London, Kent, Surrey, Sussex, Regional Searching Guidance

January 2020

Creating a literature searching guidance

Help us test the document!

Meet together

Call out for other guidance!

Analysed the data

What do they want to do?

Sensitive information

Execution

Look at subject specific data

Write everything down...

Split up the research and created the document!

But why search? It's needed but needs to be done well!!

Interview the user

Execution

Next steps

We aim to review & update annually...

Please feedback!

Share your expertise

There is an online PDF available now!

Share with new colleagues, especially new professionals

By the Regional Searching Protocol Working Group
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Introduction

Wide variation in practices and the time taken to perform mediated evidence searches have been reported by healthcare libraries and knowledge services. In October 2018, Health Education England’s (HEE) Library and Knowledge Services Development Lead sought to address this disparity, ensure the uniformity and quality of searches, and spread best practice. A working group was formed by the Chairs of the Kent Surrey Sussex Searching and Training Forum (KSS STF), Tom Roper, and the London Searching and Training Forum (LSTF), Adam Tocock, tasked with the creation of recommended searching guidance for professional staff in the region.

The working group was comprised of volunteers from KSS STF and LSTF, listed overleaf, who met in January 2019 to set their terms of reference and begin planning this guidance document. As a starting point, to harness the expertise already available across the sector, a search for existing regional/local/institutional protocols or guidance was performed, and requests for existing protocols or guidance were sent to national professional discussion lists (including the LIS-MEDICAL, CLIN-LIB, and LIS-LINK Jiscmail threads). The group would like to thank all those who contributed, including Sophie Pattison, Tricia Rey, Erica Rae, Kevin Burgoyne, Michael Cook, Emma Halford, Tom Kelly, Ben Skinner, Fiona Watson, Sally Reynolds, and NHS librarians from Derbyshire (University Hospitals of Derby and Burton NHS Foundation Trust; Derbyshire Healthcare NHS Foundation Trust; and Chesterfield Royal Hospital NHS Foundation Trust).

Over a series of meetings the information from these protocols and guidance was combined with the knowledge and experience of group members to form the basis for the contents of this guidance.

The following design decisions were made:

- To structure the protocol to follow an expanded version of the purposes for evidence searches defined in the HEE LKS annual statistical returns and those used in KnowledgeShare, as these are already familiar to library services.
  - The domain of “Patient Information” was further subdivided into a) “Questions from a Patient”, and b) “Creating Information Resources for Patients”, as the latter practice is becoming more common among library services. A Quality Improvement (QI) domain was added owing to the recent surge in popularity of this specific type of search.

- To divide each domain entry into three steps, planning, execution and results, a simplified classification based on the work of the Canadian Search Standards Working Group.

- To include a “suggested time to allocate to this search” time range for each type of search, for experienced and inexperienced searchers. These suggested time ranges are informed by the recommended timeframes in North East London Foundation Trust’s (NELFT’s) local searching protocol for staff, the working group’s own experience, and feedback from colleagues. These figures are intended as rough suggestions only, as every individual search will vary greatly depending on its complexity.

- To support novice searchers with a general “For All Evidence Searches” entry and a “Troubleshooting…” appendix, intended to help users struggling to find anything, or finding too much.

- To finish with a “Resources” appendix, which collates all the resources covered in all the entries.
This document has gone through a series of reviews, firstly by KSS STF and LSTF members, then by the North East London Area (NELA) Searchers group, and the Midlands Regional Trainers’ Form. It has gone before colleagues that expressed an interest in the project, and new professionals (as identified by requests at KSS STF and LSTF meetings, and via requests to the national discussion lists, and the CILIP New Professionals group).

The working group formally introduced a draft to colleagues at HEE’s London, Kent, Surrey and Sussex Library Knowledge Services Forum 2019 at Stewart House, Russell Square, on November 14th 2019 and after a period of consultation and re-editing the guidance was made available to all colleagues via the KSS STF Wiki [and upcoming LKSS website] as a pdf file at the end of 2019, with its publication announced via national discussion lists etc.

It will be maintained and reviewed annually by the working group, as per other protocols and guidance considered in its composition, in consultation with its users and the aforementioned stakeholders. The working group welcomes all feedback and suggestions, please contact adam.tocock@nhs.net.

Next review date: December 2020.

The Group acknowledge that searching is a professional skill and this guidance does not replace an expert searcher: it is intended for professional staff to refer to in an advisory capacity when performing a mediated evidence search, and users override their own institutional/local practice at their own discretion.

This document was created by the Regional Search Guidance Working Group, comprised of: Cecilia Bethencourt-Dunning, Lisa Burscheidt, Helen Elwell, Mark Kerr, Louise Levitt, Alison McLaren, Alison Millis, Tom Roper, Katherine Scott, Heather Tang, and Adam Tocock. They are grateful for the contributions of Emma Ramstead, Holly Case-Wyatt and Igor Brbre.

Adam Tocock
28/12/19

Preferred Terms

Throughout this document the following preferred terms are used, following consensus from the working group, and feedback from colleagues:

- “Evidence search” is used instead of “literature search”.

- “HDAS databases” is used to refer to the healthcare databases available via NICE and HEE’s Healthcare Database Advanced Search (HDAS) interface: AMED, BNI, CINAHL, EMBASE, EMCARE, HMIC, Medline, PsycINFO (and PubMed, with limited search functionality).

- “Scoping Search” is used instead of “pilot search”, or “quick and dirty search”.

- “Point-of-care tool” is used instead of “Clinical Decision Support tool” or “Clinical reference tool”.

- “High tier evidence sources” is used instead of “secondary evidence sources”.

LKSS Regional Searching Guidance 2020
For All Evidence Searches

Please go through this entry before categorising your search by its purpose and referring to the relevant entry.

Where there is a discrepancy between the advice given in this general section and the specific entry’s advice, please follow the specific entry.

These instructions represent best practice, but time pressures and competing priorities may prevent you from following every step to-the-letter, and your search topic may not require you to search every resource outlined in specific entries.

Planning

o However you receive the request for a search - in-person, over the phone or via email – check you have enough information before you begin:

  ▪ Do you understand the question enough, or what is being sought?
  ▪ Are the parameters and limits of the search clear? Do you have a date-range or specific patient population to search within? What does your requester NOT want?
  ▪ What is your deadline?

  o Elicit key terms and synonyms from the requester. Can they give you 1 or 2 clear sentences that describe what they are looking for, or even a PICO breakdown?

  o Establish if there are any good papers your requester already knows about, to guide and inform your search. If your requester provides useful papers they have already found, have a look at the way they are indexed and check what synonyms etc. they use that you could introduce to your search strategy. Such papers may also serve as a test set against which to check the strategy, and may also be used in a prospective citation search in Google Scholar.

  ▪ Does your requester have an idea of how many results they would expect you to find? How many would they like to receive?

  ▪ Do you know what format(s) the requester would like to receive results in?

    ▪ Would they like a list of titles/abstracts with hyperlinks to the full text in an email?
    ▪ Would they prefer results as a report in a Word document (that they can then edit)?
    ▪ As a pdf (that they will not be able to edit)?
    ▪ In .ris file format so that results can be loaded into reference management software
    ▪ They may want their results in several formats.
    ▪ Some LKSs will use local templates, or provide search reports from KnowledgeShare, in which case some of these questions may be superfluous

If you think you will need further clarification on any aspect, contact the requester before you start. It can be good to establish a dialogue.
Record in KnowledgeShare, or within your local system, that YOU are undertaking the search.

Check KnowledgeShare, or your local repository of evidence searches, to see if there has been an identical or similar search for your topic previously. If an identical search was conducted recently, can you send the results straight to the requester, or rerun the search? If a similar search was conducted a while ago, can you utilise the strategy for your current task?

Try to identify the sources you will use before you start searching; agree these with the requester if you can.

Execution

Do not be afraid to contact the requester with any queries that may arise when you are searching.

Be sure to keep a record of the search strategies you use.

Try a quick scoping search to get a sense of what is out there, to help find keywords and potentially useful evidence. If you are searching using HDAS: try searching all databases by title field only, entering your key search terms—this should retrieve only relevant articles that will be indexed with useful terms you can use in your search strategy, as well as variant terms, synonyms etc.

Take a top-down approach to searching the evidence, unless advised otherwise within this document, looking for secondary/high tier evidence (like reviews in The Cochrane Library or entries in UpToDate/DynaMed/BMJ Best Practice) before seeking primary research (in Medline and other databases). If you can find recent high tier evidence this may preclude searching for primary research yourself—though in most cases you will need to continue searching to retrieve the most current research.

Formulate a search strategy, using PICO or another framework if appropriate, to identify the key concepts in the search:

For each key concept, find relevant thesaurus terms/subject headings/controlled language terms (including floating subject headings) using your scoping search findings and the “map to thesaurus” function in database interfaces.

Find natural language terms, including rough/exact synonyms and variant terms. Consider differences in US and UK English spellings, consider using truncation, adjacency operators, and phrase-searching.

Use Boolean operators (AND/OR) in your strategy:

- Use OR operator to combine synonymous natural or controlled language terms/searches to ensure the sensitivity of your search, increase your yield and ensure you are not missing any relevant results.

- Use the AND operator to combine the separate concepts in your search, to decrease your yield, increase the specificity of your search and ensure you are returning only results relevant to you.
Adopt a sensitive/broad/inclusive approach to the search, at least initially; you do not want to miss anything important. You can adjust the specificity/sensitivity as you go. Consider the effect of major or minor focus when using controlled language terms.

Screen results for relevance, “sense checking” as you go to see if what you are retrieving is in the right area. Iterate your search strategy if necessary.

Adapt your strategy for other databases and sources.

Add limits to your search as agreed with the requester – but consider if limits by date, language, document type and other parameters etc. are justifiable.

Include a search of PubMed to ensure you retrieve the most recent research (it is updated before Medline and can return the most recent results that Medline will not).

Try a prospective citation search of key articles that you have found or that your requester has provided by searching for them by title in a citation index like Web of Knowledge. You can also search for them by title in PubMed and Google Scholar, checking their “cited by” entries, though neither of these methods is 100% comprehensive.

Citation searching can help you uncover papers that you may otherwise have missed. It is also a test of the rigour of your search: if your search strategy is robust you should retrieve all the papers that the key articles have been cited by. If you have not, consider why not and go back to the drawing board if required.

For more help with formulating search strategies, please see:

- “Appendix 1: Resources -- HDAS Databases”.
- “Appendix 2: Troubleshooting / FAQs / Tips and Tricks”.
- E-Learning for Healthcare’s How to Search the Literature Effectively: https://www.e-lfh.org.uk/programmes/literature-searching/

Results

Collate, deduplicate, and evaluate your results. Screen them by title/abstract and delete the irrelevant ones. Err on the side of caution and if you are unsure of the relevance of a result, do not delete.

Present your search results to the requester in the agreed format(s) and within the agreed deadline. Do not be afraid to negotiate an extension if one is required.

Use, or create, templates for your reports and communications with the requester, to save yourself time and ensure consistency. KnowledgeShare does this automatically.
Use your service’s branding and signpost other library services wherever possible in all your communications with the requester.

If you are producing a report, rather than sending only deduplicated results, compile your results with abstracts and full text links wherever possible (instructing the requester how to access the full text via NHS OpenAthens). HDAS’s Word and pdf exports, and KnowledgeShare reports, automatically produce a table of contents (titles only list) at the start of the document, and include full text links.

Can you create a summary and/or synthesis of findings and present this at the front of your report? In most cases, some summarisation should be provided; at the very least identify key results (or passages within results) you have retrieved, highlight review articles or guidelines, and/or point out historically significant papers. Can you provide an evidence level to each result, if possible? Consider sending the full text of key results, if you can do this within copyright restrictions.

In your report, arrange the results according to your requester’s stated preference. Where none is stated, present synopses from point-of-care tools or other sources and international/national guidelines after your summary/synthesis, followed by other high tier/secondary evidence, with lower-tier/primary research evidence following, arranged in reverse-chronological order [a typical KnowledgeShare report format]. Alternatively, arrange results by themes/categories based on the results of your search – consider what would be most helpful to your requester.

Describe your searching methodology in your report, or along with your results, and include your search strategies in full.

Include a disclaimer with your results. KnowledgeShare automatically includes the following in its reports:

> “We hope that you find the evidence search service useful. Whilst care has been taken in the selection of the materials included in this evidence search, the Library and Knowledge Service is not responsible for the content or the accuracy of the enclosed research information. Accordingly, whilst every endeavour has been undertaken to execute a comprehensive search of the evidence, the Library and Knowledge Service is not and will not be held responsible or liable for any omissions to pertinent research information not included as part of the results of the enclosed evidence search. Requesters are welcome to discuss the evidence search findings with the librarian responsible for executing the search. We welcome suggestions on additional search strategies / use of other information resources for further exploration. You must not use the results of this search for commercial purposes. Any usage or reproduction of the search output should acknowledge the Library and Knowledge Service that produced it.”

Include a copyright/acknowledgement notice. KnowledgeShare automatically includes the following in its reports:

> “Please acknowledge this work in any resulting paper or presentation as: Evidence search: "[evidence search title]". [Your name]. [Date of search]. [Your city, your country]: [Your library’s name].”

Record on KnowledgeShare, or within your local system, that you have completed the search.

Add the report you produced, or the results you sent to the user, on to KnowledgeShare or your local system, so other users can retrieve them.

Systematically request, and record, feedback or evaluation from the requester.
Evidence Searching for Audit

**Suggested time to allocate to this search:** 4 hours for searchers experienced with this type of search - 6 hours for searchers inexperienced with this type of search.

Please read “For All Evidence Searches” before proceeding. See the Supplement for examples of this type of search.

**Planning**

- Establish what service is being audited from your requester; are there specific setting(s) and population(s), any (non-arbitrary) date range to search within, any geographic or language limits etc.? Would they like to know what other NHS and non-NHS organisations are doing?

- Be prepared that there may be a tight deadline to meet.

**Execution**

- Search for specific audits and audit tools from Healthcare Quality Improvement Partnership’s (HQIP) A-Z of Clinical Audits and from NICE Evidence’s Audit Tools.

- Search high tier evidence sources: the Cochrane Library, NICE Evidence, the Trip Database, Royal Colleges and other professional bodies (via a Google search). Keep an eye out for standards and guidance from these sources but do not limit your search to JUST these things.

- Search point-of-care tools (BMJ Best Practice/Clinical Key/DynaMed/UpToDate) for entries on the requester’s topic, if accessible.

- Consider searching for information on conducting audits more generally if you feel that the requester might appreciate this “added value content”.

- Perform a thorough search of all appropriate HDAS databases.

- To retrieve reports on other Trusts’ advances/activities, perform an advanced Google search for the topic with “NHS” in your terms, and/or your country specified as UK, and/or limiting the search to sites ending with “…nhs.uk” URLs. Search within the NHS Improvement website also.

**Results**

- Present the deduplicated results according to your requester’s stated preference, or where none is stated, in an easy-to-digest and easy-to-share report, with a summary/synopsis first of all (if possible), high tier/secondary evidence after that, then lower-tier/primary research evidence arranged in reverse-chronological order afterwards (a typical KnowledgeShare report format). Alternatively, arrange results by themes/categories – consider what would be most helpful to the requester.
Resources

- High tier evidence sources: the Cochrane Library, The University of York’s Centre for Reviews and Dissemination (CRD), Healthcare Quality Improvement Partnership (HQIP), NICE Evidence, the Trip Database, the Campbell Collaboration, Royal Colleges and other professional bodies.
- Point-of-care tools: BMJ Best Practice/Clinical Key/DynaMed/UpToDate.
- HDAS databases: AMED, BNI, CINAHL, EMBASE, EMCARE, HMIC, Medline, PsycINFO, PubMed.
- NHS Improvement.
- Google.
Evidence Searching for a Business Case

**Suggested time to allocate to this search:** 4 hours for searchers experienced with this type of search - 6 hours for searchers inexperienced with this type of search.

Please read “For All Evidence Searches” before proceeding. See the Supplement for examples of this type of search.

**Planning**

- Confirm the aims of the business case with the requester and ask if they know of any existing information that can set precedent. Have any similar business cases been made elsewhere?

- Familiarise yourself with any standards your organisation may have for presenting business cases, e.g. is there a specific template to follow or information that must be included? Can you make your evidence search report fit-in with these?

- Get a clear understanding of the topic from the requester and know what exactly they want the business case to focus on. For instance, examples of cost saving, number needed to treat, time saved etc.

- Ask the requester to give you more information on the background of the search. E.g. what are the current practices in place? Evidence for these practices could be compared and contrasted.

**Execution**

- The focus should be on the highest levels of evidence possible (searching the Cochrane Library and the York Centre for Reviews and Dissemination) and you might want to limit results by publication type if you are finding too many results, and/or focus on Health Technology Assessments (HTAs), diagnostic papers, or cost analyses etc. as appropriate.

- Search healthcare management and business databases: Health Management Information Consortium (HMIC), Health Business Elite (HBE, if available), Business Source Corporate (if available), and the National Health Research Institute’s (NIHR’s) HTA website.

- Search subject appropriate HDAS databases: Medline, EMBASE, CINAHL, PsycINFO, EMCARE, BNI etc.

- Search grey literature sources as appropriate, e.g. government organisation publications, The Health Foundation, The King’s Fund, NHS Improvement, NHS Digital, the Academy of Fabulous Stuff, etc.

- You may want to search through other NHS organisation policies and publications via an advanced Google search: include “NHS” in your terms, and/or specify your country as UK, and/or limit the search to sites ending with “…nhs.uk” URLs using the limits site:nhs.uk or inurl:nhs. A mailing list enquiry [see “Appendix 2...”] can elicit documents from librarians at Trusts across the UK.

- Search Google Scholar and Google for key terms or a product’s name or manufacturer’s name, or include terms such as “service models”, “service standards”, “service specifications”, or “business case”.

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Look for product information on manufacturer websites if appropriate.

Results

In your report, group your deduplicated results into categories and highlight the most useful ones to make it more user-friendly.

If time allows, synthesise results into an executive summary for the head of your report that highlights the key points and any recommendations. Reference the information from within your report that you have used for this.

Resources

High tier evidence sources: the Cochrane Library, The University of York’s Centre for Reviews and Dissemination (CRD), NICE Evidence, the Trip Database, and the Campbell Collaboration.

Healthcare management and business databases: HMIC (available via HDAS), Health Business Elite (if available), Business Source Corporate (if available), and (NIHR’s) HTA website.

Grey literature sources as appropriate: government and non-government organisation publications, The Health Foundation, The King’s Fund, NHS Digital, NHS Employers, NHS Improvement, The Academy of Fabulous Stuff, etc.

HDAS databases: AMED, BNI, CINAHL, EMBASE, EMCARE, Medline, PsycINFO, and PubMed.

Google Scholar

Google (to unearth NHS Trust/government sites where similar business cases have been made and recorded in reports/minutes etc.)

Manufacturer websites.
Evidence Searching for Care of a Specific Patient

**Suggested time to allocate to this search:** 1.5 hours for searchers experienced with this type of search - 4 hours for searchers inexperienced with this type of search.

Please read “For All Evidence Searches” before proceeding. See the Supplement for examples of this type of search.

**Planning**

- Time may be of the essence, prioritise this search if so! If the requester needs to make a clinical decision in the next hour, that is your deadline! In other contexts it makes much more sense to negotiate your deadline with the requester based on when they are next seeing the patient: If they are next seeing them at an outpatient clinic in a month’s time, then a fortnight’s deadline should be fine, for example.

- **If you receive the request during a clinical meeting where an immediate answer is required**, you will not be able to plan your search. Check point-of-care tools: DynaMed, UpToDate, BMJ Best Practice or Clinical Key, depending on your organisation’s provision, and NICE Guidance for on-the-spot answers.

  If a specific/focused search of point-of-care tools retrieves nothing, try searching within the text of broader entries or scanning a broader entry’s headings and sub-headings.

  If you cannot find an answer to the question immediately then advise the requester and offer to continue the search after the meeting/offline.

- **If you receive the request outside of a clinical meeting, what is your deadline?** If the search is to inform clinical decision-making, when does the decision need to be made and when is the search report required, by whom, and in what format?

  Does the requester want higher-tier evidence only, or would they like case studies/case series? Would they like results from this country only? Do they want to know how other Trusts would treat this patient?

**Execution**

- Try searching Cochrane Clinical Answers and PubMed Clinical Queries, NICE Evidence - including Clinical Knowledge Summaries (CKS), NICE Guidance, and NICE Pathways - and the Trip Database.

- Search primary research databases, limiting your search results to the specific age range etc. of the patient in question. For clinical questions, MEDLINE is essential, augmented by one or more of EMBASE, CINAHL, EMCARE, BNI etc. Consider PscyINFO if there is a mental health or psychological dimension.

- Limit your databases search to reviews, guidelines, meta-analyses etc. using limits/filters (unless your requester would like case reports etc.), at least initially. If your search retrieves nothing then relax these limits to include all kinds of results, and all kinds of patients if you are still retrieving nothing. Be aware that these limits exclude the most recent results that have not had indexing terms added yet, and consider searching the most recent year with no limits.
If the requester wants to know how other Trusts would treat this patient, perform an advanced Google search for the condition/intervention limited to the UK, with “NHS Trust” in your search terms, or use the site:nhs.uk or doctype:doc or doctype:pdf limits to pick up policy documents and guidelines from around the country.

**Results**

- Include links to relevant entries from point-of-care tools, copy and paste the most important parts that answer your requester’s question into your report, or send entire entries to the user (where copyright restrictions allow). Include instructions of how to access the full entries - to save the requester time, you can check if they have an NHS OpenAthens name/password, and create one for them if required, notifying them in your report.

- If you have found no high tier evidence then state so, as this may be an answer to your requester’s question itself.

- Be sure to emphasise in your report or communications with the requester that time limitations may preclude a comprehensive search, and so the results returned cannot be considered comprehensive.

- As proving your service’s clinical utility is very impactful, be extra sure to ask-for and record feedback from the requester re: how your search helped.

**Resources:**

- Point-of-care tools: [BMJ Best Practice](https://www.bmjbestpractice.com/), [Clinical Key](https://www.clinicalkey.com), [DynaMed](https://www.dynamed.com/), [UpToDate](https://www.uptodate.com/)


- HDAS databases: AMED, BNI, CINAHL, EMBASE, EMCARE, HMIC, Medline, PsycINFO, PubMed.

- Google.
Evidence Searching for Commissioning

**Suggested time to allocate to this search:** 4 hours for searchers experienced with this type of search - 5 hours for searchers inexperienced with this type of search.

Please read “For All Evidence Searches” before proceeding. See the [Supplement](#) for examples of this type of search.

**Planning**

- Establish the precise purpose of the search: is your requester commissioning a new service? Are they decommissioning an old one? Or redesigning an existing one? If changes to a service are being made, or a new service is being commissioned, what are they being based on? Is best practice from elsewhere being copied?

- Establish how sensitive information regarding this search is – if it is about decommissioning, the requester may not wish it to be shared with othersAVAILABLE PUBLICLY.

**Execution**

- Generally, focus on resources that have economic evaluations/healthcare economics/social return-on-investment (ROI) figures in them.

- Consult the Commissioning Handbook for Librarians.

- Search The University of York’s Centre for Reviews and Dissemination (CRD) for economic evaluations, search the Social Care Institute for Excellence’s (SCIE’s) Social Care Online for social care queries, or Applied Social Sciences Index and Abstracts (ASSIA) - if you have a local subscription - for social policy related queries, and the National Institute for Health Research’s (NIHR’s) Health Technology Assessment site if appropriate.

- Search grey literature sources and subject-specific sites appropriate to what is being commissioned: independent charities, governmental and non-governmental organisations and think tanks like The Health Foundation, The King’s Fund, Nuffield Trust etc. They often produce or archive economic evaluations of complex interventions.

- If these searches retrieve nothing, search appropriate HDAS databases, limiting results to the last 5 years.

- Search Google Scholar and Google for key terms or a product’s name or manufacturer’s name, or include terms such as “service models”, “service standards” or “service specifications”.

**Results**

- Make sure the full text of the results you return are open access, as far as possible, as the requester will likely be sharing the results with a multi-disciplinary (even multi-organisational) team.
For each of your results, provide a top-line summary of what a service cost, what it improved, and what money it saved/brought-in.

**Resources**

- Commissioning Handbook for Librarians.
- NIHR’s HTA website.
- Applied Social Sciences Index and Abstracts (ASSIA).
- Grey literature sources and subject-specific independent charities, NGOs, etc.: The Health Foundation, The King’s Fund, Nuffield Trust, NHS Digital, NHS Employers, etc.
- HDAS databases: AMED, BNI, CINAHL, EMBASE, EMCARE, HMIC, Medline, PsycINFO, PubMed.
- Google Scholar
- Google (to unearth NHS Trust/government sites reporting where similar services have been de/commissioned)
**Evidence Searching for Coursework/Study**

*Suggested time to allocate to this search:* 30 minutes for searchers experienced with this type of search - 1 hour for searchers inexperienced with this type of search.

See the [Supplement](#) for examples of this type of search.

**Planning**

- It may be appropriate for you to refer the requester to their university library service.
- Do not perform a search that is going towards coursework/study if the evidence search is part of the requester’s learning objectives or will be assessed as their work. Explain your policy to the requester, not every student is aware that they cannot ask you to do uncredited coursework searches. Instruct the requester to declare that they have had assistance in any submitted assignment.
- Respond to the requester promptly if you are not going to perform the search on their behalf, so that they are not waiting and relying on you to do their coursework for them while their deadline approaches!
- Offer training to the requester, suggesting that on a one-to-one or group training session they can search for the topic they have requested while they learn the principles of searching, and will come away with useful results.

**Execution**

- Do not spend very long on this search: these results are intended to encourage the requester to book on to a training session. Send the results to the requester along with your offer of training. Depending on which of the resources below your service is currently promoting, or which you happen to have open when you receive the request, do one of the following:
  - Quickly search secondary sources if appropriate to the subject: NICE Evidence and/or Trip Database, copy the links to the results pages for the requester, or copy a few select recent relevant results OR
  - Quickly search point-of-care tools (BMJ Best Practice/Clinical Key/DynaMed/UpToDate) if accessible and appropriate to the subject, and copy links to suitable entries/topics for the requester OR
  - Quickly search your library discovery tool and send a few recent relevant results, with full text access, for the requester OR
  - Quickly search the library catalogue for books and ebooks on the subject and copy links for the requester OR
  - Perform a scoping search for the requester, searching by title within an appropriate bibliographic database (such as Medline, EMBASE) or two, and quickly exporting results (as an HDAS pdf report, for example).
Deliver a full training session with the requester, ensuring they come away with enough results to use for their coursework/study, plus the confidence and skills to find more on their own.

**Results**

If you are not going to perform a full search for the requester, return only a small number of recent relevant results when you reply to them - not enough for them to complete their coursework - with freely available full text access if possible. Explain that these are not comprehensive, but that the requester can discover more at a training session...

**Resources**

- High tier evidence sources: the Cochrane Library, NICE Evidence, the Trip Database, the Campbell Collaboration.
- Point-of-care tools: BMJ Best Practice/Clinical Key/DynaMed/UpToDate.
- Library discovery tool.
- Library catalogue.
- HDAS databases: AMED, BNI, CINAHL, EMBASE, EMCARE, HMIC, Medline, PsycINFO, PubMed.
Evidence Searching for General Interest/Continuing Professional Development (CPD)

**Suggested time to allocate to this search:** 1 hour for searchers experienced with this type of search - 4 hours for searchers inexperienced with this type of search.

Please read “For All Evidence Searches” before proceeding. See the Supplement for examples of this type of search.

**Planning**

- Do not prioritise this search or allow too much time to it, especially if “general interest” is stressed by the requester; this can go on the backburner until more important searches have been taken care of. Deadlines for “general interest” searches will typically be quite relaxed so do not worry too much about meeting them.

- Searches for CPD purposes may be going towards course assignments [See “Evidence Searching for Coursework/Study”] and so there may be a stricter deadline.

- Offer training to a requester that has stressed CPD as the purpose for the search, as learning the skill of searching is further evidence of CPD itself.

**Execution**

- Searches for general interest in particular need not be completely comprehensive, and can be approached like a less intensive search for research/publication [See “Evidence Searching to Support Research/Writing for Publication”].

- A search of your library catalogue for general or introductory texts may be appropriate, especially if the topic is outside of your requester’s area of expertise or professional specialty.

- Point-of-Care tools are useful sources for overviews and can serve as useful entry points on a subject. Direct requesters towards these or share entries with them. For CPD searches, point-of-care tools can log the time that requesters spend looking through them, producing certificates and reflective learning forms as evidence of their learning – send users instructions for using these features (they will need personal accounts).

- High tier evidence sources like the Cochrane Library (especially their Special Collections and Cochrane Clinical Answers pages) and NICE Evidence Search (using their secondary evidence filter) may also prove to be useful starting points or gateways for your requester.

- For CPD searches specifically, try actually including “CPD” and “continuing professional development” (and variations) amongst your search terms, and using CPD or broader educational subject headings within databases.

  - Look within professional associations’/royal colleges’ websites for materials. Many associations offer their members CPD resources that you will not be able to access, but can point them towards.

  - Search E-Learning for Healthcare in case there are useful courses/modules on your requester’s topic.
Google searches may return useful learning resources produced by and for fellow professionals.

Youtube and other social media may contain useful video and other multimedia learning aids (Facebook groups, Twitter feeds or Twitter lists, etc.)

Search for any local help that your Trust offers staff, especially if the topic is related to “soft skills” (management, leadership) via your intranet, or make enquires with your education and/or learning and development department directly.

**Results**

- Include instructions for using the CPD features of point-of-care tools, or instructions for accessing resources (specifying any that you cannot yourself access but the requester can).
- Include notice of any conferences or courses that you think could be of interest that you spot when searching.
- For general interest searches, offer further help or a subsequent search once the requester has delved in to the subject, if they decide to delve deeper.
- For general interest searches, offer your current awareness services to the requester, so they can keep up to date in this area.

**Resources**

- High tier evidence sources: the Cochrane Library, NICE Evidence, etc.
- Point-of-care tools: BMJ Best Practice/Clinical Key/DynaMed/UpToDate.
- Library Catalogue
- Grey Literature Sources: Professional associations, royal colleges, E-Learning for Healthcare, etc.
- HDAS databases: AMED, BNI, CINAHL, EMBASE, EMCARE, HMIC, Medline, PsycINFO, PubMed.
- Google
- Social Media: Youtube, Facebook, Twitter, etc.
- Trust Intranet
Evidence Searching for Patient Information: Question(s) from a Patient

**Suggested time to allocate to this search:** 3 hours for searchers experienced with this type of search - 5 hours for searchers inexperienced with this type of search.

Please read “For All Evidence Searches” before proceeding. See the [Supplement](#) for examples of this type of search.

**Planning**

- Ask the requester exactly what is needed and what level is needed (e.g., high end evidence or basic information). Speak to the patient if possible to discuss what they would like. The requester may need to manage their patient’s expectations.

- Make sure that the patient understands that you are not a medical professional: information that you give them is not medical advice. Questions and clarification must come from their clinician, your requester. Use a disclaimer.

- Identify any specific needs the patient has: do they need EasyRead text? Would they prefer audio/film? Do they need it translated into a different language? Is the information for them, or for someone they are looking after?

**Execution**

- Gather basic information: what is available from the Trust already? Is there a patient leaflet/guideline that you can share? Has the Trust produced any films that are useful? Are there any external leaflets that the Trust has bought (e.g. the Royal College of Anaesthetists’ or EIDO Healthcare’s patient information materials) that you can share?

- Look for other basic information available on the internet via Google, for example a good general description of a condition or procedure: try [www.nhs.uk](http://www.nhs.uk), [www.patient.info](http://www.patient.info), and other Trusts’ website. Look at NICE Evidence, which also contains a filter for patient information.

- Look at charity and voluntary organisations: these are excellent sources of well-written information, and often include first-hand experiences/advice/support for the patient community. This includes [www.healthtalk.org.uk](http://www.healthtalk.org.uk)

- Look at royal colleges and academies – like the Royal College of Obstetricians and Gynaecologists (RCOG) or Royal College of Psychiatrists (RCPsych) - and professional societies etc. for their detailed, evidence-based patient information. They often include links to other sources of information and support too.

- Check point-of care tools - for example, many of UpToDate’s entries contain *Basics* and *Beyond the Basics* patient information, and many BMJ Best Practice entries contain *Patient leaflets* under the *Resources* tab.

- Search HDAS databases: do any of the results provide evidence or information that is pitched at the right level and is useful?
Look at social media: is there a YouTube channel associated with a particular charity or organisation with videos of treatments, procedures, other patients? Do these organisations have a Facebook page/Twitter feed with regular updates about developments, stories in the news, opportunities to meet other people? Are there online forums that offer the opportunity to talk to others, share experiences, offer advice and comfort?

Results

Do not share results with the patient without first sharing with the requesting clinician (usually by email), with a brief explanation of why they have been chosen. This can be forwarded onto the patient.

Make sure that results are all open access and easy for patient to find. Do not assume they are proficient at internet searching.

Resources

Trust intranet and website.

Other Trusts’ websites/documents, via an advanced Google search (include “NHS Trust in your search terms and/or use geographic limits and/or limit to sites with “…nhs.uk” URLs).

www.NHS.uk website.

NICE Evidence (use the “information for patients” filter).


Charity and voluntary sector organisations.

Royal colleges, societies and academies: RCOG, RCPsych, etc.

Point-of-care tools: UpToDate, DynaMed, BMJ Best Practice, ClinicalKey.

HDAS databases: AMED, BNI, CINAHL, EMBASE, EMCARE, HMIC, Medline, PsycINFO, PubMed.

Social Media: Youtube, Twitter, Facebook, etc.

Google and Bing (for video searching).
Evidence Searching for Patient Information: Creating Information Resources for Patients

**Suggested time to allocate to this search:** 3 hours for searchers experienced with this type of search - 4 hours for searchers inexperienced with this type of search. Add an extra 4-5 hours to draft a leaflet/other materials.

Please read “For All Evidence Searches” before proceeding. See the Supplement for examples of this type of search.

**Planning**

- Ask the requester exactly what is needed: is it a description of a procedure/treatment? Who for? (e.g., children/carers?) Do they have any information already available (e.g., a first draft, existing information leaflet from elsewhere, a leaflet from a medicine packet)? How much detail is needed?

- Check if your Trust has guidelines for writing for patients.

**Execution**

- Are there similar leaflets produced by other Trusts? Look for other Trust websites that contain information about the given procedure/treatment/condition. Bear in mind copyright/permissions restrictions if copying or adapting others’ work.

- Look at www.NHS.uk and NICE Evidence for guidelines.

- Search websites that provide patient information, eg Patient.info

- Search point-of-care tools: ClinicalKey and UpToDate both have patient information tabs that are pitched at the right level.

- Look at charities related to specific conditions (like the British Heart Foundation) and voluntary sector organisations: they are a good source of reliable information but are sometimes slightly too detailed for a basic patient information leaflet.

- Are there any websites that you can add as a useful link for the patient? Any films they can watch?

**Results**

- Plan your first draft: if the leaflet is in a question/answer format (recommended), can you list the questions? This will help order the information that you need to include in a logical manner.

- Write the first draft of the leaflet. Use language very carefully. For the Layout, leave plenty of white space, use bullet points, avoid repetition, logically order information. Do not forget to include risks and benefits.

- Send your draft to your requester. Add a list of resources that the information came from (if applicable).
• Be prepared for re-drafts and updates!

Resources

• Trust intranet and website.
• Other Trusts’ websites/documents, via an advanced Google search (include “NHS Trust” in your search terms and/or use geographic limits and/or limit to sites with “…nhs.uk” URLs).
• www.NHS.uk website.
• NICE Evidence (use the “information for patients” filter).
• Charity and voluntary sector organisations.
• Royal colleges, societies and academies: RCOG, RCPsych, etc.
• Point-of-care tools: UpToDate, DynaMed, BMJ Best Practice, ClinicalKey.
• HDAS databases: AMED, BNI, CINAHL, EMBASE, EMCARE, HMIC, Medline, PsycINFO, PubMed.
• Social Media: Youtube, Twitter, Facebook, etc.
• Google and Bing (for video searching).
Evidence Searching for a Quality Improvement (QI) Project

**Suggested time to allocate to this search:** 3 hours for searchers experienced with this type of search - 5 hours for searchers inexperienced with this type of search.

Please read “For All Evidence Searches” before proceeding. See the [Supplement](#) for examples of this type of search.

**Planning**

- If possible, arrange a meeting with the requester to understand the aims and background of the project. If there is a project group, join it, or at least attend a meeting to get full brief of project.

**Execution**

- Search for existing QI projects that are similar, as well as for regular (non-QI specific) evidence for the project. If you have access to a network of QI projects such as Life QI, check this to see if any similar QI projects are listed.

- Search for relevant guidelines from international, national and local sources as appropriate via the Trip Database, NICE and point-of-care tools (e.g. DynaMed Plus contains links to various international guidelines).

- Search HDAS databases: AMED, BNI, CINAHL, EMBASE, EMCARE, HMIC, Medline, PsycINFO, PubMed.

- Search Google Scholar for books or other published information.

- Try an advanced Google search for examples of what other NHS organisations have done: include “NHS Trust” in your search terms, or use the site:nhs.uk or doctype:doc or doctype:pdf limits to pick up policy documents and guidelines from around the country.

- Search grey literature sources and subject-specific sites: independent charities, governmental and non-governmental organisations and think tanks like The Health Foundation, The King's Fund, Nuffield Trust and Health Quality Improvement Partnership, etc.

- Consider a search of the Commissioning Handbook for Librarians.

- Search BMJ Open Quality via its website for articles and commentary.

- Search locally within your book and ebook catalogue for anything additional that could be useful, including general texts on the area of interest, and guidance on conducting a QI project if needed. If your service keeps a core list of QI resources that could be useful for the requester to read then search within this and/or direct the requesters to this.

**Results**

- Categorise your deduplicated results, including links to the full text wherever possible, and highlight key ones to make your report user-friendly.
Resources

- Local QI network.
- Point-of-care tools (DynaMed, UpToDate, ClinicalKey, BMJ Best Practice).
- Grey literature sources as appropriate: government and non-government organisation publications, The Health Foundation, The King’s Fund, NHS Improvement, NHS Employers, The Academy of Fabulous Stuff, Health Quality Improvement Partnership, etc.
- The Commissioning Handbook for Librarians.
- HDAS databases: AMED, BNI, CINAHL, EMBASE, EMCARE, HMIC, Medline, PsycINFO, PubMed.
- Google Scholar.
- Google.
- BMJ Open Quality.
- Library catalogue.
Evidence Searching to Support Research/Writing for Publication:

**Suggested time to allocate to this search:** 4 hours for searchers experienced with this type of search - 6 hours for searchers inexperienced with this type of search.

Please read “For All Evidence Searches” before proceeding. See the **Supplement** for examples of this type of search.

**Planning**

- Medline and EMBASE need to be searched as a minimum, select other databases as appropriate to the subject of the search.
  

- **Establish the scope of the topic and that any search parameters are justified.** A search underpinning a research topic may be more similar in scope and style to that carried out for a systematic review whereas a search underpinning writing for publication may possibly permit a more focused search, but you need to check with the requester what is appropriate.

- **Establish if the requester is interested in a specific publication/study type. If they are, discuss the use of appropriate search filters.** If you are searching in HDAS, you can limit your search results to specific publication type(s) by selecting them in the “limits” tab, but bear in mind that this may exclude some relevant literature, particularly more recent literature. If you are searching using native interfaces, you can use common filters, including:
  
  - The Cochrane filters: https://handbook-5-1.cochrane.org/chapter_6/6_4_11_search_filters.htm
  - The InterTASC Information Specialists' Sub-Group Search Filter Resource: https://sites.google.com/a/york.ac.uk/issg-search-filters-resource/home
  - The Scottish Intercollegiate Network (SIGN) filters: https://www.sign.ac.uk/search-filters.html
  - McMaster University Health Information Research Unit (HIRU) filters: https://hiru.mcmaster.ca/hiru/HIRU_Hedges_home.aspx

- If the research is for a **dissertation topic or research assignment** it is more appropriate to offer an assisted search or training session. [See “Evidence Searching for Coursework/Study”]

**Execution**

- **Searches will be comprehensive** but depending on the agreed scope of the search it may be permissible to use focusing techniques (using majored subject headings/title-only text searching) to improve relevancy over recall particularly if the topic is very broad.

- **Searches need to be reproducible** so keep the strategy clearly structured and easy to follow. Details of the strategy will be outlined in the research paper or article so keep this in mind.
It is permissible to apply language limits and publication year limits but this must be justifiable in relation to the topic. If search filters have been used, these must be documented and referenced in the report/article.

It is fine to remove comments, letters and editorials, either by screening your search results manually or by adding publication type limits/filters to your search. Check with requester if they would like conference abstracts to be included in the search.

**Results**

Be prepared to provide **supporting details, including a narrative description**, explaining the search strategy so the requester can include this in their write-up.

For research reports, the strategy is detailed in full in the appendices.

For journal articles, even though shorter, most journals require authors to supply at least some brief explanation of the search (databases covered and search terms used/concepts searched for. They would also justify search parameters with any exclusions if applicable):

- Advise the requester to check the instructions for authors for the specific journal they are intending to submit to.
- Many journals endorse PRISMA, a list can be found at the following link: [http://www.prisma-statement.org/Endorsement/PRISMAEndorsers](http://www.prisma-statement.org/Endorsement/PRISMAEndorsers). If the journal for intended article submission is listed it may be relevant for the requester to check in the instructions for authors whether they need to present their research in line with some of the PRISMA guidance.

If possible, can you get agreement from the author that they will acknowledge you in the published article or list you as a co-author, if you have made what you would consider to be a substantial contribution? It is safe to assume they will not automatically acknowledge you.

It is also safe to assume that they will overlook any standard statement(s) about citing your search that you include in your evidence search report, so include a reminder in your correspondence about to cite your work, if possible.

**Resources**

High tier evidence sources: the Cochrane Library, The University of York’s CRD, NICE Evidence, the Trip Database, The Campbell Collaboration, SCIE’s Social Care Online.

Medline and EMBASE, other HDAS databases and specialist databases as required by the subject of the search: AMED, BNI, CINAHL, EMCARE, HMIC, Medline, PsycINFO, PubMed, etc.


PRISMA

Evidence Searching for Service Change, Guideline, or Policy

**Suggested time to allocate to this search:** 4 hours for searchers experienced with this type of search - 5 hours for searchers inexperienced with this type of search.

Please read “For All Evidence Searches” before proceeding. See the [Supplement](#) for examples of this type of search.

**Planning**

- Establish the specific circumstances of the service change/policy/guideline and why it is needed/wanted.
- Consult your Trust intranet’s policies section for existing documents, and search within these for references. (Your full search strategy should retrieve the documents referenced, if it does not, consider why not. - If they are outside of the remit of the search or the date range specified by the requester then that is fine).

**Execution**

- Perform an advanced Google search for policies/guidelines from other Trusts, if appropriate: include “NHS Trust” in your search terms and/or narrow the search to sites with URLs ending “...nhs.uk”, and/or limit the search to UK sites etc. in the advanced search options.
- Search NICE Evidence using the Guidance filter, the Scottish Intercollegiate Guidelines Network’s (SIGN)’s website, and the Trip Database’s “Guidelines” section.
- Focus on high-level evidence from The Cochrane Library and The University of York’s Centre for Reviews and Dissemination (CRD) for systematic reviews and synopses.
- If these searches retrieve nothing, search appropriate databases using HDAS, limiting your results to the last 5 years (or the year of the existing guidelines/policy’s publication).

**Results**

- Your report may be getting shared amongst a multi-disciplinary team, so try and make it easily digestible.
- For the same reason, try to ensure your report includes some open access papers (but do not limit your search to open-access research only).

**Resources**

- Local sources of relevant guidelines: Trust intranet, Trust website, other Trusts’ websites.
- National and international sources of relevant guidelines: NICE Evidence, SIGN.
- Other high tier evidence sources, if subject appropriate: SCIE’s Social Care Online, The Campbell Collaboration.
- HDAS databases (if nothing found elsewhere): AMED, BNI, CINAHL, EMBASE, EM CARE, HMIC, Medline, PsycINFO, PubMed.
- Google.
Evidence Searching to Support Systematic Reviews

**Suggested time to allocate to this search:** No maximum time, systematic reviews are large projects and it is advisable to put-aside a lot of time for searching, and meeting(s) or correspondence with the requester(s).

Please read “For All Evidence Searches” before proceeding. See the Supplement for examples of this type of search.

**Planning**

- **General points to know:**
  - **Carrying out a systematic review is a highly structured activity governed by internationally recognised guidance.** Requesters can mistakenly use the terminology “systematic review” when they really wish to carry out a *systematic search* of the evidence. If they actually want the latter, please see the section on “Evidence Searching to Support Research/Writing for Publication”.
  
  - A **systematic review** is a large body of work covering the gathering, collation and analysis of all the available evidence for a given research topic. The topic normally will be looking at some type of intervention and its effectiveness. Due to the scale of the work a systematic review often takes a number of months and your help and advice may be sought at different stages of the review over this period.

  - A **review protocol** is written prior to beginning work on the review proper. Protocols are registered on the PROSPERO database, unless the requester is writing a review for Cochrane in which case it is submitted to Cochrane and from there automatically launched onto Prospero.

  - **Internationally recognised guidance governing systematic reviews** - Be familiar with and follow the 3 lead sources of guidance. A systematic review must follow this guidance. The 3 sources essentially give the same instructions but complement and overlap each other. PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analyses) is endorsed by both the Cochrane’s and The University of York’s Centre for Reviews and Dissemination’s (CRD’s) guidance. It takes the form of brief checklists and is a good place to start for those new to the process.

    - Cochrane Handbook: [https://training.cochrane.org/handbook/current](https://training.cochrane.org/handbook/current)
    - CRD guidance: [https://www.york.ac.uk/media/crd/Systematic_Reviews.pdf](https://www.york.ac.uk/media/crd/Systematic_Reviews.pdf)
    - PRISMA has 3 elements:
      - [http://www.prisma-statement.org/](http://www.prisma-statement.org/) (Checklist for each section of the review)
      - [http://www.prisma-statement.org/Protocols/](http://www.prisma-statement.org/Protocols/) (PRISMA-P guidance for writing the review protocol)
      - [http://www.prisma-statement.org/documents/PRISMA%202009%20flow%20diagram.pdf](http://www.prisma-statement.org/documents/PRISMA%202009%20flow%20diagram.pdf) (Flow diagram, charting the flow of information through the course of the review)

  - Check with the requester regarding the following:

    - Have they performed a scoping search and is the research question fully formulated? If not, they will want you to undertake some scoping searches to help finalise the question. They will want to see what research has already been done and also the number of references retrieved for different
scenarios will be important to keep the project manageable. If they have carried out some preliminary searches it is useful to see the strategies to help you understand the search topic and its scope.

- If they have finalised the review question and a scoping search has been undertaken, have they written their protocol?
  - If yes, you need to see this as it details the inclusion and exclusion criteria for the search in addition to giving you a clearly defined research question.
  - If no, check they are aware of the following 4 areas of guidance which will help them write their protocol:
    - The PROSPERO website guidance [https://www.crd.york.ac.uk/prospero/#aboutregpage](https://www.crd.york.ac.uk/prospero/#aboutregpage)
    - The University of York CRD guidance (Chapter 1.2)
    - The Cochrane Handbook:
      - ‘Cochrane protocols’ [https://training.cochrane.org/handbook/current/chapter-ii#section-ii-1-4](https://training.cochrane.org/handbook/current/chapter-ii#section-ii-1-4)
      - ‘Protocol development’ [https://training.cochrane.org/handbook/current/chapter-01#section-1-5](https://training.cochrane.org/handbook/current/chapter-01#section-1-5)

- Is this the requester’s first systematic review?
  - If yes, regarding the methodology and the reporting of review findings, PRISMA guidance is very easy to follow and is endorsed by both the University of York’s CRD and the Cochrane Collaboration. It essentially encapsulates, in its checklists, the detailed guidance of University of York’s CRD and the Cochrane Handbook.
  - Refer new systematic reviewers to the PRISMA website first if they haven’t visited the site as it gives an easy to understand view of the whole process: [http://www.prisma-statement.org/](http://www.prisma-statement.org/)

### Execution

- The database searches must be broad in scope:
  - It is important that search strategies are very sensitive/inclusive and contain both use of databases’ indexing terms along with text searches, so as not to miss any relevant research.
  - Indexing terms are most often exploded, also include synonyms, truncate terms, and take account of American and British English spelling. Use of floating subheadings and adjacency operators can also extend your coverage.
  - Comprehensiveness: The aim is not to miss any potentially relevant studies that are appropriate to the review question as this could weaken or invalidate any findings, so the search should maximize the retrieval (or “recall”) of articles over the “relevancy” of articles retrieved. It is usual therefore when scanning through the results of the search that you will see quite a high number of references that are not so on target. From this broad set of data the researcher will make their selection of
studies to be included in the review, discarding during this process the studies that are not relevant. This approach helps to reduce the chance of important articles being missed.

- **Avoid language and publication bias:**
  - Language and publication bias can creep in when limiting the parameters of the search. To avoid language bias, results should not be limited just to English.
  - To avoid publication bias conference abstracts should not be excluded from the database results. Conference abstracts give information on the latest work which is yet to be formally published and helps to identify authors or research establishments worth contacting. This extends the search beyond what is available electronically.
  - In addition to following-up on conference abstracts grey literature should also be searched. Helpful guidance developed by the University of Exeter (Alison Bethel et al.) can be found at: https://medicine.exeter.ac.uk/media/universityofexeter/medicalschool/research/pentag/documents/Grey_Lit.pdf

- **Minimum coverage of databases:**
  - **Please note:** Native interfaces are preferable to enable those in non-NHS environments to replicate searches from completed systematic reviews.
  - Medline, EMBASE, and the Cochrane Library are the minimum for coverage. Other databases then as applicable.

- Search clinical trials registers for in-progress trials, including (but not limited-to):
  - ClinicalTrials.gov: https://www.clinicaltrials.gov/

- Perform citation searches of relevant results retrieved, using citation indexes such as Web of Knowledge, if available: www.webofknowledge.com

- Google Scholar and PubMed permit limited citation searching via their “cited by” links (but these are not comprehensive).

- Search strategies should ideally follow a structured framework such as the PICO structure, however if PICO is not a natural fit for the topic there are other structures available such as SPIDER, ECLIPS(E)

  - City University outlines some of these: https://libguides.city.ac.uk/c.php?g=663952&p=4696473
Also see Andrew Booth “Alternative Question Structures for Different types of systematic review”:

- Parts of the guidance covering designing the search strategy:
  - Cochrane Handbook for Systematic Reviews of Interventions:
    - Chapter 4: “Searching for Studies”
      https://training.cochrane.org/handbook/current/part-2
    - Section 4.4 specifically covers “Designing search strategies”
      https://training.cochrane.org/handbook/current/chapter-04#section-4-4
    - Section 4.4.7 advice on using search filters to retrieve specific types of study:
      https://training.cochrane.org/handbook/current/chapter-04#section-4-4-7
    - Cochrane filters: https://handbook-5-1.cochrane.org/chapter_6/6_4_11_search_filters.htm
  - University of York CRD guidance: https://www.york.ac.uk/media/crd/Systematic_Reviews.pdf
    See appendix 2 for guidance of structuring the search strategy and the use of filters.

- The PRESS Checklist (Peer Review of Electronic Search Strategies) can be useful as it provides a list of what elements the search strategy should have in order to be robust. See table 1 at the following link: https://www.sciencedirect.com/science/article/pii/S0895435616000585

- Strategy details:
  - Document all strategies, the requester needs to provide details of these both in the review write-up and in the protocol submission.
  - The requester also needs details of the number of records retrieved for each database search prior to the removal of duplicates to comply with the PRISMA guidance on the reporting of the results so retain these figures.
  - Save all strategies on the database servers where possible. The requester will need re-runs of these prior to completing the review and writing it up, as several months will have normally passed during this process. For grey literature searches keep a record of the search statements used if not possible to save online.
  - As a back-up, keep a Word file of all the search strategies used for easy reference.

Results
- Save the results in the .ris file format, which is compatible with most reference management software.
If you have site-wide access to reference management software you may have ‘organisation specific’ arrangements for supplying the results such as loading the results directly into the software, removing duplicates and giving the requester the file details to access the results directly.

If the requester is based offsite or no site package is available, they will be able to remove the duplicates in whichever reference management software they have chosen.

Many reference management software applications allow you to upload .ris files into online libraries that you can share with users – discuss your options.

Some users may wish to use Systematic review software packages to aid the process of screening and data extraction. Two popular packages are Rayyan [https://rayyan-prod.qcri.org/welcome](https://rayyan-prod.qcri.org/welcome), which is freely available to all, and Covidence [https://www.covidence.org/home](https://www.covidence.org/home), which is freely available to those writing a Cochrane review. Useful further information and a comparison of the two products can be found at the following online article: [https://journals.library.ualberta.ca/jchla/index.php/jchla/article/view/28214/20998](https://journals.library.ualberta.ca/jchla/index.php/jchla/article/view/28214/20998)

For the reporting of results in systematic reviews the requester will need to follow the PRISMA flow diagram: [http://www.prisma-statement.org/documents/PRISMA%202009%20flow%20diagram.pdf](http://www.prisma-statement.org/documents/PRISMA%202009%20flow%20diagram.pdf)

**Important reminder:** The requester needs to know the total number of records retrieved prior to the removal of duplicates as this is required information for the PRISMA flow diagram. Please provide this to the requester if you have already removed the duplicate references.

You may wish to send the requestor the methodology for the search in a format that can be included in their article. If you do this, explain that the methodology provides all the details they will need and if they wish to include this in their article they should cite you as the author.

**Resources:**

- Guidance for conducting the review:
  - Cochrane Handbook.
  - MECIR manual.
  - CRD Guidance.
  - PRISMA Statement (including their Checklist for each section of the review, the PRISMA-P guidance for writing the review protocol, and their flow diagram for charting the flow of information through the course of the review).
  - PROSPERO.
  - PRESS Checklist.
  - Dr Andrew Booth’s “Alternative Question Structures for Different types of systematic review”.
  - City University’s LibGuide featuring a “Using a framework to structure your question” table.
  - Systematic review software packages Rayyan and Covidence are compared in McMaster University Research Coordinator Rachael Couban’s online article.

- Sources to search for the review:
  - High tier evidence sources: the Cochrane Library, The University of York’s Centre for Reviews and Dissemination (CRD), NICE Evidence, the Trip Database, and the Campbell Collaboration.
  - Point-of-care tools: BMJ Best Practice/Clinical Key/DynaMed/UpToDate.
• HDAS databases, though searching using native interfaces wherever possible is advised: Medline and EMBASE are essential and can be augmented by searches of BNI, CINAHL, EMCARE, HMIC, PsycINFO, and PubMed as appropriate for the search subject.

• Grey literature sources as identified by Alison Bethel et al.’s “Searching Grey Literature” and The Literature Search Process: Guidance for NHS Researchers. Version 7.0 January 2019 by Thames Valley, Wessex and South West healthcare librarians: government and non-governmental organisations’ (NGOs’) publications, including the Health foundation, the King’s Fund, Nuffield Trust, charities’ websites etc.

• Google and Google Scholar.

• Citation indexes including Web of Knowledge.

• Prospective Clinical Trials Registers: ClinicalTrials.gov and The World Health Organisation’s (WHO’s) International Clinical Trials Registry Platform (ICTRP).
Evidence Searching for Teaching/Presentation

**Suggested time to allocate to this search:** 2 hours for searchers experienced with this type of search - 4 hours for searchers inexperienced with this type of search.

Please read “For All Evidence Searches” before proceeding. See the [Supplement](#) for examples of this type of search.

**Planning**

- This search need not be exhaustive if the purpose is to provide an update and/or overview of a topic for the requester.

- Results can be limited to those published in the last 5-8 years unless a historical focus is required, or if there is a lack of recent evidence.

**Execution**

- Consider searching point-of-care tools and emailing relevant entries to the requester, or copying and pasting relevant text from entries - along with hyperlinks to the full entries - into a report.

- Search the Trip Database using the ‘Latest and Greatest’ filter, and NICE Evidence using the “guidance and policy” and “secondary evidence” filters plus a last-5-years date limit, to identify recent high quality evidence.

- Consider a search of the Education Resource Information Center (ERIC) if the subject of the search involves teaching.

- Consider a search of HDAS databases according to your topic.

- Limit database results to review papers/important trials/consensus statements/guidelines.

**Results**

- Aim to provide between 15-25 results as a word or PDF report with the search strategy included (but be reassured that if your topic is very narrow there may not be 15 results!)

- Include the full-text of papers wherever possible, and/or highlight the open access papers amongst your results, so the requester can easily share them with pupils or colleagues if needed.

**Resources**

- High tier evidence sources: the Cochrane Library, The University of York’s Centre for Reviews and Dissemination (CRD), NICE Evidence, the Trip Database, and the Campbell Collaboration.

- Point-of-care tools: BMJ Best Practice/Clinical Key/DynaMed/UpToDate.

- HDAS databases: AMED, BNI, CINAHL, EMBASE, EMCARE, HMIC, Medline, PsycINFO, PubMed.

- Education Resource Information Center (ERIC)
Appendices

Appendix 1 - Resources

The following list represents all the resources cited within this guidance, organised hierarchically and alphabetically. All are freely available or accessible via NHS OpenAthens accounts unless otherwise stated.

If you require access to a resource for which your Trust does not have a subscription, an email request to colleagues via the LIS-MEDICAL JISCMail list may help (see “Appendix 2 – Mailing list enquiries”).

For further resources, please see Thames Valley, Wessex and South West healthcare librarians’ guidance *The Literature Search Process: Guidance for NHS Researchers. Version 7.0 January 2019:*

See the Supplement for examples of each type of search covered in this guidance:
https://sites.google.com/site/healthliteraturesearchers/Home/search-guidance/supplement

Point-of-Care Tools:

- BMJ Best Practice: [https://bestpractice.bmj.com/info/](https://bestpractice.bmj.com/info/)
- Clinical Key (requires subscription): [https://www.clinicalkey.com/#/](https://www.clinicalkey.com/#/)
- UpToDate (requires subscription): [https://www.uptodate.com/home](https://www.uptodate.com/home)

High Tier Evidence Sources:

- Campbell Collaboration: [https://campbellcollaboration.org/](https://campbellcollaboration.org/)
- The University of York’s Centre for Reviews and Dissemination (CRD): [https://www.york.ac.uk/crd](https://www.york.ac.uk/crd)
- The Cochrane Library: [https://www.cochranelibrary.com](https://www.cochranelibrary.com)
  - Cochrane Clinical Answers: [https://www.cochranelibrary.com/cca](https://www.cochranelibrary.com/cca)
- Epistemonikos: [https://www.epistemonikos.org/en/](https://www.epistemonikos.org/en/)
- NICE Evidence: [www.evidence.nhs.uk](http://www.evidence.nhs.uk)
  - NICE Clinical Knowledge Summaries (CKS): [https://cks.nice.org.uk/#?char=A](https://cks.nice.org.uk/#?char=A)
  - NICE Guidance: [https://www.nice.org.uk/guidance](https://www.nice.org.uk/guidance)
  - NICE Pathways: [https://pathways.nice.org.uk/](https://pathways.nice.org.uk/)
  - NICE Audit Tools: [https://www.nice.org.uk/about/what-we-do/into-practice/audit-and-service-improvement/audit-tools](https://www.nice.org.uk/about/what-we-do/into-practice/audit-and-service-improvement/audit-tools)
- International Guideline Library: [https://g-i-n.net/library/international-guidelines-library/international-guidelines-library](https://g-i-n.net/library/international-guidelines-library/international-guidelines-library)
- PROSPERO: [https://www.crd.york.ac.uk/prospero/#aboutregpage](https://www.crd.york.ac.uk/prospero/#aboutregpage)
- Scottish Intercollegiate Guidelines Network (SIGN): [https://www.sign.ac.uk/](https://www.sign.ac.uk/)
- Social Care Institute for Excellence’s (SCIE) Social Care Online: [https://www.scie-socialcareonline.org.uk/](https://www.scie-socialcareonline.org.uk/)
- The Trip Database: [https://www.Tripdatabase.com](https://www.Tripdatabase.com)
Primary Research Databases:

- Citation Indexes:
  - Web of Knowledge (requires subscription): [www.webofknowledge.com](http://www.webofknowledge.com)

- HDAS Databases: AMED, BNI, CINAHL, EMBASE, EM CARE, HMIC, Medline, PsycINFO (and PubMed with limited search functionality) accessible via NICE HDAS interface: [https://hdas.nice.org.uk/](https://hdas.nice.org.uk/)
  - HDAS Searching Help page: [https://hdas.nice.org.uk/help](https://hdas.nice.org.uk/help)
  - “Help with HDAS” Youtube videos playlist from NICE: [https://www.youtube.com/playlist?list=PLRbwbc3dfXU03IYIun-SICK-Q059JXtgk](https://www.youtube.com/playlist?list=PLRbwbc3dfXU03IYIun-SICK-Q059JXtgk)

- Prospective Clinical Trials Registers:
  - ClinicalTrials.gov: [https://www.clinicaltrials.gov/](https://www.clinicaltrials.gov/)


Specialist Resources/Databases:


- BMJ Open Quality: [https://bmjopenquality.bmj.com/](https://bmjopenquality.bmj.com/)


- Education Resources Information Center (ERIC): [https://www.eric.ed.gov/](https://www.eric.ed.gov/)


- National Institute of Health Research (NIHR): [https://www.nihr.ac.uk/](https://www.nihr.ac.uk/)
  - NIHR Health Technology Assessment (HTA): [https://www.journalslibrary.nihr.ac.uk/programmes/hta/](https://www.journalslibrary.nihr.ac.uk/programmes/hta/)

- NHS Digital: [https://digital.nhs.uk/](https://digital.nhs.uk/)


- Specific device manufacturer websites

Grey Literature Sources:

- Government organisations’ publications and websites:
  - NHS Improvement: [https://improvement.nhs.uk/](https://improvement.nhs.uk/)
  - NHS public website: [www.NHS.uk](http://www.NHS.uk)
  - NHS Employers: [https://www.nhsemployers.org/](https://www.nhsemployers.org/)
  - Other Trusts’ websites
Public Health England’s Knowledge and Library Services’ “Grey Literature: index and alternative sources and resources”: https://phelibrary.koha-ptfs.co.uk/greylit/

Non-government organisations’ publications and websites:
- Independent charities, think tanks, and voluntary sector organisations:
  - The Academy of Fabulous Stuff: https://fabnhsstuff.net/
  - The Health Foundation: https://www.health.org.uk/
  - The King’s Fund: https://www.kingsfund.org.uk/
  - The Nuffield Trust: https://www.nuffieldtrust.org.uk/
- Condition-specific charities:
  - British Heart Foundation (BHF): https://www.bhf.org.uk/

Patient information creators:
- EIDO Healthcare: https://www.eidohealthcare.com/
- Healthtalk.org: www.healthtalk.org.uk
- Patient: https://patient.info/

Royal colleges, societies and academies:
- Academy of Medical Royal Colleges: https://www.aomrc.org.uk/about-us/academy-members/ - list of all medical Royal Colleges
- Royal College of Obstetricians and Gynaecologists (RCOG): https://www.rcog.org.uk/
- Royal College of Psychiatrists (RCPsych): https://www.rcpsych.ac.uk/
- Royal College of Nursing (RCN) https://www.rcn.org.uk/
- Royal College of General Practitioners (RCGP) https://www.rcgp.org.uk/
- The Queen’s Nursing Institute https://www.qni.org.uk/

For further sources see Alison Bethel et al.’s “Searching Grey Literature”: https://medicine.exeter.ac.uk/media/universityofexeter/medicalschool/research/pentag/documents/Grey_Lit.pdf

Public Health Sources:

- Anne Gray’s “Useful Resources” toolkit: http://annegraylksworkshop.pbworks.com/w/page/114376834/Useful%20resources
  - Public Health England’s Knowledge and Library Services: https://phelibrary.koha-ptfs.co.uk/laph/
    - Evidence Briefings: https://phelibrary.koha-ptfs.co.uk/briefings/
    - Evidence Syntheses: https://phelibrary.koha-ptfs.co.uk/syntheses/
    - Practice Examples (Case Studies, also lists relevant collections from other organisations): https://phelibrary.koha-ptfs.co.uk/practice-examples/
    - Current Awareness bulletins: https://phelibrary.koha-ptfs.co.uk/currentawareness/
    - Searchable Research register of studies led by PHE researchers: https://phelibrary.koha-ptfs.co.uk/pheresearch/
    - Impact Stories, a collection of examples of the ways that their literature searches have been used by PHE staff, to showcase PHE research and policy: https://phelibrary.koha-ptfs.co.uk/stories/
- Local Government Association, covers a variety of topics relevant to Local Authorities, with keyword searches of Case Studies and Reports: [https://www.local.gov.uk/](https://www.local.gov.uk/)

**Local Resources:**
- Library Catalogue
- Library Discovery Tool
- Local QI Network
- Trust Intranet
- Trust Website

**General Sources:**
- Bing (for video searches): [https://www.bing.com/](https://www.bing.com/)
- Google: [https://www.google.com](https://www.google.com)
  - Google Search Help: [https://support.google.com/websearch/answer/2466433?hl=en](https://support.google.com/websearch/answer/2466433?hl=en)
  - Boolean Strings by Irina Shamaeva: The Full List of Google Advanced Search Options: [https://booleanstrings.com/2018/03/08/the-full-list-of-google-advanced-search-operators/](https://booleanstrings.com/2018/03/08/the-full-list-of-google-advanced-search-operators/)
- Google Scholar: [https://scholar.google.com/](https://scholar.google.com/)
- Social Media:
  - Youtube: [https://www.youtube.com/](https://www.youtube.com/)
  - Twitter: [https://twitter.com/home](https://twitter.com/home)
  - Facebook: [https://www.facebook.com/](https://www.facebook.com/)

**Resources for Conducting Systematic Review Searches:**
- Cochrane Handbook: [https://training.cochrane.org/handbook/current](https://training.cochrane.org/handbook/current)
- CRD Guidance: [https://www.york.ac.uk/media/crd/Systematic_Reviews.pdf](https://www.york.ac.uk/media/crd/Systematic_Reviews.pdf)
  - PRISMA-endorsing journals list: [http://www.prisma-statement.org/Endorsement/PRISMAEndorsers](http://www.prisma-statement.org/Endorsement/PRISMAEndorsers)
- Systematic review software packages are discussed in McMaster University Research Coordinator Rachael Couban’s online article at [https://journals.library.ualberta.ca/jchla/index.php/jchla/article/view/28214/20998](https://journals.library.ualberta.ca/jchla/index.php/jchla/article/view/28214/20998):
  - Covidence (for Cochrane reviews): [https://www.covidence.org/home](https://www.covidence.org/home)
  - Rayyan: [https://rayyan-prod.qcri.org/welcome](https://rayyan-prod.qcri.org/welcome)
For further help structuring a systematic review search strategy, see:

- City University’s LibGuide featuring a “Using a framework to structure your question” table: [file://localhost/%E2%99%A3%09https://libguides.city.ac.uk:c.php%3Fg=663952&p=4696473](file://localhost/%E2%99%A3%09https://libguides.city.ac.uk:c.php%3Fg=663952&p=4696473)

For common filters to use when searching databases using native interfaces, see:

- The Cochrane filters: [https://handbook-5-1.cochrane.org/chapter_6/6_4_11_search_filters.htm](https://handbook-5-1.cochrane.org/chapter_6/6_4_11_search_filters.htm)
- SIGN filters: [https://www.sign.ac.uk/search-filters.html](https://www.sign.ac.uk/search-filters.html)
- McMaster University Health Information Research Unit (HIRU) filters: [https://hiru.mcmaster.ca/hiru/HIRU_Hedges_home.aspx](https://hiru.mcmaster.ca/hiru/HIRU_Hedges_home.aspx)
- The InterTASC Information Specialists' Sub-Group Search Filter Resource: [https://sites.google.com/a/york.ac.uk/issg-search-filters-resource/home](https://sites.google.com/a/york.ac.uk/issg-search-filters-resource/home)
Appendix 2 - Troubleshooting / FAQs / Tips and Tricks

How many results are enough?

This of course depends on the search subject, and the requester. There is no perfect number.

Can you glean from your requester how many results they would like to receive? KnowledgeShare’s online search request forms have a field for requesters to state an amount (but it is not a mandatory/required field). If you meet their number by adding limits or any contrived means, make sure you tell them what you have done and make it clear your results are not comprehensive. Offer to rerun the search without the contrivances.

You may not be able to meet your requester’s expectations if they have unrealistic ideas of what is out there on a topic, but they can help you know whether to expect a high yield or not.

Some requesters will be happy to sift through hundreds of results, others will not. If you can establish a dialogue with the requester, and establish that the searching process is iterative, this can help manage their expectations.

If you are confident that your search strategy is robust, then your yield just reflects the body of evidence, whether you have “too much” or “too little”, but you can adjust your returns using the methods below.

What if my search is retrieving too little, or nothing at all?

- Do a quick sense check. Have you...
  - Asked the requestor if they have had a look themselves already? What did they find? Would they expect there to be so little out there?
  - Spelled your text terms correctly?
  - Used text searches as well as subject heading searches?
  - Used appropriate subject headings? Check the scope notes for the headings you have used.
  - Exploded all your subject heading searches?
  - Combined searches in the correct way?
  - Checked that there are not limits on your search that you did not mean to impose (i.e., full text only)?
  - Imposed limits on your search? If so, can you relax/remove them within your requester’s criteria?
  - Looked everywhere? Are there more sources you can search?

- Can you remove phrase-searches or remove/widen adjacency operators to make your search more sensitive?

- Have you included regional variations in terminology amongst your terms, e.g. physiotherapy (UK) as well as “physical therapy” (US)?

- Have you included UK and US spellings of text terms, e.g. haemorrhag* as well as hemorrhag*? Most databases allow the use of special characters to skip letters and cover both spellings, e.g. h?emorrhag*, but the special character used for this varies between databases.
o Have you truncated text searches wherever possible? i.e., could you go from using “testicular cancer” to using testic* adj3 cancer* to using testic* cancer*?

o Can you introduce more synonyms? i.e., (teste* or testic* or scrot*) and (cancer* or neoplasm* or oncolg* or tumor* or tumour*)

o Can you search within all fields of records, rather than just the title and abstract fields?

o Can you search a level above your current subject heading level, thus searching more broadly, without retrieving too much irrelevant material?

o If you have searched using a broad subject heading combined with another subject heading, could you try using a subheading with that subject heading, or vice-versa? i.e., if you have searched using the subject headings exp "TESTICULAR NEOPLASMS”/ AND exp DIAGNOSIS/, have you also tried exp "TESTICULAR NEOPLASMS”/di?

o Does a prospective or retrospective citation search retrieve anything?

o Can you (with your requester’s input) broaden the focus of the search and retrieve more general results? Or can you search within the text of more general results? Are there chapters or sections within books/ebooks with a broader focus?

o Could it be that you are searching within an area where there has just not been very much research published? If so, can you encourage your requester to conduct some (using library services in the process...)

o Consult colleagues locally, or with a mailing list enquiry (see below).

Whichever of the methods you use, be sure to inform your requester what you have done and why.

**What if my search is retrieving too much?**

o Do a quick sense check. Have you...

  • Used appropriate subject headings?
  • Combined searches in the correct way?
  • Used appropriate text terms?
  • Truncated text terms in the right places, or has a term truncated at the wrong point opened the floodgates? For example, if you were looking for testicular evidence, testic* would be appropriate truncation, while test* would retrieve a huge number of irrelevant results.

o It could be that you are just searching within an area where there is a large body of research evidence published. If your search topic is broad, or you are searching within an area that is rich in research, can you (with your requester) narrow the subject down?

o Can you increase the specificity of your search using limits, justifiably? i.e., can you add date limits, and/or population limits, and/or language limits to the search? If you have already applied some, can you limit these further? i.e., changing your date limit from the last 10 years to the last 5 years?
Are any of your text terms too “noisy” and retrieving irrelevant results? i.e. common terms like exam* or clinical* etc., or terms with synonyms unrelated to your subject.

Could you use adjacency operators or phrase-searching to make your text searches more specific without being too specific? i.e., could you go from using testic* cancer* to using testic* adj3 cancer* or “testicular cancer”?

Can you justify searching for your terms within just the title fields of records, rather than the title and abstract fields?

Could you search without exploding subject headings? Could you search using only major subject headings? Could you search using subheadings with your subject headings, to hone in certain aspects of your topic?

Could you limit your search to just secondary evidence, and retrieve only reviews/meta-analysis and other higher level evidence for your requester?

Consult colleagues locally or with a mailing list enquiry (see below).

Whichever of the methods you use, be sure to inform your requester what you have done and why.

Checking the rigour of your search.

If you have a conducted a search of HDAS databases, try a search of PubMed. If your strategy is robust, in theory you should not then retrieve anything from PubMed (other than very recent results!) that your HDAS search did not retrieve.

Local groups of colleagues in London Kent Surrey Sussex that you can contact for help.

- London Searching and Training Forum (LSTF) meets quarterly in Central London, attendees exchange emails via a discussion list: contact chair Adam Tocock at adam.tocock@nhs.net
- Kent Surrey Sussex Searching and Training Forum (KSS STF) meets quarterly at a venue in the region, attendees exchange emails via a discussion list: contact chair Tom Roper at tom.roper@nhs.net
- North East London Area (NELA) Searchers group: contact chair Katherine Scott at Katherine.scott@nelft.nhs.uk

Mailing list enquiries.

- If you are struggling to get to grips with a search, if you cannot find any results or retrieve too many, you can consult national mailing lists of librarians who will give you suggestions.
- Visit www.jiscmail.ac.uk and create an account at this page https://www.jiscmail.ac.uk/cgi-bin/webadmin?GETPW1=&X=&Y= using your nhs.net or work email address.
• Subscribe to the LIS-MEDICAL and CLIN-LIB distribution lists, LIS-PUBLICHEALTH for public health searches, and any regional groups local to you, by searching for them by title on the advanced search page: https://www.jiscmail.ac.uk/advancedsearch.html

• Once you are subscribed you can send requests for help with tricky searches to hundreds of colleagues by emailing your queries to [title of distribution list]@JISCMAIL.com etc. (You will need to set up rules/filters to send all from these lists to folders in your email client, or your inbox will get too crowded).

• Contact Health Education England (HEE) to subscribe to other regional and national mailing lists, including content-bounces@libraryservices.nhs.uk too: https://www.hee.nhs.uk/our-work/library-knowledge-services# (see the “Senior Library and Knowledge Services Leads” drop-down for contacts).

When requesters don’t respond to your query emails!

If queries arise when you are searching that require your requester’s input, but your requester does not respond to your emails or calls, you are well within your rights to pause the search until you hear back, as long as you have made every effort to get in touch and progress is prevented by their silence.

You could send the requester a small sample set of initial results and state that you will not search further until you hear from them.

If you perceive there is an urgency to the search request, you could make an educated guess about how to develop the search. Document the assumptions you have made when sending the results, and offer to re-run the search to focus it differently if needed.

Remember that clinicians have limited access to computers, and while some make regular use of their personal mobile phone, not all can or do, so they may not be able to reply to your messages.

Dealing with technical difficulties

If you experience performance issues when using HDAS, check if there is a local network issue within your Trust via colleagues, your Trust intranet, or alert emails from your Trust IT department.

If there are no local network issues, check to see if there is a wider issue at the providers’ end via the notices on HDAS’ homepage, and on the content-bounces@libraryservices.nhs.uk list. If there is a wider problem, that group will let you know.

If there are no wider HDAS issues, check the device you are using: are other programs or websites working? Can you change browser, or change PC/device? “Have you tried turning it off and on again”?

If you do not see your issue reported, report it to the provider for HDAS/NICE Evidence Search this is nice@nice.org.uk) and to the content-bounces@libraryservices.nhs.uk discussion list.

If technical difficulties are preventing you from completing a search then let the requester know; anyone and everyone who has to contend with NHS IT provision will likely sympathise.
Appendix 3 – Glossary

**Audit** – “a way to find out if healthcare is being provided in line with standards and lets care providers and patients know where their service is doing well, and where there could be improvements. The aim is to allow quality improvement to take place where it will be most helpful and will improve outcomes for patients. Clinical audits can look at care nationwide (national clinical audits) and local clinical audits can also be performed locally in trusts, hospitals or GP practices anywhere healthcare is provided.”
Source: [https://www.england.nhs.uk/clinaudit/](https://www.england.nhs.uk/clinaudit/)

**Business case** – “A proposal for a strategy or course of action. It can be considered a pitch that gives stakeholders the information they need to make a decision to invest in a project.”

**Commissioning** – “The continual process of planning, agreeing and monitoring services. Commissioning is not one action but many, ranging from the health-needs assessment for a population, through the clinically based design of patient pathways, to service specification and contract negotiation or procurement, with continuous quality assessment”
Source: [https://www.england.nhs.uk/commissioning/what-is-commissioning/](https://www.england.nhs.uk/commissioning/what-is-commissioning/)

**High tier evidence / secondary evidence** – Evidence from the top tier(s) of the “pyramid of evidence” that collates and reports on the findings of primary research. See [https://ebm.bmj.com/content/21/4/125](https://ebm.bmj.com/content/21/4/125)

**Lower tier evidence / primary research** – Individual studies of various methodologies from the bottom tier(s) of the “pyramid of evidence”, that investigate a specific healthcare question. See [https://ebm.bmj.com/content/21/4/125](https://ebm.bmj.com/content/21/4/125)

**Point-of-care tool / clinical reference tool / clinical decision support tool** – App and/or website designed for referral by clinicians at the point-of-care. Encyclopaedic organisation, contains high-tier evidence that summarises the best available evidence on conditions/interventions. Examples are BMJ Best Practice, Clinical Key, DynaMed, and UpToDate.

**Quality Improvement (QI)** - “The use of methods and tools to continuously improve quality of care and outcomes for patients”. A huge recent trend in NHS organisations.

**Scoping search / quick and dirty search / pilot search** – An initial quick search to get an idea of what is available on your search topic. Typically very specific, not comprehensive, a first step in a more exhaustive systematic search for evidence.

**Search strategy / search history** - “Series of command expressions intended to satisfy a request for information. A search strategy may include a variety of database selection commands, term identification commands and search and display commands.”

**Summarising** – Briefly outlining the contents and important points of a document/report etc.

**Synthesising** – Combining the conclusions or findings of several sources into a single report, contextualising them. See [https://standardsworkinggroup.blogspot.com/2017/09/glossary-additions.html](https://standardsworkinggroup.blogspot.com/2017/09/glossary-additions.html)

**Further Glossaries:**
[https://www.nice.org.uk/process/pmg20/chapter/glossary](https://www.nice.org.uk/process/pmg20/chapter/glossary)
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