructed 'mindlines' – the internalised tacit guidelines which were negotiated with a variety of people, according to organisational and time constraints.

- More general 'diffusion of innovation' frameworks (see previous section)

4.7.3 Future trends

Communities of practice support social learning, and one of the challenges of virtual communities of practice is not just to provide learning opportunities but to develop learning and making tacit knowledge explicit. Some of the possible approaches that are being developed include:

- Healthcare scenario composer (HSC)[16]. This would provide an electronic forum to allow healthcare experts to respond to a given scenario, which may be 'already solved', a challenge scenario (atypical, which elicits tacit knowledge), or solved-challenge scenarios (to assess degree of consensus or disagreement) with proposed solution. This approach seems to have some similarities with some of the principles of case-based reasoning,[17] with an emphasis on analogical reasoning to help grow knowledge, on a structure that assists the repair and annealing process to produce useful knowledge (full crystallisation).

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[13] Bate SP, Robert G. Knowledge management and communities of practice in the private sector: lessons for modernizing the National Health Service in England and Wales. *Public Administration* 2002; 80(4): 643-663.

[14] Kenrick D. Life on the exponential curve – time to rattle the academic cage? *Journal of Evaluation in Clinical Practice* 2005; 11(1): 1-6.

[15] Gabbay J, le May A. Evidence based guidelines or collectively constructed "mindlines?" Ethnographic study of knowledge management in primary care. *BMJ* 2004; 329 (7473): 1013-1017.

[16] Cheah Y-N, Abidi, SSR. *The role of information technology in the explication and crystallization of tacit healthcare knowledge.* Health Informatics Journal 2001; 7 (3/4): 158-167.

[17] Becerra-Fernandez I, Gonzalez A, Sabherwal R. *Knowledge management: challenges, solutions, and technologies.* Upper Saddle River, NJ: Pearson Education, 2004, Chapter 9, Using past history explicitly as knowledge: case-based reasoning systems.

4.7.4 Implications for management of Specialist Libraries

Several of the studies indicate that Specialist Libraries need to be aware of the following problems that may affect their development. It is notable that in the health sector several groups have latched on to the term 'communities of practice' and used it to describe groups that are not really communities of practice (Section 4.7.2). Communities of practice can be encouraged to develop, but badging a group as a community of practice does not automatically mean that those within the group can start acting as a community of practice. The earlier evaluation of communities of practice for the NeLH indicated the dangers of being IT-led rather than IT-supported, and the current literature confirms this.

The current literature suggests that the following factors may hinder development of Specialist Libraries as communities of practice:

- Differing ways of thinking and practice among different clinical disciplines, in particular the differences between vertical and horizontal networks, that may affect how innovation and learning is viewed.

- Differences between the academic/research perspective and the clinical/practitioner perspective. The nearer the more hospital-based Specialist Libraries come to dealing with primary care needs, the more difficult their task may be, as the priorities and attitudes towards uncertainty may differ.

The current literature suggests that the Specialist Libraries should discuss:

- Non-formal learning – what are the aims? What types of learning should be supported?

- Legitimate peripheral participation – is it possible that the views of those with fresh and new perspectives (some of those considered to be 'novices') might provide insights for the expert members of their community? Are there mechanisms in place to allow this?

The current literature confirms that the Specialist Libraries are doing the following things right:

- Providing useful knowledge, that can be trusted

- Dealing transparently with their communities

- Providing access to a diversity of expertise

- Allowing different access points, to suit different learning needs and learning styles

5 Conclusions

5.1 Operation and management

- *Are the Specialist Libraries operating as intended? Are their differing management structures working well?*

The different structures are often contingent on the way the Specialist Libraries have developed. There does not seem to be one structure that works better than another although the dangers of one library becoming dependent on one good web specialist or information specialist are obvious. The risks of loss of expertise are lessened by the strong community of information specialists who support each other and lend advice to newcomers among the Specialist Library team staff.

There is some debate about the way contributors might be encouraged to appraise evidence for the Specialist Libraries. Most libraries, most clinical leads, see the need to reward efforts through CPD points or payment.

The RMS is working, and most Specialist Libraries appreciate the benefits of the links between the libraries, the ability to make use of RSS feeds. Several feel that it is a 'lowest common denominator' and the RMS is hindering them from developing in the training and learning required for their communities. Allowing information specialists to create and update their own home pages has been some consolation.

Advisory groups need to be nurtured, and information specialists may be taking on greater responsibilities for ensuring the communication flows are working, and that editorial boards, reference groups, and advisory groups are kept informed of developments.

Not surprisingly, there is some uncertainty about the fit between the Specialist Libraries, and other national knowledge activities, such as the National Service Frameworks, National Knowledge Services, Map of Medicine, and NPfIT (Connecting for Health). A more robust evaluation framework would help as currently many of the Specialist Libraries are unclear who is using their services – and the impact of their services.

5.2 Specialist libraries as communities of practice

- *How are they acting as communities of practice?*

The value of the Specialist Libraries as communities of practice is not just in the websites but also in the very wide ranging consultation mechanisms set in place for their reference and advisory groups.

The Resource Management System (and RSS feeds) make the filtering of information and the links between the libraries easier to manage. These changes should not deflect the Specialist Libraries from serving their own communities, and some Specialist Libraries would like to do more to:
- develop interaction with their communities – online discussion forums, or question and answering services
- provide more learning activities and materials.

At present the RMS (in current format) makes such activities more difficult for some Specialist Libraries to set up, with their current resources of staff and materials.

The literature overview suggests that the Specialist Libraries will need to focus in the future on:

- dealing with differences between the professions represented in their communities. (If innovation or service modernisation is partly hindered by the lack of structured debate between the professions, then the Specialist Libraries could help to provide that structure, both in the reference groups and the website)

- integrating primary care, and providing services that primary care appreciate (such as the question and answering services). (The literature evidence indicates that this could be difficult)

5.3 Developing the communities of practice

- *How can their stage of development be assessed?*

The Specialist Libraries that are fully established have passed the building stage and most are at the engaged stage, providing outreach to the community they serve, and building trust and loyalty in the quality of their services. Many are grappling with the

problems of encouraging contributions from the community to the knowledge base. There is little evidence that many are engaging members (apart from the stakeholder advisory and reference group members) in collaborative work but the changeover to the RMS, and development of the RSS feeds has preoccupied many Specialist Libraries over the past six months.

Interestingly, several saw the need to link into existing activities which encourage learning about getting knowledge into practice, rather than developing new structures, and new layers. For example, linking to existing journal clubs may be more sensible than trying to set up a separate online journal club discussion.

The literature overview also suggests that communities of practice should not be viewed simply as the induction of new recruits by the experts, and that skills and knowledge brought in by new recruits deserve recognition. Journal clubs, for example, provide a neutral forum for such work (but may need to be uni-professional).

Other indications from the literature are that 'community stories' – how we did this or that may help. Access to people with the knowhow for service improvement seems popular, but needs to be managed so that the experts are not flooded with requests for help.

5.4 Information specialists

- *How is the community of information specialists operating to support the development of the Specialist Libraries?*

The network of information specialists is performing very successfully, providing support to newer Libraries by the more established Libraries. The community is probably acting as a community of practice of its own, and certainly at the active stage (beyond building and engaged stages). This community will need to consider how to react to environmental changes such as the Map of Medicine (and such activities will take the community to the adaptive stage).

5.5 Links between Specialist Libraries and other organisations

- *What are the Specialist Libraries' links with other organisations, such as professional associations and patient groups?*

Links seem very good, with the Specialist Libraries acting as *the* portal for their community.

Future development may need to focus on the way interaction and feedback is managed. The literature overview pointed to the danger of becoming too much like a project team, emphasising the information at the expense of the knowledge.

5.6 Comparisons with previous evaluation

The Virtual Branch Libraries in the previous evaluation were organised and resourced in a very different way from the current Specialist Libraries. It is not therefore fair to make comparisons about the level and scope of activities, but the following impressions may be of interest:

- Information specialists have formed a close-knit community, stronger than the one that existed before

- Communities tend to stick at the engaged stage

- Views still differ on the type of learning activities that could or should be provided

- Continuing tensions between the need for standardisation of some elements (for NLH purposes) and the need to provide for the particular needs of the community

- Continuing need to provide interaction and feedback

Appendix 1 Face to face interview schedule

Background and organisation

1. Can you please tell me a bit about the background to your Specialist Library and how you came to be involved? (oral health only)

2. How does the Specialist Library team operate (who else is on the team/how do you communicate with other team members)?

2a. Can you tell me about your editorial structure?

2b. Can you tell how your development team is staffed?

2c. have there been any problems with the above?

3. Are you experiencing any particular problems with the development of the Specialist Library?

3a. For example your own innovation versus conformity with NeLH norms

3b. Have you experienced any problems with the technical team at NeLH?

3c. Do you feel that SLs should control their own homepage?

3d. If so, why?

3e. How do you want the knowledge presented for your area of expertise?

4. How do you see the link between your Specialist Library and the NeLH (is it purely a matter of funding?)

4. What links do you have to the NKS and / or the Map of Medicine?

5. Do you have any contact with developers from other Specialist Libraries?

Supporting the community of practice/stakeholders

6. Do you have a perception of the Specialist Library as serving an identifiable 'community of practice'? (If so, have any key figures emerged within that community?)

7. Are there mechanisms for building trust among community members (supporting the development of a 'virtual community')

8. Do you see a role for the Specialist Library in encouraging collaborative working within the community of practice?

9. Are there areas of unmet information-need in your specialism, and will the Specialist Library help to address them? (i.e. are there areas where professionals have problems getting hold of the information they need?)

10. Do you see a training- or mentoring-role for the Specialist Library?

11. How do you ensure that the information available via the Specialist Library is current and appropriate to the members of the community?

12. Are there other organisations within the specialism that provide a similar service to the Specialist Library? (Do you view them as competitors – if so how does the service compare?)

Audit and future development

13. Do you collect usage statistics and, if so, what do you do with them?

14. Do you encourage feedback from users (if so, do you respond to the feedback)?

15. Are there any other evaluation mechanisms in place?

16. Do you have any views on the relationship between Specialist Libraries and the Professional Portals?

17. How do you allocate the grant for the Specialist Library?

17a. Do you know what will happen when your grant ends – have you made any contingency plans?

18. Do you have any future plans that you would like to mention (how will they be funded)?

Appendix 2 Telephone interview schedule

Participants were sent the questions for the interview in advance. The selection varied according to the focus of the interview and whether the interviews were being conducted with the clinical lead or the information specialist.

Background and organisation

1. Please tell me a bit about the background to your Specialist Library.

2. How does the Specialist Library team operate and what contact is there with developers of other Specialist Libraries?

3. Are there any particular problems with the development of the Specialist Library eg innovation versus conformity with NeLH norms?

4. How do you see the link between your Specialist Library and the NeLH?

5. What links do you have to the NKS and / or the Map of Medicine?

Supporting the community of practice/stakeholders

7. Do you have a perception of the Specialist Library as serving an identifiable community of practice?

8. Do you see a role for the Specialist Library in encouraging collaborative working within the community of practice?

9. Are there areas of unmet information-need in your specialism, and will the Specialist Library help to address them?

10. Do you see a training- or mentoring-role for the Specialist Library?

11. How do you ensure that the information available via the Specialist Library is current and appropriate to the members of the community?

12. Are there other organisations within the specialism that provide a similar service to the Specialist Library?

Audit and future development

13. Do you collect usage statistics and, if so, what do you do with them?

14. What evaluation mechanisms are in place?

15. Do you know what will happen when your grant ends – have you made any contingency/future plans?

Appendix 3 Talk-aloud session outline

a. Can you tell me what your job title is, please (including clinical specialism)?

1. Can we start by talking about your general information needs:

How do you go about keeping up-to-date with developments in your field (current awareness/news)?

Do you have any other ways of obtaining information on matters relating to evidence-based practice and clinical effectiveness (e.g. effectiveness bulletins in hardcopy format/professional journals/DoH Website)?

Do you receive any information from your professional body (if so, how is this information provided/how do you value it)?

Are there areas of your work where you have difficulty obtaining the information you need?

Do you have any formal involvement in patient support or patient liaison groups?

Do you have any prior knowledge or use of the NeLH SLs?

2. Please have a look at the lists of Specialist Libraries on the NeLH Website and see whether there are any that would potentially be relevant to your work. (May need to allow them time to browse a bit)

3. Please think back to a recent occasion when you had an information-need.

Can you tell me a bit about what you needed and why.

How did you go about looking for this information?

Were you satisfied with what you found?

Do you think you would have been able to meet this need by using the SLs?

Do you think there would have been any advantages/disadvantages to using the SLs to locate your information?

4. Can I ask about your impressions of using the SLs?

Are there any features that you particularly like or think you would find useful?

Is there any information on the site that would not be useful to you?

Do you think the information is presented in an easily-accessible format?

Do you think you would participate in any interactive features of the SL such as discussion groups?

Are there any other uses you could use the information on the SL for? For example references for future needs, training, presentations, patient information etc?

Appendix 4 Website evaluations

Cancer

[May launch]

Date of appraisal: 23.12.2004. Updated factual data April 2005

1 FUNCTIONALITY
Are the purpose, aim and identity clear?
Purpose/aim clear   [Y]
Identity clear   [Y]
Notes:

Are there ways of identifying and locating community members (i.e. who is behind it, who it is aimed at)?
Identifying   [Y]
Locating   [Y]
Notes: Editorial Group members listed and also National Reference/Stakeholders Group, Development Policy - information will be accessible to cancer patients, families and their carers.

Is there a clear knowledge-management framework, e.g. a common repository of knowledge?
YES   [Y]
NO   [ ]
Notes:

What functions support newcomers or visitors (how easy is it to find one's way around)?
Nothing   [ ]
'Hot topics'/news   [√]
Ease of navigation around site   [√]
Quick links topics (jump-to)   [√]
Guide to the information resources available   [√]
Other: Robodemo available in future

How are evaluation, audit and 'community-sensing' achieved?
Evaluation report available via site   [ ]
Feedback invited   [√]
Other:

How are links/relations with other groups and organisations presented? (Including whether there are links to other SLs)
Links to SLs at head of page, Editorial Group members listed and also National Reference/Stakeholders Group incl The Royal Colleges and Professional Organisations

How might policy-making in the DoH be supported by the site?
Access to evidence-based resources   [√]
Links to DoH Website, NICE etc.   [√]
Access to guidelines and/or protocols   [√]
Access to National Service Frameworks [√]
Other: NHS Cancer Plan, cancer research sources, NHS Modernisation Agency

2 USABILITY

How are individuals brought together?

Not at all   [√]

Discussion list   [ ]

Other:

Are the roles of participants and norms of behaviour clear (i.e. what is somebody expected to do with this site/is there are moderator like with a discussion list)?
Yes, also see Development Policy

Is the organisation of knowledge appropriate to the community (is anything confusing or misleading/if patients are included in the stakeholders is it clear which information is intended for public and which for professional consumption)?
Yes, there are clear divisions between patient and professional knowledge.

Does the process of feedback work transparently (i.e. is it clear what they do with the feedback once they have received it, is there any evidence of response to feedback)?
Encourages feedback and participation

3 CONTENT

Are there directories of members – or equivalent (including any experts the user could contact for advice)?
Project team, Editorial group and Reference/Stakeholder Group members listed

Does the range of content include:

Document and library systems (including access to bibliographic databases)	[√]
Community 'stories'/'accumulated knowledge and experience'	[ ]
Record of collaborative work efforts (e.g. at a personal level)	[ ]
Links to current contents-pages of appropriate journals	[ ]
Links to relevant guidelines	[√]
Links to relevant reports, manuals, coding schemes etc.	[√]
Links to current research	[√]

Notes:

Are there decision-making and analytical tools to support application of the content?

None   [✓]

Details of relevant decision-support software   [ ]

Interactive online training tools (e.g. case-studies)   [ ]

Other:

Are there links with other systems in the workplace (e.g. to Electronic Patient Record)?

YES   [ ]

NO   [✓]

Details:

4 STAKEHOLDER INVOLVEMENT

What types of participation are possible (who is expected to participate and why, who is the target audience)?

Professional societies   [✓]

Patient groups   [ ]

Research workers   [ ]
Charities   [✓]
Commercial organisations   [ ]
Other: Development Policy outlines links with Royal Colleges and Professional Organisations, cancer charities, Information Specialists from charities and from the National Collaborating Centre for Cancer (NCC-C)

Can participants move to a level of participation appropriate to their needs (e.g. is the format appropriate to professionals/students/patients etc.)?
YES   [√]
NO   [ ]
Notes:

How is personal identity and communal identity supported (e.g. do they encourage people to contribute)?
Yes. Feedback and contribution welcomed. See stakeholder involvement within Development Policy

Are the rhythm of events, news for the workplace reported (e.g. does it reflect current 'hot topics' in the news, does it include seasonal issues such as flu vaccination, etc.)?
News link

What rewards of membership are apparent (what does the SL give them over other services)?
Unclear

What types of collaborative interaction might be supported (e.g between members of the community and between the SL and other organisations)?
See stakeholder involvement within Development Policy

What type of mentoring is available?
None   [✓]
Online learning materials   [ ]
Other:

How is primary-care taken into account?
Patient information content. At present link to NLH's Primary Care Question Answering Service pilot

Are patients included as stakeholders?
YES   [Y]
NO   [ ]
Development Policy - Information will also be accessible to cancer patients, families and their carers.

Is there any relationship to NHS Direct (e.g. link to, description of)?
YES   [Y]
NO   [ ]
Notes: Links to NHS Direct Online

Cardiovascular disease

[Migrated to the new content system]

Date of appraisal: 23.12.2004 Updated **

1 FUNCTIONALITY
Are the purpose, aim and identity clear?
Purpose/aim clear   [✓]
Identity clear   [✓]
Notes: Not on opening homepage, you have to look for this

Are there ways of identifying and locating community members (i.e. who is behind it, who it is aimed at)?
Identifying   [✓]
Locating   [✓]
Notes:

Is there a clear knowledge-management framework, e.g. a common repository of knowledge?
YES   [✓]
NO   [ ]
Notes: This is clearly broken down into causes and risk factors, Diagnosis, Disease management and Prevention

What functions support newcomers or visitors (how easy is it to find one's way around)?
Nothing   [ ]
'Hot topics'/news   [✓]
Ease of navigation around site   [✓]
Quick links topics (jump-to)   [✓]
Guide to the information resources available   [ ]
Other: Guest editorials and archive of editorials

How are evaluation, audit and 'community-sensing' achieved?
Evaluation report available via site   [ ]
Feedback invited   [✓]
Other:

How are links/relations with other groups and organisations presented? (Including whether there are links to other SLs)
Links to listed key organisations from homepage and to other SLs at head of page

How might policy-making in the DoH be supported by the site?
Access to evidence-based resources   [✓]
Links to DoH Website, NICE etc.   [✓]
Access to guidelines and/or protocols   [✓]
Access to National Service Frameworks [✓]
Other:

2 USABILITY
How are individuals brought together?
Not at all   [ ]
Discussion list   [✓]
Other: Cardiac Networks, Events page – conferences

Are the roles of participants and norms of behaviour clear (i.e. what is somebody expected to do with this site/is there are moderator like with a discussion list)? Yes

Is the organisation of knowledge appropriate to the community (is anything confusing or misleading/if patients are included in the stakeholders is it clear which information is intended for public and which for professional consumption)? Appears clear, but no discrete section for patients

Does the process of feedback work transparently (i.e. is it clear what they do with the feedback once they have received it, is there any evidence of response to feedback)? Not at present

3 CONTENT
Are there directories of members – or equivalent (including any experts the user could contact for advice)? Only project team members. Only the clinical adviser to the external ref group is listed

Does the range of content include:
Document and library systems (including access to bibliographic databases)   [✓]
Community 'stories'/'accumulated knowledge and experience'   [ ]
Record of collaborative work efforts (e.g. at a personal level)   [ ]
Links to current contents-pages of appropriate journals   [✓]
Links to relevant guidelines   [✓]
Links to relevant reports, manuals, coding schemes etc.   [✓]
Links to current research   [✓]
Notes:

Are there decision-making and analytical tools to support application of the content?
None   [✓]
Details of relevant decision-support software   [ ]
Interactive online training tools (e.g. case-studies)   [ ]
Other:

Are there links with other systems in the workplace (e.g. to Electronic Patient Record)?
YES   [ ]
NO   [✓]
Details:

4 STAKEHOLDER INVOLVEMENT
What types of participation are possible (who is expected to participate and why, who is the target audience)?
Professional societies   [✓]
Patient groups   [ ]

Research workers   [✓]
Charities   [✓]
Commercial organisations   [ ]
Other:

Can participants move to a level of participation appropriate to their needs (e.g. is the format appropriate to professionals/students/patients etc.)?
YES   [ ]
NO   [ ]
Notes: Unclear at present

How is personal identity and communal identity supported (e.g. do they encourage people to contribute)? Feedback invited on site, ideas welcomed especially from paediatric professionals

Are the rhythm of events, news for the workplace reported (e.g. does it reflect current 'hot topics' in the news, does it include seasonal issues such as flu vaccination, etc.)? Hot off the press issues eg obesity

What rewards of membership are apparent (what does the SL give them over other services)? Unclear at present

What types of collaborative interaction might be supported (e.g between members of the community and between the SL and other organisations)? Unclear at present

What type of mentoring is available?
None   [✓]
Online learning materials   [ ]
Other:

How is primary-care taken into account Unclear at present

Are patients included as stakeholders?
YES   [ ]
NO   [✓]

Is there any relationship to NHS Direct (e.g. link to, description of)?
YES   [✓]
NO   [ ]
Notes: Links to NHS Direct Online

Child health

**Date of appraisal: 23.12.04. Updated factual data April 2005
[Migrated to new content system]**

1 Functionality
Are the purpose, aim and identity clear?
Purpose/aim clear   [Y]
Identity clear   [Y]
Notes: Does state that parts of site are restricted to those with Athens passwords

Are there ways of identifying and locating community members (i.e. who is behind it, who it is aimed at)?
Identifying   [Y]
Locating   [Y]
Notes: Project team listed. Reference/Steering Group Members not yet listed.

Is there a clear knowledge-management framework, e.g. a common repository of knowledge?
YES   [✓]
NO   [ ]
Notes:

What functions support newcomers or visitors (how easy is it to find one's way around)?
Nothing   [ ]
'Hot topics'/news   [✓]
Ease of navigation around site   [✓]
Quick links topics (jump-to)   [✓]
Guide to the information resources available   [✓]
Other: Site map, online tour

How are evaluation, audit and 'community-sensing' achieved?
Evaluation report available via site   [ ]
Feedback invited   [✓]
Other:

How are links/relations with other groups and organisations presented? (Including whether there are links to other SLs) Links to other SLs at top of page, and other organisations: professional bodies, and charities

How might policy-making in the DoH be supported by the site?
Access to evidence-based resources   [✓]
Links to DoH Website, NICE etc.   [√]
Access to guidelines and/or protocols   [✓]
Access to National Service Frameworks   [✓]
Other:

2 USABILITY

How are individuals brought together?

Not at all	[ ]
Discussion list	[✓]

Other: Education/CPD link leads to various relevant JISCMAIL lists, LISTSERV, Neonatal Nurses Association.

Are the roles of participants and norms of behaviour clear (i.e. what is somebody expected to do with this site/is there are moderator like with a discussion list)? Yes

Is the organisation of knowledge appropriate to the community (is anything confusing or misleading/if patients are included in the stakeholders is it clear which information is intended for public and which for professional consumption)? Clearly aimed at health professionals, but hopes to be of use to all users seeking information on child health

Does the process of feedback work transparently (i.e. is it clear what they do with the feedback once they have received it, is there any evidence of response to feedback)? No, it just tells you they are looking for feedback, ideas and contacts

3 CONTENT

Are there directories of members – or equivalent (including any experts the user could contact for advice)? Only members listed are the SL team members

Does the range of content include:

Document and library systems (including access to bibliographic databases)	[✓]
Community 'stories'/'accumulated knowledge and experience'	[ ]
Record of collaborative work efforts (e.g. at a personal level)	[ ]
Links to current contents-pages of appropriate journals	[ ]
Links to relevant guidelines	[✓]
Links to relevant reports, manuals, coding schemes etc.	[✓]
Links to current research	[✓]

Notes: databases include Children's Voices, ERIC, Joanna Briggs Institute, Oxford International Child health Group, Sure Start, The Health Visitor and School Nurse Innovations Network, Young People's Health Network

Are there decision-making and analytical tools to support application of the content?

None	[✓]
Details of relevant decision-support software	[ ]
Interactive online training tools (e.g. case-studies)	[ ]

Other:

Are there links with other systems in the workplace (e.g. to Electronic Patient Record)?

YES	[ ]
NO	[✓]

Details:

4 STAKEHOLDER INVOLVEMENT

What types of participation are possible (who is expected to participate and why, who is the target audience)?

Professional societies   [√]
Patient groups   [√]
Research workers   [ ]
Charities   [√]
Commercial organisations   [ ]
Other: Health professionals on an individual level

Can participants move to a level of participation appropriate to their needs (e.g. is the
format appropriate to professionals/students/patients etc.)?
YES   [√]
NO   [ ]
Notes:

How is personal identity and communal identity supported (e.g. do they encourage people
to contribute)? Only feedback, ideas and comments are encouraged at present

Are the rhythm of events, news for the workplace reported (e.g. does it reflect current 'hot
topics' in the news, does it include seasonal issues such as flu vaccination, etc.)? Yes,
reports hot topics from the news such as increases in childhood cancers

What rewards of membership are apparent (what does the SL give them over other
services)? Monthly updates via newsletter

What types of collaborative interaction might be supported (e.g between members of the
community and between the SL and other organisations)? Unclear at present

What type of mentoring is available?
None   [✓]
Online learning materials   [ ]
Other:

How is primary-care taken into account?
Patient information content – also of relevance to primary care professionals.

Are patients included as stakeholders?
YES   [ ]
NO   [✓]

Is there any relationship to NHS Direct (e.g. link to, description of)?
YES   [✓]
NO   [ ]
Notes:

Diabetes

Date of appraisal: 23.12.04. Updated factual data April 2005
[Migrated to the new content system]

1 Functionality
Are the purpose, aim and identity clear?
Purpose/aim clear   [Y]
Identity clear   [Y]
Notes:

Are there ways of identifying and locating community members (i.e. who is behind it, who it is aimed at)?
Identifying   [Y]
Locating   [Y]
Notes:

Is there a clear knowledge-management framework, e.g. a common repository of knowledge?
YES   [✔]
NO   [ ]
Notes: Clear strategy of library and content development and collection development policy

What functions support newcomers or visitors (how easy is it to find one's way around)?
Nothing   [ ]
'Hot topics'/news   [✔]
Ease of navigation around site   [✔]
Quick links topics (jump-to)   [✔]
Guide to the information resources available   [✔]
Other: Site map, Help function, animated guide, recent additions quick link

How are evaluation, audit and 'community-sensing' achieved?
Evaluation report available via site   [ ]
Feedback invited   [✔]
Other:

How are links/relations with other groups and organisations presented? (Including whether there are links to other SLs) Link for searching other SLs at top of page. Alphabetical lists of organisations organised into categories: Guidance and Pathways, Reference, and Education

How might policy-making in the DoH be supported by the site?
Access to evidence-based resources   [✔]
Links to DoH Website, NICE etc.   [✔]
Access to guidelines and/or protocols   [✔]
Access to National Service Frameworks [✔]
Other:

2 USABILITY

How are individuals brought together?

Not at all   [ ]
Discussion list   [ ]
Other:

Are the roles of participants and norms of behaviour clear (i.e. what is somebody expected to do with this site/is there are moderator like with a discussion list)? N/A

Is the organisation of knowledge appropriate to the community (is anything confusing or misleading/if patients are included in the stakeholders is it clear which information is intended for public and which for professional consumption)? Patient types of information content available

Does the process of feedback work transparently (i.e. is it clear what they do with the feedback once they have received it, is there any evidence of response to feedback)? The SL team asks if contributors to feedback want a response

3 CONTENT

Are there directories of members – or equivalent (including any experts the user could contact for advice)? Project team members and the Reference Group members are listed

Does the range of content include:

Document and library systems (including access to bibliographic databases)   [✓]
Community 'stories'/'accumulated knowledge and experience'   [ ]
Record of collaborative work efforts (e.g. at a personal level)   [ ]
Links to current contents-pages of appropriate journals   [ ]
Links to relevant guidelines   [✓]
Links to relevant reports, manuals, coding schemes etc.   [✓]
Links to current research   [✓]
Notes:

Are there decision-making and analytical tools to support application of the content?

None   [✓]
Details of relevant decision-support software   [ ]
Interactive online training tools (e.g. case-studies)   [ ]
Other:

Are there links with other systems in the workplace (e.g. to Electronic Patient Record)?

YES   [ ]
NO   [✓]
Details:

4 STAKEHOLDER INVOLVEMENT

What types of participation are possible (who is expected to participate and why, who is the target audience)?

Professional societies   [✓]
Patient groups   [✓]
Research workers   [ ]
Charities   [✓]
Commercial organisations   [ ]
Other: Reference group will advise on wider stakeholder involvement

Can participants move to a level of participation appropriate to their needs (e.g. is the format appropriate to professionals/students/patients etc.)?

YES   [ ]
NO   [ ]
Notes:

How is personal identity and communal identity supported (e.g. do they encourage people to contribute)? Yes to provide comments and ideas on the site. Seeking new members to help with content creation

Are the rhythm of events, news for the workplace reported (e.g. does it reflect current 'hot topics' in the news, does it include seasonal issues such as flu vaccination, etc.)?
Relevant news provided

What rewards of membership are apparent (what does the SL give them over other services)?
Unclear

What types of collaborative interaction might be supported (e.g between members of the community and between the SL and other organisations)?
Potential for collaboration with NHSe Library for Scotland (cross searching of sites)

What type of mentoring is available?
None   [ ]
Online learning materials   [ ]
Other: Links to list courses for people working in Diabetes care

How is primary-care taken into account?
Category on living with diabetes: Guidance and pathways and patient information

Are patients included as stakeholders?
YES   [ ]
NO   [ ]
Patients, carers and others welcome to use site but also directed to NHS Direct Online

Is there any relationship to NHS Direct (e.g. link to, description of)?
YES   [✓]
NO   [ ]
Notes: NHS Direct Online

Emergency care

Date of appraisal: 23.12.04. Updated factual data April 2005
[Migrated to the new content system]

1 Functionality
Are the purpose, aim and identity clear?
Purpose/aim clear   [Y]
Identity clear   [Y]
Notes:

Are there ways of identifying and locating community members (i.e. who is behind it, who it is aimed at)?
Identifying   [Y]
Locating   [Y]
Notes: members of the Project Team, Warwick Emergency Care Expert Advisory Group and Management Group are listed

Is there a clear knowledge-management framework, e.g. a common repository of knowledge?
YES   [✓]
NO   [ ]
Notes:

What functions support newcomers or visitors (how easy is it to find one's way around)?
Nothing   [ ]
'Hot topics'/news   [✓]
Ease of navigation around site   [✓]
Quick links topics (jump-to)   [✓]
Guide to the information resources available   [ ]
Other: Site map/category tree, Help function

How are evaluation, audit and 'community-sensing' achieved?
Evaluation report available via site   [ ]
Feedback invited   [✓]
Other:

How are links/relations with other groups and organisations presented? (Including whether there are links to other SLs)
Links other SLs at top of page, alphabetical list of organisations, split into Medical, Nursing, Ambulance, Primary Care, PAMs, Academic, Information Science, Public Health

How might policy-making in the DoH be supported by the site?
Access to evidence-based resources   [✓]
Links to DoH Website, NICE etc.   [✓]
Access to guidelines and/or protocols   [✓]
Access to National Service Frameworks [ ]
Other:

2 USABILITY

How are individuals brought together?

Not at all   [ ]

Discussion list   [✓]

Other:

Are the roles of participants and norms of behaviour clear (i.e. what is somebody expected to do with this site/is there are moderator like with a discussion list)?
Several links to discussion forum down the line – takes you to an external DoH site

Is the organisation of knowledge appropriate to the community (is anything confusing or misleading/if patients are included in the stakeholders is it clear which information is intended for public and which for professional consumption)?
Patients, carers etc are welcome to use the site and are directed to NHS Direct Online. Patient type of content available

Does the process of feedback work transparently (i.e. is it clear what they do with the feedback once they have received it, is there any evidence of response to feedback)?
The SL is seeking feedback, comments, ideas etc, and offers responses to comments

3 CONTENT

Are there directories of members – or equivalent (including any experts the user could contact for advice)?
Lists of Management and Reference Groups

Does the range of content include:

Document and library systems (including access to bibliographic databases)   [✓]

Community 'stories'/'accumulated knowledge and experience'   [ ]

Record of collaborative work efforts (e.g. at a personal level)   [ ]

Links to current contents-pages of appropriate journals   [ ]

Links to relevant guidelines   [✓]

Links to relevant reports, manuals, coding schemes etc.   [✓]

Links to current research   [✓]

Notes: Links to News, mailing list keeping users uptodate

Are there decision-making and analytical tools to support application of the content?

None   [ ]

Details of relevant decision-support software   [ ]

Interactive online training tools (e.g. case-studies)   [ ]

Other: None found

Are there links with other systems in the workplace (e.g. to Electronic Patient Record)?

YES   [ ]

NO   [✓]

Details:

4 STAKEHOLDER INVOLVEMENT

What types of participation are possible (who is expected to participate and why, who is the target audience)?

Professional societies   [✓]
Patient groups   [ ]
Research workers   [ ]
Charities   [ ]
Commercial organisations   [ ]
Other: Ambulance Service is the natural community. Primary Care at present not so closely linked (due to lack of contacts)

Can participants move to a level of participation appropriate to their needs (e.g. is the format appropriate to professionals/students/patients etc.)?

YES   [√]
NO   [ ]
Notes: Appropriate to professionals / students

How is personal identity and communal identity supported (e.g. do they encourage people to contribute)?
Feedback encouraged but contributors' details can be protected

Are the rhythm of events, news for the workplace reported (e.g. does it reflect current 'hot topics' in the news, does it include seasonal issues such as flu vaccination, etc.)?
News items reported

What rewards of membership are apparent (what does the SL give them over other services)?
Not apparent

What types of collaborative interaction might be supported (e.g between members of the community and between the SL and other organisations)?
Close link with Joint Royal Colleges Ambulance Liaison Committee and Clinical Effectiveness Committee of the British Association of Emergency Medicine

What type of mentoring is available?
None   [ ]
Online learning materials   [✓]
Other: Developing online teaching category through Education and Research link

How is primary-care taken into account?
Briefing on Provision of Emergency Primary Care available. Primary care issues such as GP out of hours work addressed

Are patients included as stakeholders?
YES   [ ]
NO   [✓]

Is there any relationship to NHS Direct (e.g. link to, description of)?
YES   [✓]
NO   [ ]
Notes: NHS Direct Online

ENT and Audiology

[migrated to new content system]

Date of appraisal: 24.12.2004 (updated March 2005)

1 FUNCTIONALITY
Are the purpose, aim and identity clear?
Purpose/aim clear   [✓]
Identity clear   [✓]
Notes: At pilot stage, live 20.12.2004.

Are there ways of identifying and locating community members (i.e. who is behind it, who it is aimed at)?
Identifying   [✓]
Locating   [✓]
Notes: Lists project team and stakeholders, clear statement of intended audience – health professionals

Is there a clear knowledge-management framework, e.g. a common repository of knowledge?
YES   [✓]
NO   [ ]
Notes:

What functions support newcomers or visitors (how easy is it to find one's way around)?
Nothing   [ ]
'Hot topics'/news   [✓]
Ease of navigation around site   [✓]
Quick links topics (jump-to)   [✓]
Guide to the information resources available   [ ]
Other: Site map, New to the Library? page, Quality Policy and Library Development Strategy

How are evaluation, audit and 'community-sensing' achieved?
Evaluation report available via site   [ ]
Feedback invited   [✓]
Other:

How are links/relations with other groups and organisations presented? (Including whether there are links to other SLs) Links to other SLs at head of page, List of key ENT Organisations

How might policy-making in the DoH be supported by the site?
Access to evidence-based resources   [✓]
Links to DoH Website, NICE etc.   [✓]
Access to guidelines and/or protocols   [✓]
Access to National Service Frameworks [ ]
Other: BNF, Clinical Evidence, Cochrane, NeLH

2 USABILITY

How are individuals brought together?
Not at all   [ ]
Discussion list   [ ]
Other: Events calendar available, feedback page

Are the roles of participants and norms of behaviour clear (i.e. what is somebody expected to do with this site/is there are moderator like with a discussion list)? Comments on and experience of page welcomed, option to join Reference Group

Is the organisation of knowledge appropriate to the community (is anything confusing or misleading/if patients are included in the stakeholders is it clear which information is intended for public and which for professional consumption)? No, it is clearly intended for health professionals

Does the process of feedback work transparently (i.e. is it clear what they do with the feedback once they have received it, is there any evidence of response to feedback)? Feedback option available

3 CONTENT

Are there directories of members – or equivalent (including any experts the user could contact for advice)? Yes, project team and stakeholders listed

Does the range of content include:
Document and library systems (including access to bibliographic databases)   [✓]
Community 'stories'/'accumulated knowledge and experience'   [ ]
Record of collaborative work efforts (e.g. at a personal level)   [ ]
Links to current contents-pages of appropriate journals   [✓]
Links to relevant guidelines   [✓]
Links to relevant reports, manuals, coding schemes etc.   [✓]
Links to current research   [✓]
Notes: Free access to list of ENT related journals

Are there decision-making and analytical tools to support application of the content?
None   [✓]
Details of relevant decision-support software   [ ]
Interactive online training tools (e.g. case-studies)   [ ]
Other:

Are there links with other systems in the workplace (e.g. to Electronic Patient Record)?
YES   [ ]
NO   [✓]
Details:

4 STAKEHOLDER INVOLVEMENT

What types of participation are possible (who is expected to participate and why, who is the target audience)?

Professional societies   [✓]
Patient groups   [ ]
Research workers   [ ]
Charities   [✓]
Commercial organisations   [ ]
Other: Patient Organisations, NHS Direct

Can participants move to a level of participation appropriate to their needs (e.g. is the format appropriate to professionals/students/patients etc.)?
YES   [✓]
NO   [ ]
Notes:

How is personal identity and communal identity supported (e.g. do they encourage people to contribute)? Yes

Are the rhythm of events, news for the workplace reported (e.g. does it reflect current 'hot topics' in the news, does it include seasonal issues such as flu vaccination, etc.)? News items

What rewards of membership are apparent (what does the SL give them over other services)?
Several disciplines involved – broad community to be supported.

What types of collaborative interaction might be supported (e.g between members of the community and between the SL and other organisations)?
Has connection with Cochrane Group

What type of mentoring is available?
None   [✓]
Online learning materials   [ ]
Other:

How is primary-care taken into account? Unclear from site itself

Are patients included as stakeholders?
YES   [ ]
NO   [✓]

Is there any relationship to NHS Direct (e.g. link to, description of)?
YES   [✓]
NO   [ ]

Health Informatics

[PROTOTYPE DEVELOPED SEPARATELY WITH NHS PARTNERS]

Date of appraisal: 24.12.2004, (Update: from 1 April 2005 management of the site passed to NPfIT (Connecting for Health))

1 FUNCTIONALITY
Are the purpose, aim and identity clear?
Purpose/aim clear   [✓]
Identity clear   [✓]
Notes: Clear statements of who it is for, what it is for, what site does and feedback. You have to register to gain full access to site

Are there ways of identifying and locating community members (i.e. who is behind it, who it is aimed at)?
Identifying   [✓]
Locating   [✓]
Notes: List of community members, list of special interest groups

Is there a clear knowledge-management framework, e.g. a common repository of knowledge?
YES   [✓]
NO   [ ]
Notes: Clear structure of content and links

What functions support newcomers or visitors (how easy is it to find one's way around)?
Nothing   [ ]
'Hot topics'/news   [✓]
Ease of navigation around site   [✓]
Quick links topics (jump-to)   [✓]
Guide to the information resources available   [✓]
Other:

How are evaluation, audit and 'community-sensing' achieved?
Evaluation report available via site   [ ]
Feedback invited   [✓]
Other:

How are links/relations with other groups and organisations presented? (Including whether there are links to other SLs) Lists of related organisations, with number of hits and rating system and recently added links

How might policy-making in the DoH be supported by the site?
Access to evidence-based resources   [✓]
Links to DoH Website, NICE etc.   [✓]
Access to guidelines and/or protocols   [✓]
Access to National Service Frameworks   [✓]
Other: NHS Netsites

2 USABILITY
How are individuals brought together?
Not at all   [ ]

Discussion list   [✓]
Other: Online meetings

Are the roles of participants and norms of behaviour clear (i.e. what is somebody expected to do with this site/is there are moderator like with a discussion list)? Opportunity to contact named person for information, no real clear guidance from Website, normal 'netiquette' references.

Is the organisation of knowledge appropriate to the community (is anything confusing or misleading/if patients are included in the stakeholders is it clear which information is intended for public and which for professional consumption)? Clear that the Website is geared towards information professionals

Does the process of feedback work transparently (i.e. is it clear what they do with the feedback once they have received it, is there any evidence of response to feedback)? Feedback – question and answer responses posted.

3 CONTENT
Are there directories of members – or equivalent (including any experts the user could contact for advice)? Yes, directories of members

Does the range of content include:
Document and library systems (including access to bibliographic databases)   [✓]
Community 'stories'/'accumulated knowledge and experience'   [✓]
Record of collaborative work efforts (e.g. at a personal level)   [✓]
Links to current contents-pages of appropriate journals   [ ]
Links to relevant guidelines   [✓]
Links to relevant reports, manuals, coding schemes etc.   [✓]
Links to current research   [✓]
Notes: Bulletin for health informatics community

Are there decision-making and analytical tools to support application of the content?
None   [ ]
Details of relevant decision-support software   [ ]
Interactive online training tools (e.g. case-studies)   [✓]
Other: NB Prince2 online training has been removed – contract expired

Are there links with other systems in the workplace (e.g. to Electronic Patient Record)?
YES   [ ]
NO   [ ]
Details: Research information on EPR - no direct link to EPR system

4 STAKEHOLDER INVOLVEMENT
What types of participation are possible (who is expected to participate and why, who is the target audience)?
Professional societies   [✓]
Patient groups   [ ]
Research workers   [✓]
Charities   [ ]
Commercial organisations   [ ]

Other:

Can participants move to a level of participation appropriate to their needs (e.g. is the format appropriate to professionals/students/patients etc.)?
YES   [✓]
NO   [ ]
Notes:

How is personal identity and communal identity supported (e.g. do they encourage people to contribute)? Yes, identity of members available

Are the rhythm of events, news for the workplace reported (e.g. does it reflect current 'hot topics' in the news, does it include seasonal issues such as flu vaccination, etc.)? News items

What rewards of membership are apparent (what does the SL give them over other services)? Unclear from site

What types of collaborative interaction might be supported (e.g between members of the community and between the SL and other organisations)? Discussion fora, Meeting Point, Online meetings, Special Interest Groups
Not clear from site

What type of mentoring is available?
None   [ ]
Online learning materials   [✓]
Other: Informatics Learning Network withdrawn

How is primary-care taken into account
News items

Are patients included as stakeholders?
YES   [ ]
NO   [✓]

Is there any relationship to NHS Direct (e.g. link to, description of)?
YES   [✓]
NO   [ ]
Notes: Information about NHS Direct and information from it, no direct link

Infection

[Prototype library]

Date of appraisal: 6 April 2005

1 FUNCTIONALITY
Are the purpose, aim and identity clear?
Purpose/aim clear   [Y]
Identity clear   [ ]

Are there ways of identifying and locating community members (i.e. who is behind it, who it is aimed at)?
Identifying   [Y]
Locating   [Y]
Notes: Aimed at healthcare professionals. Link to project board members and to key professional societies described as 'essential parties' in developing the site

Is there a clear knowledge-management framework, e.g. a common repository of knowledge?
YES   [Y]
NO   [ ]
Notes: Clear strategy of library and content development and collection development policy

What functions support newcomers or visitors (how easy is it to find one's way around)?
Nothing   [ ]
'Hot topics'/news   [✓]
Ease of navigation around site   [✓]
Quick links topics (jump-to)   [✓]
Guide to the information resources available   [✓]
Other: Top ten topics, factsheets, new pages added to NeLI, CID in the News Banner

How are evaluation, audit and 'community-sensing' achieved?
Evaluation report available via site   [✓]
Feedback invited   [✓]
Other: Well developed weblog analysis, online questionnaire includes preliminary results,

How are links/relations with other groups and organisations presented? (Including whether there are links to other SLs)
Links to societies involved in work on communicable and infectious diseases (professional bodies); useful websites incl. other SLs and to Infectious Society Disease websites

How might policy-making in the DoH be supported by the site?
Access to evidence-based resources   [✓]
Links to DoH Website, NICE etc.   [✓]
Access to guidelines and/or protocols   [✓]
Access to National Service Frameworks [   ]
Other:

2 USABILITY

How are individuals brought together?
Not at all   [ ]
Discussion list   [ ]
Other: Online newsletter, email discussion list to be developed in the future

Are the roles of participants and norms of behaviour clear (i.e. what is somebody expected to do with this site/is there are moderator like with a discussion list)?
Yes, aims to be the portal for infectious disease

Is the organisation of knowledge appropriate to the community (is anything confusing or misleading/if patients are included in the stakeholders is it clear which information is intended for public and which for professional consumption)?
Target audience health professionals, information organised for professional benefit

Does the process of feedback work transparently (i.e. is it clear what they do with the feedback once they have received it, is there any evidence of response to feedback)?
Yes. Report of evaluation of access logs 2003-2004 available

3 CONTENT

Are there directories of members – or equivalent (including any experts the user could contact for advice)?
Project board members are listed, list of societies involved in work on Communicable and Infectious diseases

Does the range of content include:
Document and library systems (including access to bibliographic databases)   [✓]
Community 'stories'/'accumulated knowledge and experience'   [ ]
Record of collaborative work efforts (e.g. at a personal level)   [ ]
Links to current contents-pages of appropriate journals   [ ]
Links to relevant guidelines   [✓]
Links to relevant reports, manuals, coding schemes etc.   [✓]
Links to current research   [✓]
Notes: Link to Online Journals and Books

Are there decision-making and analytical tools to support application of the content?
None   [ ]
Details of relevant decision-support software   [ ]
Interactive online training tools (e.g. case-studies)   [ ]
Other: Supercourse hosted by Univ Pittsburgh includes online lectures Training slides included in Learning zone

Are there links with other systems in the workplace (e.g. to Electronic Patient Record)?
YES   [ ]
NO   [✓]
Details:

4 STAKEHOLDER INVOLVEMENT

What types of participation are possible (who is expected to participate and why, who is the target audience)?
Professional societies   [✓]

Patient groups   [ ]
Research workers   [✓]
Charities   [ ]
Commercial organisations   [ ]
Other: Health professionals target audience, collaboration re content by users welcomed

Can participants move to a level of participation appropriate to their needs (e.g. is the format appropriate to professionals/students/patients etc.)?
YES   [✓]
NO   [ ]
Notes: Content categorized- public information, treatment etc and level of evidence indicated

How is personal identity and communal identity supported (e.g. do they encourage people to contribute)?
Yes Direct link to 'information for contributors', link to conferences and meetings

Are the rhythm of events, news for the workplace reported (e.g. does it reflect current 'hot topics' in the news, does it include seasonal issues such as flu vaccination, etc.)?
Yes - banner

What rewards of membership are apparent (what does the SL give them over other services)?
Aims to be the portal for Infectious Disease

What types of collaborative interaction might be supported (e.g between members of the community and between the SL and other organisations)? Contribution welcomed, between members of community and SL via training, teaching, training materials collaboration with eg Health Informatics eCommunity. Key professional societies essential parties in SL development

What type of mentoring is available?
None   [ ]
Online learning materials   [✓]
Other: Training in Infection website link – Learning Zone area

How is primary-care taken into account?
Factsheets incl those for schools & health promotion. Guidance and pathways include primary care use. Patient information

Are patients included as stakeholders?
YES   [ ]
NO   [✓]

Is there any relationship to NHS Direct (e.g. link to, description of)?
YES   [✓]
NO   [ ]
Notes: NHS Direct Online via Useful Websites link

Knowledge Management

[Prototype Library developed separately with NHS partners]

Date of appraisal: 25.12.2004

1 FUNCTIONALITY
Are the purpose, aim and identity clear?
Purpose/aim clear   [✔]
Identity clear   [✔]
Notes:

Are there ways of identifying and locating community members (i.e. who is behind it, who it is aimed at)?
Identifying   [ ]
Locating   [ ]
Notes: Email link N/A yet but promised

Is there a clear knowledge-management framework, e.g. a common repository of knowledge?
YES   [✔]
NO   [ ]
Notes: Still under development

What functions support newcomers or visitors (how easy is it to find one's way around)?
Nothing   [ ]
'Hot topics'/news   [ ]
Ease of navigation around site   [✔]
Quick links topics (jump-to)   [ ]
Guide to the information resources available   [✔]
Other:

How are evaluation, audit and 'community-sensing' achieved?
Evaluation report available via site   [ ]
Feedback invited   [✔] But email link to be set-up
Other:

How are links/relations with other groups and organisations presented? (Including whether there are links to other SLs) Link to SLs at top of page, Alphabetical list of relevant NHS organisations

How might policy-making in the DoH be supported by the site?
Access to evidence-based resources   [✔]
Links to DoH Website, NICE etc.   [✔]
Access to guidelines and/or protocols   [✔]
Access to National Service Frameworks   [ ]
Other: National initiatives, NKS

2 USABILITY

How are individuals brought together?

Not at all   [ ]

Discussion list   [✓]

Discussion Boards promised but link not working

Other:

Are the roles of participants and norms of behaviour clear (i.e. what is somebody expected to do with this site/is there are moderator like with a discussion list)? N/A

Is the organisation of knowledge appropriate to the community (is anything confusing or misleading/if patients are included in the stakeholders is it clear which information is intended for public and which for professional consumption)? Clearly aimed at people interested in KM, largely staff and organisations in the NHS

Does the process of feedback work transparently (i.e. is it clear what they do with the feedback once they have received it, is there any evidence of response to feedback)? N/A – does not tell you if there will be a response to feedback

3 CONTENT

Are there directories of members – or equivalent (including any experts the user could contact for advice)? N/A

Does the range of content include:

Document and library systems (including access to bibliographic databases)   [✓]

Community 'stories'/'accumulated knowledge and experience'   [✓]

Record of collaborative work efforts (e.g. at a personal level)   [ ]

Links to current contents-pages of appropriate journals   [✓]

Links to relevant guidelines   [✓]

Links to relevant reports, manuals, coding schemes etc.   [✓]

Links to current research   [✓]

Notes:

Are there decision-making and analytical tools to support application of the content?

None   [ ]

Details of relevant decision-support software   [ ]

Interactive online training tools (e.g. case-studies)   [✓] KM Online

Skills toolkit

Other:

Are there links with other systems in the workplace (e.g. to Electronic Patient Record)?

YES   [ ]

NO   [✓]

Details:

4 STAKEHOLDER INVOLVEMENT

What types of participation are possible (who is expected to participate and why, who is the target audience)?

Professional societies   [ ]
Patient groups   [ ]
Research workers   [ ]
Charities   [ ]
Commercial organisations   [ ]
Other: KM professionals, but anyone interested in KM issues

Can participants move to a level of participation appropriate to their needs (e.g. is the
format appropriate to professionals/students/patients etc.)?
YES   [✓]
NO   [ ]
Notes:

How is personal identity and communal identity supported (e.g. do they encourage people
to contribute)? Yes, but under development

Are the rhythm of events, news for the workplace reported (e.g. does it reflect current 'hot
topics' in the news, does it include seasonal issues such as flu vaccination, etc.)? News
issues

What rewards of membership are apparent (what does the SL give them over other
services)?
Not clear

What types of collaborative interaction might be supported (e.g between members of the
community and between the SL and other organisations)? Discussion Boards

What type of mentoring is available?
None   [ ]
Online learning materials   [✓]
Other:

How is primary-care taken into account ?
Not specifically?

Are patients included as stakeholders?
YES   [ ]
NO   [✓]

Is there any relationship to NHS Direct (e.g. link to, description of)?
YES   [✓]
NO   [ ]
Notes:

Learning Disabilities

Date of appraisal: 25.12.2004. Updated factual data April 2005
[Migrated to new content system]

1 FUNCTIONALITY
Are the purpose, aim and identity clear?
Purpose/aim clear   [Y]
Identity clear   [Y]
Notes: Acts as a web-based portal to information

Are there ways of identifying and locating community members (i.e. who is
behind it, who it is aimed at)?
Identifying   [Y]
Locating   [Y]
Notes: Front page - "web based portal...aimed at professionals"

Is there a clear knowledge-management framework, e.g. a common repository of
knowledge?
YES   [✓]
NO   [ ]
Notes: Primarily links to information available online

What functions support newcomers or visitors (how easy is it to find one's way
around)?
Nothing   [ ]
'Hot topics'/news   [✓]
Ease of navigation around site   [✓]
Quick links topics (jump-to)   [ ]
Guide to the information resources available [✓]
Other: Subject map

How are evaluation, audit and 'community-sensing' achieved?
Evaluation report available via site   [ ]
Feedback invited   [√]
Other: Looking to make contact with people who are prepared to become involved
in shaping the Specialist Libraries and in the content creation programme

How are links/relations with other groups and organisations presented (Including
whether there are links to other SLs)?
Links to SLs at head of page, and List of and links to key organisations on right
hand side navigation panel

How might policy-making in the DoH be supported by the site?
Access to evidence-based resources   [✔]
Links to DoH Website, NICE etc.   [ ]
Access to guidelines and/or protocols   [✔]
Access to National Service Frameworks   [ ]
Other:

2 USABILITY
How are individuals brought together?
Not at all   [ ]
Discussion list   [ ]
Other: Informal Yahoo Group Discussion list (no link)

Are the roles of participants and norms of behaviour clear (i.e. what is somebody expected to do with this site/is there are moderator like with a discussion list)?
Yes, refer to Front page.

Is the organisation of knowledge appropriate to the community (is anything confusing or misleading/if patients are included in the stakeholders is it clear which information is intended for public and which for professional consumption)?
Patient information type tab

Does the process of feedback work transparently (i.e. is it clear what they do with the feedback once they have received it, is there any evidence of response to feedback)?
No evidence of response to feedback

3 CONTENT
Are there directories of members – or equivalent (including any experts the user could contact for advice)?
Yes, BILD, CEBM, ELSC contacts

Does the range of content include:
Document and library systems (including access to bibliographic databases) [√]
Community 'stories'/'accumulated knowledge and experience'   [ ]
Record of collaborative work efforts (e.g. at a personal level)   [ ]
Links to current contents-pages of appropriate journals   [ ]

Links to relevant guidelines   [✔]
Links to relevant reports, manuals, coding schemes etc.   [✔]
Links to current research   [✔]
Notes: Link to Electronic library for social care. Site supported by the information services of BILD

Are there decision-making and analytical tools to support application of the content?
None   [✔]
Details of relevant decision-support software   [ ]
Interactive online training tools (e.g. case-studies)   [ ]
Other:

Are there links with other systems in the workplace (e.g. to Electronic Patient Record)?
YES   [ ]
NO   [✔]
Details:

4 STAKEHOLDER INVOLVEMENT

What types of participation are possible (who is expected to participate and why, who is the target audience)?
Professional societies   [✔]
Patient groups   [ ]
Research workers   [✔]
Charities   [✔]
Commercial organisations   [ ]
Other: Aimed at professionals, service providers such as social services and policy makers

Can participants move to a level of participation appropriate to their needs (e.g. is the format appropriate to professionals/students/patients etc.)?
YES   [✔]
NO   [ ]
Notes:

How is personal identity and communal identity supported (e.g. do they encourage people to contribute)? Invites comments, ideas, feedback, suggestions for other links and content creation involvement

Are the rhythm of events, news for the workplace reported (e.g. does it reflect current 'hot topics' in the news, does it include seasonal issues such as flu vaccination, etc.)?
Limited news items

What rewards of membership are apparent (what does the SL give them over other services)? N/A

What types of collaborative interaction might be supported (e.g between members of the community and between the SL and other organisations)?
Links with other information providers such as BILD and eLSC, and charities

What type of mentoring is available?
None   [✔]
Online learning materials   [ ]
Other:

How is primary-care taken into account?
References and guidance to day care services, services for people with learning disabilities etc

Are patients included as stakeholders?
YES   [ ]
NO   [√]

Is there any relationship to NHS Direct (e.g. link to, description of)?
YES   [ ]
NO   [✔]
Notes:

Medicines

(Drug Info Zone)

Date of appraisal: 25.12.2004

1 FUNCTIONALITY
Are the purpose, aim and identity clear?
Purpose/aim clear   [✓]
Identity clear   [✓]
Notes:

Are there ways of identifying and locating community members (i.e. who is behind it, who it is aimed at)?
Identifying   [✓]
Locating   [✓]
Notes:

Is there a clear knowledge-management framework, e.g. a common repository of knowledge?
YES   [✓]
NO   [ ]
Notes:

What functions support newcomers or visitors (how easy is it to find one's way around)?
Nothing   [ ]
'Hot topics'/news   [✓]
Ease of navigation around site   [✓]
Quick links topics (jump-to)   [✓]
Guide to the information resources available   [✓]
Other: members Log-In Box

How are evaluation, audit and 'community-sensing' achieved?
Evaluation report available via site   [ ]
Feedback invited   [✓]
Other:

How are links/relations with other groups and organisations presented? (Including whether there are links to other SLs)
Under Useful Links, Classified Links, Links to NHS on front page

How might policy-making in the DoH be supported by the site?
Access to evidence-based resources   [✓]
Links to DoH Website, NICE etc.   [✓]
Access to guidelines and/or protocols   [✓]
Access to National Service Frameworks [✓]
Other:

2 USABILITY
How are individuals brought together?
Not at all   [✓]

Discussion list   [ ]
Other:

Are the roles of participants and norms of behaviour clear (i.e. what is somebody expected to do with this site/is there are moderator like with a discussion list)? N/A

Is the organisation of knowledge appropriate to the community (is anything confusing or misleading/if patients are included in the stakeholders is it clear which information is intended for public and which for professional consumption)? Clear information, does state that it is for the NHS

Does the process of feedback work transparently (i.e. is it clear what they do with the feedback once they have received it, is there any evidence of response to feedback)? Not clear

3 CONTENT
Are there directories of members – or equivalent (including any experts the user could contact for advice)? Lists UKMi Services

Does the range of content include:
Document and library systems (including access to bibliographic databases)   [✓]
Community 'stories'/'accumulated knowledge and experience'   [ ]
Record of collaborative work efforts (e.g. at a personal level)   [✓] Sharing
Practice Link, Drug Reviews
Links to current contents-pages of appropriate journals   [✓]
Links to relevant guidelines   [✓]
Links to relevant reports, manuals, coding schemes etc.   [✓]
Links to current research   [✓]
Notes:

Are there decision-making and analytical tools to support application of the content?
None   [✓]
Details of relevant decision-support software   [ ]
Interactive online training tools (e.g. case-studies)   [ ]
Other:

Are there links with other systems in the workplace (e.g. to Electronic Patient Record)?
YES   [ ]
NO   [✓]
Details: Only research information

4 STAKEHOLDER INVOLVEMENT
What types of participation are possible (who is expected to participate and why, who is the target audience)? THIS MAY HAVE TO BE INVESTIGATED IN THE MEETING RATHER THAN VIA WEBSITE
Professional societies   [ ]
Patient groups   [ ]

Research workers   [ ]
Charities   [ ]
Commercial organisations   [ ]
Other: NHS professionals

Can participants move to a level of participation appropriate to their needs (e.g. is the
format appropriate to professionals/students/patients etc.)?
YES   [✓]
NO   [ ]
Notes: Appropriate to health professionals

How is personal identity and communal identity supported (e.g. do they encourage people
to contribute)? Feedback to UKMi

Are the rhythm of events, news for the workplace reported (e.g. does it reflect current 'hot
topics' in the news, does it include seasonal issues such as flu vaccination, etc.)? News,
Medicines Update, Drug Alerts, Hot off the Press, and Current Awareness items

What rewards of membership are apparent (what does the SL give them over other
services)? Not clear from site

What types of collaborative interaction might be supported (e.g between members of the
community and between the SL and other organisations)? Not clear from site itself

What type of mentoring is available?
None   [ ]
Online learning materials   [ ]
Other: Sharing Practice Product

How is primary-care taken into account?
 Range of primary care / community issues around drugs available from front page

Are patients included as stakeholders?
YES   [ ]
NO   [✓]

Is there any relationship to NHS Direct (e.g. link to, description of)?
YES   [✓]
NO   [ ]
Notes:

Mental Health

[Migrated to new content system. Old NeLMH site archived as a resource until September 2005]
Date of appraisal: 24.12.2004. Updated factual data April 2005

1 FUNCTIONALITY
Are the purpose, aim and identity clear?
Purpose/aim clear   [Y]
Identity clear   [Y]

Notes:

Are there ways of identifying and locating community members (i.e. who is behind it, who it is aimed at)?
Identifying   [Y]
Locating   [Y]
Notes: Lists and contacts to Project Team, Editorial Board and Key Stakeholders

Is there a clear knowledge-management framework, e.g. a common repository of knowledge?
YES   [✓]
NO   [ ]
Notes:

What functions support newcomers or visitors (how easy is it to find one's way around)?
Nothing   [ ]
'Hot topics'/news   [✓]
Ease of navigation around site   [✓]
Quick links topics (jump-to)   [✓]
Guide to the information resources available [✓]
Other: Site Map, Help function, tips on using site, links to most popular sections, latest additions

How are evaluation, audit and 'community-sensing' achieved?
Evaluation report available via site   [ ]
Feedback invited   [✓]
Other: Evaluations available on old NeLMH site

How are links/relations with other groups and organisations presented (Including whether there are links to other SLs)?

Direct link to SLs at head of home page. Essential Links to key relevant organisations on front page right hand side. Resource Directory category to listing of self-help, non-statutory and voluntary organisations including local groups. Cross referencing of resource to other SLs when appropriate.

How might policy-making in the DoH be supported by the site?
Access to evidence-based resources   [✔]
Links to DoH Website, NICE etc.   [√]
Access to guidelines and/or protocols   [✔]
Access to National Service Frameworks   [ ]
Other:

2 USABILITY
How are individuals brought together?
Not at all   [√]
Discussion list   [ ]
Other:

Are the roles of participants and norms of behaviour clear (i.e. what is somebody expected to do with this site/is there are moderator like with a discussion list)?

Front page "Looking for the old NeLMH site" - the site acts as more of a signposting service to the mental health resources available within the main NLH. Considerable amount of content of old NeLMH site archived.

Is the organisation of knowledge appropriate to the community (is anything confusing or misleading/if patients are included in the stakeholders is it clear which information is intended for public and which for professional consumption)?
Patient information tab for resources. Public directed to NHS Direct Online.

Does the process of feedback work transparently (i.e. is it clear what they do with the feedback once they have received it, is there any evidence of response to feedback)?
No. Compare with archived NeLMH site

3 CONTENT
Are there directories of members – or equivalent (including any experts the user could contact for advice)?

Core team, core groups and external reference group listed. Resource Directory category to listing of self-help, non-statutory and voluntary organisations links.

Does the range of content include:
Document and library systems (including access to bibliographic databases)
        [ ]
Community 'stories'/'accumulated knowledge and experience'
        [ ]
Record of collaborative work efforts (e.g. at a personal level)   [ ]
Links to current contents-pages of appropriate journals   [ ]
Links to relevant guidelines   [✓]
Links to relevant reports, manuals, coding schemes etc.   [✓]
Links to current research   [ ]
Notes: Compare with archived NeLMH site

Are there decision-making and analytical tools to support application of the content?
None   [√]
Details of relevant decision-support software   [ ]
Interactive online training tools (e.g. case-studies)   [ ]
Other:
Compare with archived old NeLMH site

Are there links with other systems in the workplace (e.g. to Electronic Patient Record)?
YES   [ ]
NO   [✓]
Details:

4 STAKEHOLDER INVOLVEMENT
What types of participation are possible (who is expected to participate and why, who is the target audience)?
Professional societies   [✓]
Patient groups   [✓]
Research workers   [✓]
Charities   [✓]
Commercial organisations   [ ]
Other:
Refer to core groups and external reference group listings

Can participants move to a level of participation appropriate to their needs (e.g. is the format appropriate to professionals/students/patients etc.)?
YES   [✓]

NO   [ ]
Notes:

How is personal identity and communal identity supported (e.g. do they encourage people to contribute)?
No. Compare with archived NeLMH site

Are the rhythm of events, news for the workplace reported (e.g. does it reflect current 'hot topics' in the news, does it include seasonal issues such as flu vaccination, etc.)?
News though none available
What rewards of membership are apparent (what does the SL give them over other services)?
No other site supplies information in an evidence based, systematic way.

What types of collaborative interaction might be supported (e.g between members of the community and between the SL and other organisations)?
There is a community of 300-400 users, email discussion list involved in the development of the site (no link). Also uses the knowledge community of the National Institute for Mental Health in England. Involves other SLs such as Ethnic Health SL.

What type of mentoring is available?
None   [√]
Online learning materials   [ ]
Other:

How is primary-care taken into account?
SL presents across primary and secondary care. Primary Care Mental Health and Education part of external reference group.

Are patients included as stakeholders?
YES   [ ]
NO   [√]
Site freely available to public but are directed to NHS Direct Online

Is there any relationship to NHS Direct Online(e.g. link to, description of)?
YES   [✓]
NO   [ ]
Notes:

Musculoskeletal

[Migrated to new content system]

Date of appraisal: 25.12.2004

1 FUNCTIONALITY
Are the purpose, aim and identity clear?
Purpose/aim clear   [✓]
Identity clear   [✓]
Notes: Live Oct 2003

Are there ways of identifying and locating community members (i.e. who is behind it, who it is aimed at)?
Identifying   [✓]
Locating   [✓]
Notes: Reference Group, Editorial Board, SL team

Is there a clear knowledge-management framework, e.g. a common repository of knowledge?
YES   [✓]
NO   [ ]
Notes:

What functions support newcomers or visitors (how easy is it to find one's way around)?
Nothing   [ ]
'Hot topics'/news   [✓]
Ease of navigation around site   [✓]
Quick links topics (jump-to)   [✓]
Guide to the information resources available   [✓]
Other: Site map, tour

How are evaluation, audit and 'community-sensing' achieved?
Evaluation report available via site   [ ]
Feedback invited   [✓]
Other: Email Link to SL

How are links/relations with other groups and organisations presented? (Including whether there are links to other SLs) Links to other SLs at head of page, Links to professional bodies and patient / support groups on front page left hand navigation panel

How might policy-making in the DoH be supported by the site?
Access to evidence-based resources   [✓]
Links to DoH Website, NICE etc.   [ ]
Access to guidelines and/or protocols   [✓]
Access to National Service Frameworks [ ]
Other:

2 USABILITY
How are individuals brought together?
Not at all   [ ]
Discussion list   [ ]

Other: Podiatry mailbase discussion forum and Rheum-Foot list

Are the roles of participants and norms of behaviour clear (i.e. what is somebody expected to do with this site/is there are moderator like with a discussion list)? N/A

Is the organisation of knowledge appropriate to the community (is anything confusing or misleading/if patients are included in the stakeholders is it clear which information is intended for public and which for professional consumption)? Clear, aimed at professionals, public and patients, but latter two are also refereed to NHS Direct Online

Does the process of feedback work transparently (i.e. is it clear what they do with the feedback once they have received it, is there any evidence of response to feedback)? Unclear

3 CONTENT
Are there directories of members – or equivalent (including any experts the user could contact for advice)? Yes, SL team, Editorial Board and Development Team

Does the range of content include:
Document and library systems (including access to bibliographic databases)　　[✓]
Community 'stories'/'accumulated knowledge and experience'　　[ ]
Record of collaborative work efforts (e.g. at a personal level)　　[ ]
Links to current contents-pages of appropriate journals　　[✓] Many are full text
Links to relevant guidelines　　[✓]
Links to relevant reports, manuals, coding schemes etc.　　[✓]
Links to current research　　[✓]
Notes:

Are there decision-making and analytical tools to support application of the content?
None　　[✓]
Details of relevant decision-support software　　[ ]
Interactive online training tools (e.g. case-studies)　　[ ]
Other: List of professional training bodies

Are there links with other systems in the workplace (e.g. to Electronic Patient Record)?
YES　　[ ]
NO　　[✓]
Details:

4 STAKEHOLDER INVOLVEMENT
What types of participation are possible (who is expected to participate and why, who is the target audience)?
Professional societies　　[✓]
Patient groups　　[✓]
Research workers　　[✓]
Charities　　[✓]
Commercial organisations　　[ ]

Other:

Can participants move to a level of participation appropriate to their needs (e.g. is the format appropriate to professionals/students/patients etc.)?
YES   [✓]
NO   [ ]
Notes:

How is personal identity and communal identity supported (e.g. do they encourage people to contribute)? To feedback

Are the rhythm of events, news for the workplace reported (e.g. does it reflect current 'hot topics' in the news, does it include seasonal issues such as flu vaccination, etc.)? Hitting the headlines and News

What rewards of membership are apparent (what does the SL give them over other services)? Wider community

What types of collaborative interaction might be supported (e.g between members of the community and between the SL and other organisations)? As above

What type of mentoring is available?
None   [ ]
Online learning materials   [ ]
Other: Discussion lists for small number of professional groups

How is primary-care taken into account? References to primary care musculoskeletal information and professional bodies

Are patients included as stakeholders?
YES   [✓]
NO   [ ]

Is there any relationship to NHS Direct (e.g. link to, description of)?
YES   [✓]
NO   [ ]
Notes:

Oral Health

[Migrated to the new content system]

Date of appraisal: 24.12.2004

1 FUNCTIONALITY

Are the purpose, aim and identity clear?
Purpose/aim clear   [✓]
Identity clear   [✓]
Notes: States that it is at the beginning of the project, though is now about half way through

Are there ways of identifying and locating community members (i.e. who is behind it, who it is aimed at)?
Identifying   [✓]
Locating   [✓]
Notes: Gives lists and contacts to SL Team and the Development Team

Is there a clear knowledge-management framework, e.g. a common repository of knowledge?
YES   [✓]
NO   [ ]
Notes:

What functions support newcomers or visitors (how easy is it to find one's way around)?
Nothing   [ ]
'Hot topics'/news   [✓]
Ease of navigation around site   [✓]
Quick links topics (jump-to)   [✓]
Guide to the information resources available   [✓]
Other: Site map

How are evaluation, audit and 'community-sensing' achieved?
Evaluation report available via site   [ ]
Feedback invited   [✓]
Other:

How are links/relations with other groups and organisations presented? (Including whether there are links to other SLs) Links to other SLs at top of page, alphabetical list of key organisations divided into Education / CPD [n=24] and Patient Information [n=1], List to Steering Group Organisations

How might policy-making in the DoH be supported by the site?
Access to evidence-based resources   [✓]
Links to DoH Website, NICE etc.   [ ]
Access to guidelines and/or protocols   [✓]
Access to National Service Frameworks [ ]
Other:

2 USABILITY
How are individuals brought together?
Not at all   [✓]
Discussion list   [ ]
Other: Future plans include discussion fora for users to build key contacts. An opinion poll feature 'Have your say'. Details of conferences. Plans to encourage users to assess articles in exchange for CPD points.

Are the roles of participants and norms of behaviour clear (i.e. what is somebody expected to do with this site/is there are moderator like with a discussion list)? N/A

Is the organisation of knowledge appropriate to the community (is anything confusing or misleading/if patients are included in the stakeholders is it clear which information is intended for public and which for professional consumption)? Clear, the site is aimed at professionals at present, there is only one patient organisation represented, though news items may be of interest to the public

Does the process of feedback work transparently (i.e. is it clear what they do with the feedback once they have received it, is there any evidence of response to feedback)? Option for response to feedback available

3 CONTENT
Are there directories of members – or equivalent (including any experts the user could contact for advice)? Yes – SL TEAM, Steering Group Organisation and Development Team

Does the range of content include:
Document and library systems (including access to bibliographic databases)   [✓]
Community 'stories'/'accumulated knowledge and experience'   [ ]
Record of collaborative work efforts (e.g. at a personal level)   [ ]
Links to current contents-pages of appropriate journals   [ ]
Links to relevant guidelines   [✓]
Links to relevant reports, manuals, coding schemes etc.   [✓]
Links to current research   [✓]
Notes:

Are there decision-making and analytical tools to support application of the content?
None   [ ]
Details of relevant decision-support software   [ ]
Interactive online training tools (e.g. case-studies)   [ ]
Other: Courses and guides to EBHC skills available

Are there links with other systems in the workplace (e.g. to Electronic Patient Record)?
YES   [ ]
NO   [✓]
Details:

4 STAKEHOLDER INVOLVEMENT
What types of participation are possible (who is expected to participate and why, who is the target audience)? THIS MAY HAVE TO BE INVESTIGATED IN THE MEETING RATHER THAN VIA WEBSITE
Professional societies   [✓]
Patient groups   [✓]
Research workers   [✓]
Charities   [ ]
Commercial organisations   [ ]
Other: National Assembly for Wales

Can participants move to a level of participation appropriate to their needs (e.g. is the format appropriate to professionals/students/patients etc.)?
YES   [✓]
NO   [ ]
Notes:

How is personal identity and communal identity supported (e.g. do they encourage people to contribute)? Yes, in future users will be encouraged to conduct critical appraisal in line with SL quality guidelines

Are the rhythm of events, news for the workplace reported (e.g. does it reflect current 'hot topics' in the news, does it include seasonal issues such as flu vaccination, etc.)? News items covered

What rewards of membership are apparent (what does the SL give them over other services)?
 In future contributors to critical appraisal will get CPD points?

What types of collaborative interaction might be supported (e.g between members of the community and between the SL and other organisations)? Knowledge sharing and contact networks to be established in future

What type of mentoring is available?
None   [ ]
Online learning materials   [ ]
Other: Under development

How is primary-care taken into account Unclear, but site does provide information [systematic reviews] on Dental Public Health

Are patients included as stakeholders?
YES   [ ]
NO   [✓]

Is there any relationship to NHS Direct (e.g. link to, description of)?
YES   [ ]
NO   [✓]
Notes:

Primary Care

[STILL UNDER COMMISSIONING PROCESS – SHOULD BE LAUNCHED SOON – MOST LINKS AVAILABLE at date of appraisal]

Date of appraisal: 26.12.2004

1 FUNCTIONALITY
Are the purpose, aim and identity clear?
Purpose/aim clear   [✓]
Identity clear   [✓]
Notes:

Are there ways of identifying and locating community members (i.e. who is behind it, who it is aimed at)?
Identifying   [✓]
Locating   [✓]
Notes:

Is there a clear knowledge-management framework, e.g. a common repository of knowledge?
YES   [✓]
NO   [ ]
Notes:

What functions support newcomers or visitors (how easy is it to find one's way around)?
Nothing   [ ]
'Hot topics'/news   [✓]
Ease of navigation around site   [✓]
Quick links topics (jump-to)   [✓]
Guide to the information resources available   [✓]
Other: Site Map, User Guide, Search the site, Help function

How are evaluation, audit and 'community-sensing' achieved?
Evaluation report available via site   [ ]
Feedback invited   [✓]
Other:

How are links/relations with other groups and organisations presented? (Including whether there are links to other SLs) Links to local libraries eg BMA down 26:12.04 8am. Links to St Georges health Informatics [development team], does link to other organisations through subject specialisms under Disease button. Could not see link to SLs

How might policy-making in the DoH be supported by the site?
Access to evidence-based resources   [✓]
Links to DoH Website, NICE etc.   [✓]
Access to guidelines and/or protocols   [✓]
Access to National Service Frameworks [✓]
Other:

2 USABILITY
How are individuals brought together?
Not at all   [ ]
Discussion list   [ ]
Other: Discussion lists for groups such as TOREX, Physical Therapy TWS etc

Are the roles of participants and norms of behaviour clear (i.e. what is somebody expected to do with this site/is there are moderator like with a discussion list)? N/A

Is the organisation of knowledge appropriate to the community (is anything confusing or misleading/if patients are included in the stakeholders is it clear which information is intended for public and which for professional consumption)? Clearly aimed at health professionals – User Guide

Does the process of feedback work transparently (i.e. is it clear what they do with the feedback once they have received it, is there any evidence of response to feedback)? Responses given to feedback

3 CONTENT
Are there directories of members – or equivalent (including any experts the user could contact for advice)? List of Team Members and Development Team Members

Does the range of content include:
Document and library systems (including access to bibliographic databases)   [✓]
Community 'stories'/'accumulated knowledge and experience'   [ ]
Record of collaborative work efforts (e.g. at a personal level)   [ ]
Links to current contents-pages of appropriate journals   [✓]
Links to relevant guidelines   [✓]
Links to relevant reports, manuals, coding schemes etc.   [✓]
Links to current research   [✓]
Notes: also links to GOOGLE, GP Notebook, PubMed

Are there decision-making and analytical tools to support application of the content?
None   [ ]
Details of relevant decision-support software   [ ]
Interactive online training tools (e.g. case-studies)   [ ]
Other: Tools for training in EBM

Are there links with other systems in the workplace (e.g. to Electronic Patient Record)?
YES   [ ]
NO   [✓]
Details: Links to information about EPR

4 STAKEHOLDER INVOLVEMENT
What types of participation are possible (who is expected to participate and why, who is the target audience)?
Professional societies   [ ]
Patient groups   [ ]

Research workers   [✓]
Charities   [ ]
Commercial organisations   [ ]
Other: Health professionals

Can participants move to a level of participation appropriate to their needs (e.g. is the format appropriate to professionals/students/patients etc.)?
YES   [✓]
NO   [ ]
Notes: Appropriate to professionals

How is personal identity and communal identity supported (e.g. do they encourage people to contribute)? Yes, to submit URLs and provide criticism

Are the rhythm of events, news for the workplace reported (e.g. does it reflect current 'hot topics' in the news, does it include seasonal issues such as flu vaccination, etc.)? Yes, news

What rewards of membership are apparent (what does the SL give them over other services)? Unclear at present

What types of collaborative interaction might be supported (e.g between members of the community and between the SL and other organisations)? Not clear at present

What type of mentoring is available?
None   [ ]
Online learning materials   [✓] EBM Tools
Other:

How is primary-care taken into account?
N/A for this site, for obvious reasons

Are patients included as stakeholders?
YES   [ ]
NO   [✓]

Is there any relationship to NHS Direct (e.g. link to, description of)?
YES   [✓]
NO   [ ]
Notes:

Public Health

[Current version live July 2004, has developed separately with NHS partners]

Date of appraisal: 26.12.2004. From 1 April 2005 the site management changed. Site will be amalgamated into a new NICE site.

1 FUNCTIONALITY
Are the purpose, aim and identity clear?
Purpose/aim clear   [✓]
Identity clear   [✓]
Notes:

Are there ways of identifying and locating community members (i.e. who is behind it, who it is aimed at)?
Identifying   [✓]
Locating   [✓]
Notes:

Is there a clear knowledge-management framework, e.g. a common repository of knowledge?
YES   [✓]
NO   [ ]
Notes:

What functions support newcomers or visitors (how easy is it to find one's way around)?
Nothing   [ ]
'Hot topics'/news   [✓]
Ease of navigation around site   [✓]
Quick links topics (jump-to)   [✓]
Guide to the information resources available   [✓]
Other: Site Map, What's New

How are evaluation, audit and 'community-sensing' achieved?
Evaluation report available via site   [ ]
Feedback invited   [✓]
Other: Email archive contains previous responses to users

How are links/relations with other groups and organisations presented? (Including whether there are links to other SLs) Links to SLs by profession and subject, links to a wide range of other national organisations [government bodies and departments, charities, voluntary organisations, special HAs, academic, research, NHS and policy organisations all are fully searchable. Regional section to government, strategic HAs, and regional development authorities, and public health observatories. Local links section to Hospital Trusts, PCTs, Local Strategic Partnerships, Neighbourhood Renewal Schemes. International section to a range of international agencies.

How might policy-making in the DoH be supported by the site?
Access to evidence-based resources   [✓]
Links to DoH Website, NICE etc.   [✓]
Access to guidelines and/or protocols   [✓]

Access to National Service Frameworks [✓]
Other:

2 USABILITY
How are individuals brought together?
Not at all   [ ]
Discussion list   [ ]
Other: Networking opportunities through links to organisations listed above also New Developments Section and Events Section, Discussion via Family Village Community and others

Are the roles of participants and norms of behaviour clear (i.e. what is somebody expected to do with this site/is there are moderator like with a discussion list)? Yes, clear instructions for participation in feedback, submission

Is the organisation of knowledge appropriate to the community (is anything confusing or misleading/if patients are included in the stakeholders is it clear which information is intended for public and which for professional consumption)? Clearly for public health practitioners

Does the process of feedback work transparently (i.e. is it clear what they do with the feedback once they have received it, is there any evidence of response to feedback)? Yes

3 CONTENT
Are there directories of members – or equivalent (including any experts the user could contact for advice)? Lists Health Development Agency but not individuals

Does the range of content include:
Document and library systems (including access to bibliographic databases)   [✓]
Community 'stories'/'accumulated knowledge and experience'   [ ]
Record of collaborative work efforts (e.g. at a personal level)   [✓] work under development
Links to current contents-pages of appropriate journals   [✓]
Links to relevant guidelines   [✓]
Links to relevant reports, manuals, coding schemes etc.   [✓]
Links to current research   [✓]
Notes:

Are there decision-making and analytical tools to support application of the content?
None   [ ]
Details of relevant decision-support software   [ ]
Interactive online training tools (e.g. case-studies)   [✓]
Other:

Are there links with other systems in the workplace (e.g. to Electronic Patient Record)?
YES   [ ]
NO   [✓]
Details: Though research publications available

4 STAKEHOLDER INVOLVEMENT

What types of participation are possible (who is expected to participate and why, who is the target audience)?

Professional societies [ ]
Patient groups [ ]
Research workers [ ]
Charities [ ]
Commercial organisations [ ]
Other: Professionals

Can participants move to a level of participation appropriate to their needs (e.g. is the format appropriate to professionals/students/patients etc.)?

YES [✓]
NO [ ]
Notes:

How is personal identity and communal identity supported (e.g. do they encourage people to contribute)? Yes

Are the rhythm of events, news for the workplace reported (e.g. does it reflect current 'hot topics' in the news, does it include seasonal issues such as flu vaccination, etc.)? News items reported

What rewards of membership are apparent (what does the SL give them over other services)? Feedback on previous emails archived

What types of collaborative interaction might be supported (e.g between members of the community and between the SL and other organisations)? Networking facilities heavily promoted

What type of mentoring is available?
None [ ]
Online learning materials [✓]
Other: EBM Tools

How is primary-care taken into account ? Wide range of information resources listed in various categories: policies, data and evidence, practice based knowledge into action, case studies, gateways, guidelines, organisations, new developments

Are patients included as stakeholders?
YES [ ]
NO [✓]

Is there any relationship to NHS Direct (e.g. link to, description of)?
YES [✓]
NO [ ]
Notes:

Respiratory

[MIGRATED TO NEW CORE CONTENT SYSTEM]

Date of appraisal: 24.12.2004
(Updated and checked April 2005)

1 FUNCTIONALITY
Are the purpose, aim and identity clear?
Purpose/aim clear   [✔]
Identity clear   [✔]
Notes: Launched June 2004

Are there ways of identifying and locating community members (i.e. who is behind it, who it is aimed at)?
Identifying   [✔]
Locating   [✔]
Notes: Only Development Team available at present

Is there a clear knowledge-management framework, e.g. a common repository of knowledge?
YES   [✔]
NO   [ ]
Notes:

What functions support newcomers or visitors (how easy is it to find one's way around)?
Nothing   [ ]
'Hot topics'/news   [✔]
Ease of navigation around site   [✔]
Quick links topics (jump-to)   [✔]
Guide to the information resources available   [✔]
Other: Site map, Online Tour

How are evaluation, audit and 'community-sensing' achieved?
Evaluation report available via site   [ ]
Feedback invited   [✔]
Other: Updates available to members of mailing list

How are links/relations with other groups and organisations presented? (Including whether there are links to other SLs) Links to other SLs at top of page, alphabetical lists of professional and patient organisations

How might policy-making in the DoH be supported by the site?
Access to evidence-based resources   [✔]
Links to DoH Website, NICE etc.   [✔]
Access to guidelines and/or protocols   [✔]
Access to National Service Frameworks [   ]
Other: No relevant NSF for respiratory healthcare

2 USABILITY

How are individuals brought together?

Not at all   [✓]

Discussion list   [ ]

Other:

Are the roles of participants and norms of behaviour clear (i.e. what is somebody expected to do with this site/is there are moderator like with a discussion list)? N/A

Is the organisation of knowledge appropriate to the community (is anything confusing or misleading/if patients are included in the stakeholders is it clear which information is intended for public and which for professional consumption)? Clear statement to its intended audience

Does the process of feedback work transparently (i.e. is it clear what they do with the feedback once they have received it, is there any evidence of response to feedback)? Links only to email, does not tell you about feedback

3 CONTENT

Are there directories of members – or equivalent (including any experts the user could contact for advice)? Only directory lists SL Team

Does the range of content include:

Document and library systems (including access to bibliographic databases)   [ ]

Community 'stories'/'accumulated knowledge and experience'   [ ]

Record of collaborative work efforts (e.g. at a personal level)   [ ]

Links to current contents-pages of appropriate journals   [ ]

Links to relevant guidelines   [✓]

Links to relevant reports, manuals, coding schemes etc.   [✓]

Links to current research   [✓]

Notes:

Are there decision-making and analytical tools to support application of the content?

None   [✓]

Details of relevant decision-support software   [ ]

Interactive online training tools (e.g. case-studies)   [ ]

Other:

Are there links with other systems in the workplace (e.g. to Electronic Patient Record)?

YES   [ ]

NO   [✓]

Details:

4 STAKEHOLDER INVOLVEMENT

What types of participation are possible (who is expected to participate and why, who is the target audience)?

Professional societies   [✓]

Patient groups   [✓]

Research workers   [ ]

Charities   [ ]

Commercial organisations   [✓] (independent organisations –NRTC, RECT)
Other: Unclear, but professional organisations will be involved. (Project manager has confirmed that three other charities have been asked if they would be involved but no response received yet)

Can participants move to a level of participation appropriate to their needs (e.g. is the format appropriate to professionals/students/patients etc.)?
YES   [ ]
NO   [ ]
Notes: Appropriate to professionals, students and some patient information available

How is personal identity and communal identity supported (e.g. do they encourage people to contribute)? Yes, suggestions, questions, comments and updates

Are the rhythm of events, news for the workplace reported (e.g. does it reflect current 'hot topics' in the news, does it include seasonal issues such as flu vaccination, etc.)? Yes, flu information and news topics

What rewards of membership are apparent (what does the SL give them over other services)? Unclear from site itself

What types of collaborative interaction might be supported (e.g between members of the community and between the SL and other organisations)? Unclear from site itself

What type of mentoring is available?
None   [✓]
Online learning materials   [ ]
Other:

How is primary-care taken into account? Array of patient information on respiratory related conditions and causes, SL has numerous resources of relevance to both professionals working in primary care as well.

Are patients included as stakeholders? There is patient information available, but no clear indication about patients as participants, though contact SL email option available to anyone
YES   [ ]
NO   [ ]

Is there any relationship to NHS Direct (e.g. link to, description of)? Indirect link via patient information documents
YES   [✓]
NO   [ ]
Notes:

Screening

[has developed separately with NHS partners]

Date of appraisal: 26.12.2004

1 FUNCTIONALITY
Are the purpose, aim and identity clear?
Purpose/aim clear   [✓]
Identity clear   [✓]
Notes:

Are there ways of identifying and locating community members (i.e. who is behind it, who it is aimed at)?
Identifying   [✓]
Locating   [✓]
Notes: States that the site may be used by professionals, but parts of it can be accessed by the public [non Athens password holders]

Is there a clear knowledge-management framework, e.g. a common repository of knowledge?
YES   [✓]
NO   [ ]
Notes:

What functions support newcomers or visitors (how easy is it to find one's way around)?
Nothing   [ ]
'Hot topics'/news   [✓] Focus On News Page
Ease of navigation around site   [✓]
Quick links topics (jump-to)   [✓]
Guide to the information resources available   [✓]
Other: Site map, Quality policy, User guide,

How are evaluation, audit and 'community-sensing' achieved?
Evaluation report available via site   [ ]
Feedback invited   [✓]
Other:

How are links/relations with other groups and organisations presented? (Including whether there are links to other SLs) Links to SLs at top of page, Links to National Screening Programmes and respective organisations

How might policy-making in the DoH be supported by the site?
Access to evidence-based resources   [✓]
Links to DoH Website, NICE etc.   [✓] Indirect, it's a couple of links to get to the DoH site
Access to guidelines and/or protocols   [✓]
Access to National Service Frameworks [✓]
Other:

2 USABILITY
How are individuals brought together?

Not at all   [✓]
Discussion list   [ ]
Other:

Are the roles of participants and norms of behaviour clear (i.e. what is somebody expected to do with this site/is there are moderator like with a discussion list)? N/A

Is the organisation of knowledge appropriate to the community (is anything confusing or misleading/if patients are included in the stakeholders is it clear which information is intended for public and which for professional consumption)? Clear knowledge organisation

Does the process of feedback work transparently (i.e. is it clear what they do with the feedback once they have received it, is there any evidence of response to feedback)? Feedback offered

3 CONTENT
Are there directories of members – or equivalent (including any experts the user could contact for advice)? Only Nicola Bexon and Muir Gray listed

Does the range of content include:
Document and library systems (including access to bibliographic databases)   [✓]
Indirect links
Community 'stories'/'accumulated knowledge and experience'   [ ]
Record of collaborative work efforts (e.g. at a personal level)   [ ]
Links to current contents-pages of appropriate journals   [ ]
Links to relevant guidelines   [✓]
Links to relevant reports, manuals, coding schemes etc.   [✓]
Links to current research   [✓]
Notes:

Are there decision-making and analytical tools to support application of the content?
None   [ ]
Details of relevant decision-support software   [ ]
Interactive online training tools (e.g. case-studies)   [ ]
Other: Online training for screening for PC nurses, and National Training Needs Analysis for Antenatal Screening

Are there links with other systems in the workplace (e.g. to Electronic Patient Record)?
YES   [ ]
NO   [✓]
Details:

4 STAKEHOLDER INVOLVEMENT
What types of participation are possible (who is expected to participate and why, who is the target audience)?
Professional societies   [✓]
Patient groups   [ ]
Research workers   [ ]
Charities   [ ]

Commercial organisations   [ ]
Other: Professionals, patients

Can participants move to a level of participation appropriate to their needs (e.g. is the
format appropriate to professionals/students/patients etc.)?
YES   [✓]
NO   [ ]
Notes:

How is personal identity and communal identity supported (e.g. do they encourage people
to contribute)? Yes

Are the rhythm of events, news for the workplace reported (e.g. does it reflect current 'hot
topics' in the news, does it include seasonal issues such as flu vaccination, etc.)? News
items covered

What rewards of membership are apparent (what does the SL give them over other
services)?

What types of collaborative interaction might be supported (e.g between members of the
community and between the SL and other organisations)? N/A
Not clear from site itself

What type of mentoring is available?
None   [ ]
Online learning materials   [✓]
Other: Dedicated to screening

How is primary-care taken into account ? Separate section under management button

Are patients included as stakeholders?
YES   [✓] In that they can contribute to feedback
NO   [ ]

Is there any relationship to NHS Direct (e.g. link to, description of)?
YES   [✓]
NO   [ ]
Notes: Yes, but has to be searched for, comes up under a screening programme link

Women's Health

Date of appraisal: 26.12.2004. Updated factual data April 2005

1 FUNCTIONALITY

Are the purpose, aim and identity clear?

Purpose/aim clear   [Y]
Identity clear   [Y]
Notes:

Are there ways of identifying and locating community members (i.e. who is behind it, who it is aimed at)?

Identifying   [Y]
Locating   [Y]
Notes: Primarily aimed at health professionals, though public are welcomed. Project team listed and contacts to National Reference Group

Is there a clear knowledge-management framework, e.g. a common repository of knowledge?

YES   [✔]
NO   [ ]
Notes:

What functions support newcomers or visitors (how easy is it to find one's way around)?

Nothing   [ ]
'Hot topics'/news   [✔]
Ease of navigation around site   [✔]
Quick links topics (jump-to)   [✔]
Guide to the information resources available [✔]
Other: Online tour

How are evaluation, audit and 'community-sensing' achieved?

Evaluation report available via site   [ ]
Feedback invited   [✔]
Other:

How are links/relations with other groups and organisations presented (Including whether there are links to other SLs)?

Links to other SLs at top of page. No identifiable direct link to organisations, though some can be tracked through professional development link

How might policy-making in the DoH be supported by the site?
Access to evidence-based resources   [✓]
Links to DoH Website, NICE etc.   [ ]
Access to guidelines and/or protocols   [✓]
Access to National Service Frameworks   [✓]
Other:

2 USABILITY
How are individuals brought together?
Not at all   [✓]
Discussion list   [ ]
Other:

Are the roles of participants and norms of behaviour clear (i.e. what is somebody expected to do with this site/is there are moderator like with a discussion list)?
N/A

Is the organisation of knowledge appropriate to the community (is anything confusing or misleading/if patients are included in the stakeholders is it clear which information is intended for public and which for professional consumption)?
Clearly aimed at health professionals, though public welcomed and referred to NHS Direct Online for less detailed information

Does the process of feedback work transparently (i.e. is it clear what they do with the feedback once they have received it, is there any evidence of response to feedback)? Feedback offered

3 CONTENT
Are there directories of members – or equivalent (including any experts the user could contact for advice)?

Lists of members but only location of work given, not direct contact numbers /
email addresses

Does the range of content include:
Document and library systems (including access to bibliographic databases)
        [ ]
Community 'stories'/'accumulated knowledge and experience'
        [ ]
Record of collaborative work efforts (e.g. at a personal level)
        [ ]
Links to current contents-pages of appropriate journals
        [ ]
Links to relevant guidelines
        [✔]
Links to relevant reports, manuals, coding schemes etc.   [✔]
Links to current research   [✔]
Notes:

Are there decision-making and analytical tools to support application of the
content?
None   [✔]
Details of relevant decision-support software   [ ]
Interactive online training tools (e.g. case-studies)   [ ]
Other:

Are there links with other systems in the workplace (e.g. to Electronic Patient
Record)?
YES   [ ]
NO   [✔]
Details:

4 STAKEHOLDER INVOLVEMENT
What types of participation are possible (who is expected to participate and why,
who is the target audience)?
Professional societies   [ ]
Patient groups   [ ]
Research workers   [ ]
Charities   [ ]
Commercial organisations   [ ]
Other: Professionals, patients

Can participants move to a level of participation appropriate to their needs (e.g. is
the format appropriate to professionals/students/patients etc.)?

YES   [✓]
NO   [ ]
Notes:

How is personal identity and communal identity supported (e.g. do they encourage people to contribute)?
Yes, looking to make contact with people who are prepared to become involved in shaping the Specialist Library and in the content creation programme

Are the rhythm of events, news for the workplace reported (e.g. does it reflect current 'hot topics' in the news, does it include seasonal issues such as flu vaccination, etc.)?
News items

What rewards of membership are apparent (what does the SL give them over other services)? Free monthly emailed newsletter

What types of collaborative interaction might be supported (e.g between members of the community and between the SL and other organisations)?
Looking to make contact with people who are prepared to become involved in shaping the SL and in the content creation programme

What type of mentoring is available?
None   [✓]
Online learning materials   [ ]
Other:

How is primary-care taken into account ?
Font page link to NLH pilot Primary Care Question Answering Service which includes Women's Health clinical questions

Are patients included as stakeholders?
YES   [✓]

NO   [ ]
Consumer representative on National Reference Group

Is there any relationship to NHS Direct Online (e.g. link to, description of)?
YES   [✓]
NO   [ ]
Notes:

Appendix 5 Evaluation summary

Questions	Prototypes	Newly Migrated	Under development	Not categorised [Medicines + Primary care]
Functionality				
Aim	4	10	3	2
Identity	4	10	3	2
Identifying members				
Identifying	3	10	3	2
Locating	3	10	3	2
Clear Knowledge-management				
Yes	4	10	3	2
No	0	0	0	0
Functions to support navigation				
Nothing	0	0	0	0
Hot topics / News	3	10	2	2
Ease of navigation	4	10	3	2
Quick links	3	10	3	2
Guide to information	4	7	3	2
Other	Site map, Tour, Help function	Site map, Tour, Help, New to library?	Site map, What's new?, User guide	Members Log-in Box, Site map, User guide, Search the site, Help
Evaluation / Audit				
Evaluation	1	0	0	
Feedback	3	10	3	2
Other	Link down on 1 site		Email archive	

Questions	Prototypes	Newly Migrated	Under development	Not categorised [Medicines + Primary care]
Links to other SLs	3	10	3	0
Other	Related orgs, 1 SL with hits + ratings	9 show Key organisations	Royal Colls, Patient Assocs, multiple others	Classified links, links to NHS, Links to local libraries down
Policy making Access to EB Resources	4	9	3	2
Links to DoH, NICE	2	6	3	2
Access to guidelines	4	9	3	2
Access to NSF	2	6	3	2
Other	NHS Netsites	BNF, Clin Evid., Cochrane	Cancer links, NHS Agencies	
Usability Bringing people together	2		0	0
Discussion Lists	2	4		
Other	Discussion board promised on 1 other SL	3 Networks, Events, JISCMAIL, Mailbase discussion for a, plans for discussion for a	Networking opportunities via other orgs	Links to Torex, others
Clear roles of participants	2 [something that should be done as part of role of content management, needs guidance]	5	1	0
Organisation of knowledge clear	4	9	3	2
Transparent feedback	1	5	2	1

Questions Content	Prototypes	Newly Migrated	Under development	Not categorised [Medicines + Primary care]
Directories of members	3	8	2	2
Range of content				
Information systems / dbases	3	9	3	2
Stories	3	1	1	0
Collaborative work	2	0	1	1
Current contents links	1	3	1	2
Guidelines links	4	10	3	2
Reports links	4	10	3	2
Current research links	4	10	3	2
Decision making tools				
Support software	0	0	0	0
Online training	2	0	1	0
Other	Clinical online training	NatPaCT, EBHC Skills	Online Screening training	EBM Training
Links to EPRs	0	0	0	0

Questions	Prototypes	Newly Migrated	Under development	Not categorised [Medicines + Primary care]
Stakeholder involvement				
Prof socs	3	6	2	0
Patient groups	2	3	1	0
Research people	3	4	0	1
Charities	2	4	1	0
Commercial sector	1	1	0	0
Other	KM Professionals, Service providers + Policy makers	Health Profs, Govt, Non-profit + private sectors, Welsh Assembly, Patients	Professionals, Patients	NHS Profs
Appropriate participant level	4	7	2	2
Encourage contribution	4	10	3	2
News reported	4	10	3	2
Rewards for membership	Should be ££ and CPD Credits	Monthly updates, in future contributors doing CASP will get CPD points	Feedback on previous emails available, CME points planned + acknowledgements	0
Types of collaboration	Mixed, discussion boards / for a. Links with other providers ONS, charities. Huge ops for RCs but slow on technology	News email alerts, future K sharing + contact networks	Networking heavily promoted	0

Questions	Prototypes	Newly Migrated	Under development	Not categorised [Medicines + Primary care]
Mentoring				
None		8	Plans to do this	0
Online	3	2	2	2
Handling primary care	News items, guidance to day care services, other services, whole pathway to primary care	Living with diabetes, briefing, guidance + pathways, Refs to PC musculoskeletal info + prof bodies, Info on dental PH, Info on resp conditions + causes	To be considered	Issues around drugs in community
Patients as stakeholders	1	2	2	0
Links to NHS Direct	3	8	3	2

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