

**Knowledge for HealthCare Working Group:** Service Transformation Group

**Task and Finish GroupName:** Streamlining Document Delivery

**Document Title:** Report and recommendations

**Date:** 31 March 2016

## INTRODUCTION

The Task and Finish Group was set up in May 2015 and included the following members:

Angharad Roberts (Chair until September 2015)  
Hugh Hanchard  
David Law  
Tricia Rey  
Sue Robertson (Chair from September 2015)  
David Watson  
Ian Wilkes (until July 2015)  
Helen Williams

The current group has met monthly via WebEx since July, with two face-to-face meetings in London in November 2015 and March 2016. We also had a wider reference group to whom we referred. This group was very engaging and helpful and they provided useful feedback to the group. We would like to record our thanks to them.

We were tasked with the following:

1. Undertake a rapid review of existing NHS LKS regional and national resource sharing schemes: [Link to document](#)
2. Analyse the available data on quantities, sources and spend on interlibrary lending and document supply. We analysed the data submitted by library service managers for the NHS LKS as part of the annual statistics return for the period 2008-9 to 2013-4. We then looked at the regional service level data in more detail and consulted with library service managers and staff to try to better understand variations: [Link to document](#)
3. Explore the possibilities for extending schemes and/or streamlining processes, engaging BL and other suppliers, scheme managers and software suppliers as appropriate.
4. Produce recommendations for improving cost-efficiency, effectiveness and equity and develop action plan.

Our report and recommendations are below. For the action plan, please: [Link to document](#)

## REPORT AND RECOMMENDATIONS

### What is the current picture of document supply services and good practice?

1. Document supply services are well-embedded and established in all libraries with practices that have grown up organically over many years.
2. There are probably as many different ways to deliver document supply services operating currently as there are NHS libraries in England – despite the end to end flow process being essentially the same.
3. The largest area of document supply activity is the supply of electronic and print copies from library and knowledge services own subscribed or purchased collections to their own users. This type of activity rose by 33.8%; from 107,118 copies supplied in 2008/9 to 143,311 copies in 2013/4.
4. Analysis of the data relating to document supply and interlending activity collected in the *NHS Library Services Annual Statistical Return* reveals gaps and inconsistencies. Not every library service completes and submits statistics to their LKS lead which makes it difficult to completely understand patterns and trends.
5. There is some confusion amongst library staff about interpretation of copyright and publishers licences which can impede sharing of copies.
6. The wide array of practices leads to a wide variety of delivery times for our customers and a wide variation in local spend on document supply services. The factors influencing this include staffing processes, resources available and supplier delivery timescales. There is nothing currently that benchmarks best practice.
7. There are regional differences that add a level of complexity. For example, in 2013-4 the proportion of articles supplied from the BL varies from 60% London to 15% North West region.
8. There is also a wide variety of practice in relation to end-user charging for document supply, with local policy sometimes determined by host Trusts. An estimated 60% of LKS make some form of charge for articles supplies but the level of charge is highly variable.
9. There was a strategic business case published in January 2007 called *NHS Interlending and Document supply services: Strategic business case version 3.6.5*. This business case was not adopted and implemented. David Law reviewed this paper and concluded that much of what was written then is still true today. There has been little change in the models and patterns of activity in the last nine years.
10. BL produced a *Proposal for a streamlined document supply service for the NHS in England* in January 2016 and this was submitted to the Task and Finish Group for their consideration. It was felt that this proposal shared the same vision as the Task and Finish Group but the recommendations were based on limited sampling and the report underestimated the complexity of the national picture.

## How can document supply service practice be improved?

### EQUITY

Library services deliver documents to their users to varying timescales and in varying formats. It is impossible to suggest a way forward until there is some commonality of practice that all services adopt.

- **We recommend development of national best practice guidelines and standards for document supply. These would need to be discussed with and endorsed by library managers and staff in all regions.**

There are varying patterns of charging or not. Our customers can incur no costs for articles supplied or be charged anything from a flat fee for each article requested to a range/scale of fees charged. This clearly does not deliver an equitable service to all and can cause confusion to our customers; particularly those in training who work in a variety of different hospital Trusts where they may receive articles for free or need to pay for them.

- **We recommend that a decision about charging/not charging for document supply is made at national level with appropriate funding supplied to support this decision. Charging for document supply is a highly contentious issue and the review into future funding should take this into consideration.**

### COST EFFICIENT AND EFFECTIVE

#### Making the most of resources already paid for by the NHS

The most cost efficient and effective way for document supply to be streamlined is to use the existing resources bought by the NHS nationally and create a system that enables all resources to be visible.

Ian Wilkes, an original member of the task and finish group, undertook a small piece of work looking at 100 requests made to BL from one NHS Trust in the South and in 50% of cases these articles were already available to that Trust via the NHS but not from schemes to which the library had access.

*NHS England Library and knowledge service statistics 2008-14: summary and analysis of trends in document supply* by Angharad Roberts reveals that copies sourced from the BL have declined by over a third during this period, suggesting that that core content, regional and local purchases are increasingly able to meet copy supply demands and we are making better use of the resources already held in NHS libraries in England. The exception to this trend is London, where BL requests have increased.

The Metrics Task and Finish Group have looked at the national LKS statistics more generally and in future we will liaise with the group to see if the work that we have done can be fed into improved guidance for staff completing the statistics return.

The Task and Finish Group believe the creation of union list/catalogue is the best way to achieve a cost efficient and effective document supply service as it enables the staff

process to be streamlined and is the most efficient and cost effective way for library staff to source an article.

We have spent time looking at what our customers want and have mapped their document supply journey. We did this in various parts of the country to reflect the different library practices nationally. Most users are not concerned with who has supplied the articles that they want. They want to progress from request for document to receipt of document in the shortest way possible. They do not want additional bureaucracy or have to sign into systems to achieve this.

We have created a functionality requirements document to look at the requirements for a document supply system. This covers the functionalities that are essential and desirable from library staff and customers perspective.

We have explored various approaches to creating a union catalogue/list. We approached Edina Suncat to see we can add all LMS journal holdings info to populate an NHS journal section on the Suncat website. This will reduce the steps in the search process for our staff so that access is quicker and workflow simplified. This single search interface is easier to use and will not require huge amounts of time spent on learning a new system. Initially the Edina Suncat team thought that this work could be undertaken free for us but the complexity of the task means that this will not be possible.

Health ILL list is currently used as a last resort list for document supply after the BL has been unable to supply. Whilst Health ILL list is not the most efficient way of obtaining articles it is an effective way of obtaining journal articles required as the articles are supplied quickly and are free. There will be less reliance on Health-ILL if the Suncat option is implemented but further work is required to explore the effectiveness and speed of supply of articles via Health-ILL to see if it can be used prior to contacting the BL.

- **We recommend that further notes are produced that are incorporated into the statistics guidance issued to ensure consistency of reporting. This will be shared with the metrics task and finish group.**
- **We recommend that further work be done to explore the effectiveness, speed and efficiency of Health ILL list.**
- **We recommend that a proposal is submitted to Edina Suncat to scope out timescales, costs and benefits of using Edina Suncat as an option to create a list of all journals holdings in the country.**

- **We recommend that further work is done to explore options for creating a document supply system with public sector, not-for-profit and/or private companies who work with the NHS. The requirements needed by NHs libraries in England should include the following:**
  - Enable a single search of multiple sources including all LMS holdings and multiple external resources
  - Enable library staff *and* end-user requesting and tracking
  - Interface with BL and CLA CFP article requests
  - Be web- or cloud-based

- **We recommend that the work done on functionality informs the next stage of our work to show us how far our regional systems can be enhanced or be up-scaled across the country. This work will need to be fed through to the Discovery Task and Finish Group as they continue to explore whether a federated search/discovery system can be implemented across the NHS.**

#### Copyright Fee Paid articles

Currently, under the terms of CLA licence Plus for the NHS in England, NHS library staff can access free Copyright Fee Paid (CFP) articles supplied by the BL which may be further shared under the terms of the CLA licence. There is currently no method for storing the articles for wider use.

- **We recommend that clear guidance is issued relating to copyright fee paid articles.**
- **We recommend that libraries work with BL/CLA to create an immediately accessible searchable digital archive of the CFP articles obtained under the licence.**

#### Centralised or local delivery?

We looked at whether the document supply service could be delivered regionally or nationally by a centralised team rather than delivered by local Trusts. Whilst a few thought that document supply could be delivered by a centralised team, the vast majority of our staff thought that a local document supply service delivered additional benefits. A local service enables greater engagement with our users locally, helps us to promote resources more comprehensively e.g. a new book published, and to signpost other services that our users may wish to use e.g. training if accessing a resource via a package that is bought, or keeping up-to-date in a particular area. This would be lost if we moved to a centralised system of document supply. We are also mindful that the example of electronic resources delivered nationally has disconnected library services from these resources in our user's eyes and there is concern that removing a valued document delivery service could potentially do the same.

A pilot project has been set up with Soutron CLIO over a multi-site library service in the South. The purpose of the study was to offer a more flexible and improved customer service by enabling ILLs to be processed cross-site. Piloting this with a multi-site, multi-Trust library service would show us if this could potentially be scaled up and used nationally. The pilot is due to be completed in late 2016. The report can be found [here](#).

- **We recommend that document supply services continue to be delivered in local Trusts.**

### Debate about the costs of document supply and the benefits of streamlining

A key objective to exploring streamlining of document delivery is to identify opportunities to release staff time for value added services. However, library service managers report two or three key problems with this.

1. Some library managers have pointed out that reducing the staff time spent on sourcing documents does not release funds to spend on paying for documents from external suppliers.
2. Some library managers are currently unclear as to the value-added activity that staff would be delivering, if staff spent less time searching for articles. As K4H changes are implemented then we anticipate that staff roles will change and become clearer and value-added activity understood.
3. Streamlining our document supply services must not be at the expense of loss in quality of service. This includes quality of copy and speed of delivery. Documents supplied by the BL take longer than the speed of delivery from the NHS.

- **We recommend that once all services are working to best practice, then cost processing work should be revisited to establish a benchmark costs for document supply.**
- **We recommend that discussions be held with the devolved nations to understand and learn from their experience about streamlining document supply on library staff roles.**

### Document supply and collection development

Document supply is strongly linked to library collection development. Numbers of copies supplied from one library to another is strongly influenced by individual library Trust resource purchases. If a library buys few resources then they are most likely to be net gainers of a document supply service.

Although numbers of documents supplied are decreasing, if libraries reduce the range of journals bought, there could be increasing demand for articles via document supply.

There is also a danger that libraries will cut completely or drastically reduce their journal holdings as austerity hits and a danger that all libraries will buy the same key journals.

Some regions are starting to look at what library resources are bought and how they can cooperate collaboratively but this work needs to feed into the collaborative procurement Task and Finish Group so that as wide a range of journals is bought by library services as possible.

As open access journals become more available to all, there needs to be work done to see how this can be best harnessed and promoted via our library and knowledge services. Highwire and PubMed alone offer ~2.5 million articles on open access.

We do not currently know the years of publication of articles requested. One of the underlying principles of K4H is digital by default but we do not know if existing electronic resources can supply all the articles requested by our users.

- **Some regions are looking in detail at collaborative purchasing. We recommend that our work feeds into the collaborative purchasing Task and Finish Group to inform a co-ordinated acquisition strategy for NHS libraries in England.**
- **We recommend that a further piece of work is commissioned that explores the UK Research Reserve <http://www.ukrr.ac.uk/> to see if there can be a national policy created regarding retention and storage of print journals.**
- **We recommend we investigate further document supply failure rates and the reasons for this.**

#### Document supply and copyright/publishers licences

As above there is evidence that confusion about copying allowed from print and especially electronic journals is a barrier to making the best use of resources paid for and subscribed to by NHS organisations.

- **We recommend that clear guidance is issued.**
- **We recommend that the guidance is endorsed by BL/CLA and adopted by all library services in NHS England.**
- **We recommend that regional leads are created to be a point of contact on copyright that have an in-depth knowledge of the licences and legislation.**
- **We recommend that all contracts for resources supplied are negotiated to include a clause permitting the supply of articles in England.**

#### **Specific challenges that inhibit “best practice” adoption for document supply services in NHS libraries in England**

Staff engagement is critical to achieving the cultural and working practice change that K4H demands of us all. Organisations that do not change and adapt do not survive and yet change is for all of us a scary proposition. When we think of change, we very often think of changes that can be made elsewhere and the way that we work does not need to change. This is especially true when the impetus for change comes from a national strategy and local priorities can be seen to be more important. Technologically, what we are trying to do is straight-forward but culturally persuading everyone to share the information for collaborative purposes is more challenging. LKS leads and other leaders from all levels of seniority in our profession must actively champion the proposed changes and create a clear and compelling picture of why we are doing this.

The creation of a national list/catalogue will potentially have an effect on some of the subscribed services that are currently available e.g. WinCHILL, PLCS, NULJ. Engagement with these scheme holders will need to be proactively managed.

The work of this Task and Finish Group is dependent on some areas of work that currently sit in other task and finish groups namely metrics, national procurement, resource discovery and open access.

A number of pilots have been set up which have a bearing on our work but will not report back until after our report is submitted. The work below will feed into our work next year.

- The CLIO project at Southern Health NHS Foundation Trust. A report to date is attached but we will need to wait until the pilot project is completed to evaluate its findings.
- The pay per view project at Hull & East Yorkshire Hospitals and Northern Lincolnshire & Goole NHS Foundation Trusts that will be set up after our report is completed but will report back to the Task and Finish Group on outcomes as they relate to document supply.
- The KOHA inter-lending pilot project, where BASE libraries in the West Midlands will use the KOHA ILL module.

#### **How is this best implemented at national level?**

The Task and Finish Group will focus on delivering the recommendations in this report in 2016-7 as detailed in our action plan: [Link to document](#)