



# HE/NHS e-procurement

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UMSLG survey:  
six questions about NHS user access to electronic resources

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# Interpreting licences

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- The licences that govern access to many online databases and electronic journals in HE provide a range of definitions for "authorised" and "walk-in" users. In practice, how do you interpret the definitions in terms of enabling access for NHS users who are members of your library?



# Interpreting licences - 2

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- HE medical libraries have developed varied means of access for authorised non-HE users, usually on an in-library walk-in basis



# Enabling access

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- If you enable access via method (b) or (c) to any of the above sets of resources, please describe here how you achieve this



## (b) access from within library

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- Internet access is made available to NHS users on dedicated PCs in several libraries
- kiosk mode is sometimes mentioned, although the possible issue of technical problems associated with that (emailing, printing, downloading) also feature in the responses
- there is a move towards individual login, although this is usually restricted to in-library access



## (c) remote access

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- honorary staff have the same rights and privileges as university staff
- NHS staff are not usually able to access resources remotely via a proxy server



# Local network / computer access policies

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- Do your local network / computer access policies affect NHS user access to licensed material? (a) within the library (b) remotely



# Local network / computer access policies – 2

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- NHS users are usually treated as walk-in users with no remote access allowed
- it is common for there to be few NHS networked PCs available within the libraries
- licensing issues constitute the major concern among those surveyed





# Going e-only

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- Is your institution considering going e-only for journals? To what extent have concerns about NHS user access to journals influenced the choice?



## Going e-only - 2

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- NHS users are concerned about e-only; medical titles are being retained for the moment
- nursing and support staff, including business managers, do not feel as confident using technology; they would need substantial training
- currently deciding on core journals needed by the NHS in print



# Special licensing terms

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- Do you think that any specific licensing terms should be included in consortial negotiations for electronic resources procurement that reflect the special needs of libraries serving both HE and NHS users?



## Special licensing terms - 2

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- licences should cover all full, registered members of the library, regardless of institutional or sectoral affiliation
- the practice of sectorally-based licensing should be reduced through joint negotiation / affordable small incremental charges



## Special licensing terms - 3

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- HE should align itself with the units of negotiation in the NHS (eg SHA, Region, NeLH/NCC), so that maximum synergy can be established and joint negotiation undertaken successfully
- metrics to be based on relevant FTEs, but licences should not restrict access to just the groups of relevant FTEs



# Joint HE-NHS procurement

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- Who engages in joint procurement?
  - NHS-HE Content Procurement Group
  - M25-LHL Joint Procurement Sub-Group
  - “permissive” licensing – beyond walk-in – is sometimes negotiated at the local level (e.g. London medical schools consortium) or nationally (e.g. JISC)
  - JISC and LKDN-funded mapping study is forthcoming and will help identify the range of activities being undertaken



# Joint HE-NHS procurement - 2

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- What has been achieved?
  - some scoping (e.g. M25-LHL)
  - some broadly acceptable licensing (e.g. TRIP Database)
  - some procurement (e.g. London medical schools)
  - mostly a process of identifying issues and opportunities (e.g. NHS-HE Content Procurement Group)



# Joint HE-NHS procurement - 3

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- What are the issues nationally?
  - the NHS works separately in four home countries
  - the differential value of resources across the communities has not been assessed extensively
  - different funding sources may apply own criteria
  - it is difficult to align funding and procurement cycles across the countries and sectors





# Joint HE-NHS procurement - 4

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- Possible future trends
  - funding may be withdrawn at local, regional or national level at short notice to meet deficits
  - fluidity may become greater due to funding uncertainties, with resources being lost from one year to the next
  - the definition of what constitutes a common “core” may become simpler as a result
  - framework opt-in arrangements may become more common