Interim

sh⊙ne
scottish health information network

Adviser, Information and Library Services in NHS Scotland

The possibility of piloting the role of Information and Library Services Adviser role for the NHS in Scotland was raised during the tripartite CRAG/SLIC/LRPG meeting on 26 April 2001. The idea received broad approval and SLIC was invited to make a formal proposal to CRAG. That has been done and it should be considered by CRAG on 27 June.

Major objectives for the pilot incumbent would be to:

❑ develop awareness of the adviser's role and position among NHS Scotland managers, LIS practitioners and other parties;

❑ establish the adviser's position in NHS Scotland and SLIC structures, and devise and implement patterns of communication, consultation and reporting;

❑ provide SLIC and NHSS with an exit report analysing operations and achievement over the period and recommending future work and development.

This proposal falls within SLIC's responsibility to "advise and make recommendations to the Minister". Its purpose is to provide evidence upon which the Health Department can determine how to support a permanent appointment.

CRAG – Clinical Resource and Audit Group
SLIC – Scottish Library and Information Council
LRPG – Learning Resources Project Group

Contents

Chair's Report

The following report was given at the SHINE AGM on 7th March at the Royal College of Physicians, Queen Street, Edinburgh, and covers the period from April 2000 to March 2001.

Membership
Membership of SHINE includes staff from health-related libraries based in a wide range of sectors including NHS in Scotland, higher and further education, the Royal Colleges, local authority, charities and the private sector. SHINE membership has changed little from last year and is currently a healthy 112 members most of whom are individual members. 115 people communicate on our discussion list, lis-shine and 84 libraries in Scotland contribute towards the SHINE Union List.

Committee
During this period the following SHINE members served on the Committee:

Alison Aiton   University of Dundee
Charlotte Boulnois   South Glasgow University Hospitals NHS Trust
Avril Conacher   formerly North Glasgow Hospitals University NHS Trust
Katrina Dalziel   University of Paisley
Enid Forsyth   Royal College of Nursing, Scotland
Richard German   North Glasgow Hospitals University NHS Trust
Gill Hewitt   Scottish Health Service Centre
Isla Imrie   Grampian Primary Care Trust
Dorothy McGinley   Victoria Hospital, Kirkcaldy
Alison McIntosh   formerly Chief Scientist Office, Scottish Executive
Iain Milne   Royal College of Physicians of Edinburgh
Moira Mitchell   Napier University, Melrose Campus
Ann Wales   Glasgow Royal Infirmary University NHS Trust
Madeleine Young   Glasgow University Library
Margaret Forrest   Health Education Board for Scotland

Many thanks are due to all members of the Committee who contributed greatly to the work of SHINE. Special thanks to Avril and Alison McIntosh who both retired from the Committee in February this year to take up new posts in other fields.

During this period the Committee met five times: twice in Glasgow, twice in Edinburgh and once Aberdeen.

Working Groups
SHINE has a very active membership and Committee who are involved in a wide range of tasks. During this year the idea of group working with members was developed further by the introduction of

Working Groups. Three Working Groups were established following the Regional Meetings.

The Publications Working Group produces our newsletter, *Interim*, edited by Dorothy McGinley. A survey of Interim readers held during this year indicated that the newsletter is highly valued by members. The Publications Working Group, chaired by Ann Wales, ensures *Interim* and all other essential SHINE information is also available to members electronically on our excellent website. Many thanks to Michael O'Donnell our Web Master, based at Glasgow Royal Infirmary. During this year Ann and Dorothy organised a very successful competition for a new design for SHINE's logo which was won by Gillian Heron of Health Promotions in Aberdeen.

The working group on job evaluation in health care libraries (Alison Aiton and Alison McIntosh) produced the first draft of a document to assist library staff in evaluating their jobs and preparing proposals for re-grading. We very much hope the new Committee will continue with this good work.

The Training and Development Working Group, chaired by Charlotte working with Gill Hewitt and Katrina Dalziel, produced a training and development strategy for SHINE which we hope will be implemented during the course of this and future years. Charlotte, Katrina and Gill organised three successful regional meetings in September last year at which approximately 100 members attended.

Meetings
SHINE's meetings this year have focussed on the Regional Meetings held in Glasgow, Aberdeen and Edinburgh. These meetings centred around issues of the new copyright licence agreement between the Copyright Licensing Agency and the Scottish Executive Health Department. We were especially fortunate to have the support of Jim MacNeilage, Business Development Manager at the Copyright Licensing Agency in Scotland at all three meetings. Jim described the

new licence agreement and answered members' questions concerning copyright. His Power Point presentation was placed on the SHINE website soon after the meetings, where it continues to be a useful source of reference concerning copyright matters for NHS libraries in Scotland.

Union List and Ballot
Considerable thanks are due to Richard German and Avril Conacher for their tremendous work on producing and updating the Union List and to Michael Wells for his excellent administration of SHINE's document supply scheme. The new copyright licence agreement has some far-reaching implications for the continuation of our scheme and in order to gauge members' view of the way forward, a ballot was organised for all members during October last year. The results of this ballot and the possible changes to SHINE's constitution are to be decided at this AGM.

Hazel Williamson Bursary
Many members will remember the valuable contribution made to the Union List by the late Hazel Williamson. To mark her contribution, the Committee agreed to organise a bursary in her memory. The first recipient of the Hazel Williamson Bursary was Catriona Denoon of Stobhill Hospital in Glasgow. The Bursary was given to Catriona to enable her to attend the International Congress on Medical Librarianship (ICML) which took place in London in July 2000. Catriona's informative report of this conference was published in the September issue of *Interim*.

Learning Together
Perhaps the most exciting development for SHINE members this year has been as a result of the Scottish Executive's *Learning Together* strategy for lifelong learning in the NHS in Scotland. The Health Department Letter HDL (2000) 01 highlighted the importance of ensuring library and information services are "an explicit and integral part of strategies for clinical effectiveness, information management and technology, and

research and development". This circular covers information about the corporate membership of the Scottish Library and Information Council (SLIC) for all NHS libraries in Scotland, funded by the Clinical Resource and Audit Group (CRAG). The inaugural SLIC meeting for NHS library staff in Scotland took place at Stirling Royal Infirmary in December 2000 and has been reported in the winter issue of *Interim* by Michael Dobson.

The HDL also announced the initial work of the Learning Resources Project Development Group, a sub-group of the Strategic Implementation Group of *Learning Together.* SHINE members on this Project Development Group include Richard German, Gill Hewitt, Sheila Cannell, Alison McIntosh and Margaret Forrest. Ann Wales has also contributed greatly to the preparation for the tender of electronic information for NHS staff in Scotland. Within the next couple of months, we hope to report on developments in this tender and what new services will be available to NHS staff in Scotland.

Links to other organisations
Scottish Library and Information Council (SLIC) – SHINE's special relationship with SLIC has already been mentioned. Our representative on SLIC's council has been Alison McIntosh. We hope a replacement for Alison on the Council, will soon be appointed from SHINE's membership.

Regional Librarians Group – At our October Committee, RLG Chair, Shane Godbolt gave a presentation of the role of RLG and its relationship to the Celtic countries (Scotland, Wales and Northern Ireland!). SHINE has decided to remain a member of RLG, but to attend meetings of RLG only when appropriate and of value to SHINE members.
Library Association Health Libraries Group – SHINE is represented on HLG by Margaret Forrest who acts as the HLG Newsletter Editor. Several members attended HLG's conference this year which was integrated with ICML A number

of HLG study days have been reported by SHINE members in *Interim*.
LINC Health Panel – SHINE is nominally a member of LINC Health Panel, however, since the current Chair has been in post we have received no communication from this group. We are obviously interested in recent developments in updating the LINC Health Panel Accreditation checklist, however and look forward to hearing news about this in the near future.

Conclusion
This has been a very eventful and challenging year for SHINE. The *Learning Together* strategy has profound implications for all of us who provide an information service for NHS staff in Scotland. It is good to see so much progress being made in the consortium bid for electronic sources of information and to know that librarians are playing a central role in this development.

SHINE members are also at the forefront of the day to day administration of the copyright licence agreement for the NHS in Scotland and it is a major part of this AGM to discuss the future of our document supply scheme to work within this licence.

It has been an honour being SHINE's Chair for the last year: it is a great privilege to work with so many enthusiastic and hard working people. I would like to express my gratitude to every member of SHINE and its Committee in supporting me in this role. I look forward to working with all of you during the second half of my term of office.

Margaret Forrest
Health Promotion Library Scotland

Corporate Membership of Scottish Library and Information Council (SLIC)

In April 2000, CRAG paid a corporate subscription to SLIC on behalf of all NHS libraries in Trusts and Health Boards for the years 2000-2001 and 2001-2002. It was agreed that much of the subscription for 2000-2001 would be directed to support for the Learning Resources Project Group (LRPG), because a substantial part of its responsibilities (see HDL (2000) 01) derive from recommendations in the SLIC report *Enabling Access to the Knowledge Base of Healthcare* (1998). First year achievements were reviewed recently in a tripartite meeting (CRAG, SLIC and LRPG) and a programme for 2001-2002 agreed.

Dr Charles Swainson has recently written to Chief Executives to remind them of the corporate membership of SLIC and to invite each Trust and Board to nominate a member of the Council's health sector. Subsequently, these health sector members will elect one of their number to represent the sector on the Council's Management Committee. Dr Swainson's letter has been copied to librarians in Trusts and Boards, for information.

CRAG has been invited to identify a representative from the Health Department to take up the second of two Scottish Executive places on SLIC Management Committee. This nomination is expected shortly.

Electronic Access to Databases and Journals for NHS Scotland

Final tenders were considered on 15 June 2001. A recommendation has been made to the *Learning Resources Project Group,* identifying a preferred provider and requesting that detailed negotiations proceed immediately.

The procurement group in ISD will conclude the negotiation process. Ann Wales and Isla Imrie will lead on your behalf, with advice from other members of the review group. The principal outstanding issues are - authorisation to proceed to final negotiation; approval of spend from the *Learning Together* budget; and identification of source(s) of continuation funding for years 2 and 3.

Despite the onset of the holiday season, we aim to complete negotiations in time for a September start. The database and journal coverage cannot be disclosed yet, but are confident that you will think the deal a good one. Your need to know, for budgetary purposes, is recognised and will be addressed as soon as possible.

Mary Lakie
Learning Resources Project Group

eJournals study day

A report of the eJournals study day held in May will appear in the next issue of *Interim*. In the meantime, several of the presentations can be accessed on the SHINE website at
http://www.shinelib.org.uk/

Editor

SLIC meeting on the 'National Contract' for databases and e-journals

It is a little disconcerting to arrive at a meeting to find that the agenda has been scrapped in favour of a different format, especially when the original agenda promised information - on developments with the 'national contract' for databases and e-journals so far, plans for implementation, and issues arising from the mapping survey undertaken last year - which I eagerly anticipated.

However, this was scrapped in favour of group discussions on the financial/revenue implications of the contract, and how it would be promoted. This latter was apparently of particular concern - it has to be demonstrated that the service will cover new people.

Before the discussion on the national contract Elaine Fulton (acting Director of SLIC) outlined how NHS involvement (or in fact any sector involvement) with SLIC works. SLIC operates on the basis of corporate rather than personal membership; membership for NHS organisations is covered by a blanket subscription from CRAG. Trusts who are members of SLIC will be able to nominate someone to be a SLIC representative, whose main role will be to act as a contact for SLIC and disseminate SLIC information. This person doesn't have to be a librarian/information worker; however, I would thing that it would be preferable if it was, so make sure that it is you! Next year the NHS will be asked to nominate a member of the SLIC management committee - this person *will* have to be a librarian.

Although Elaine referred specifically to Trusts, and the letter about the meeting referred to Trust library/information managers, she has since confirmed to me that the CRAG subscription covers *all* NHS organisations (she also said that in the future mailings from SLIC will be addressed to library/information managers in the NHS, rather than Trusts), so NHS organisations other than Trusts should have a SLIC representative as well.

Mary Lakie went on to outline progress so far with the project group. The Learning Together project groups will wind down by September. Issues to be resolved for the national contract included promotion - ensuring that the service reaches a new audience, & not simply replaces existing ones; what the revenue implications are; and continuation funding.

The 'promotion' discussion group threw up some interesting ideas - mainly based on the experience of the Glasgow consortium, which produced leaflets for distribution with payslips, bookmarks, etc. The Glasgow people emphasised the importance of professionally designed material. (perhaps we should also take an idea from one of the journal agents at the study day on the Tuesday - neat fold-away Frisbees, which had everyone puzzled - and talking - fans? sun-shades? mouse mats?, until all was explained by the rep).
Other ideas included using 'team brief' (must be an Acute thing), the importance of involving IT staff, including on intranet/web sites, and, to paraphrase somebody about four years ago, 'the three most important

things are publicity, publicity and publicity'.

Some of the issues raised in the discussion on revenue implications included budget implications - some people feared that there was a danger that any savings made could be clawed back by management - the few health board & health promotion librarians present felt that the list of journals included little covering public health and health promotion, and therefor gave little scope for budget saving through cancellation of print subscriptions. The costs of training for NHS staff in searching and accessing information; the additional demand on already limited and stretched hardware and the need for a central administrator for the contract were also raised. The Glasgow consortium also found that in-house copying (of journals held by the library) was reduced (reducing copying costs) but requests for material not held increased (increasing inter-library loan costs - unless it was held by a participant library in SHINE).

The question of training and the cost of training prompted the question of how 'joined-up' the various project groups were. One has been looking at training; had it been keeping an eye on the training implications of what the other groups had been doing? The answer didn't inspire much confidence in the joins, which sounded more like gaps. More thought needs to be given to this, as it is likely to be a major issue.

There do seem to be some areas of concern about the contract. Will the money still be there when it comes up for renewal? – the Executive, and before it the Scottish Office – have a habit of subscribing to things on our

behalf (often without telling us) and then stopping it a year or two later. And will there be a chance to add new titles?

There was also strong expression for a need for a national library adviser. NHS libraries, and library staff, have suffered for a lack of this in comparison to England. The areas suggested for the remit are wide-ranging and cover short and long term needs, and could also require different skills and experience. It might be better to have someone on a short-term contract to cover specific tasks, with a long-term appointment to deal with the library advice/support role. Mary was hopeful about this, but indicated that it would take a year to argue for it; however, CRAG was positive about it.

My reaction to the meeting is that it provided some useful information and ideas, but that many of the issues raised didn't seem to apply strongly to my situation as a Health Board librarian. That might be to my benefit – some of the issues relating to budgets probably don't apply – but I am concerned that the list of journals doesn't include many in the public health field - that will make it more difficult to promote to my users, and restrict the possibilities for savings on journal subscriptions. I understand that initially the contract will cover just ten journals; hopefully when it comes to be extended more public health material might be included.

Malcolm, Dobson
Lanarkshire Health Board

! DO IT NOW ! –
Put pen to paper (or fingers to keyboard).

Write for Interim.

Library Profile: Public Health Library, Argyll and Clyde Health Board

Location: Argyll and Clyde Health Board is part of the NHS and based in Paisley. (Web site – http://www.show.scot.nhs.uk/achb/index.htm). The Public Health Library is located in the Directorate of Public Health. The library has recently become part of the Research Team within this directorate. The Research Team is composed of the R&D Manager, 2 researchers and myself, so as you can guess I'm a solo librarian.
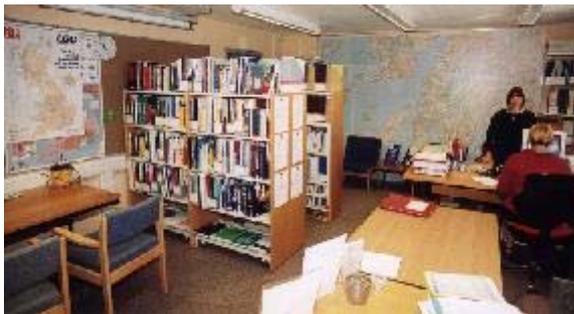
The library itself is in a quite compact, but sunny room (in summer I frequently contemplate thoughts of a conservatory extension. Sipping cocktails whilst cataloguing in the sun has an appeal.) It's located at the far end of a corridor and only the most intrepid of explorers (I mean employees) tend to visit the library. Most of my work arrives by email.

Resources: The Board has another couple of resources within the building – the Scool Room (an open learning centre) run by the Organisational Performance Department and the Health Promotion Resource Centre, run by Health Promotion. I am therefore fortunate to work in an organisation that actively promotes learning, education and development. The Board is hoping to gain its Investors in People award shortly.

Access: The post is full time, operating flexi-time, but as there is no lock on the door the library offers 24 hour access for anyone desiring a midnight read of the Oxford Textbook of Public Health Medicine.
The library is open to all employees of Argyll and Clyde Health Board (approximately 200). The issue of access is becoming more complicated due to the demands of Learning Together and the increasing need for joint working in public health. It is difficult to juggle the desire to "help where you can" versus the issues of security and amount of time available. At the moment the library is therefore reference only to non-employees – and potential users are advised to phone to make an appointment first.

Mission Statement: The library's mission statement reads "providing information to improve health in Argyll and Clyde" which I attach to the end of emails and at the bottom of every piece of work. This is to emphasise that the library's role is core to the Board's work.

Stock: The library has just over 4000 items of stock. This includes items such as books, reports, grey literatur0e, statistics, street maps and HDLs. There are also a small number of journals available – see the SHINE Union List for details. Inter-library loans are vital to supplement this basic stock providing relevant information on demand.

Library catalogue: The library catalogue is Cardbox. It is a very versatile, cheap package. I've been able to create tailored databases for logging the journals, SHINE and other

inter-library loan requests, as well as the main stock. This versatility has enabled me to add in new fields at a later date with the minimum of fuss.

Lending: Until recently there was no time limit on lending materials. I now send recall reminders after 3 months and this generally prompts people to have a glance at the books they borrowed, and sometimes even return them. As is the case in many libraries if everyone returned all their books at the same time there would be no space in the library for the librarian!

Current Awareness: The selective dissemination of information is an important part of my work. It's not only useful to my users but keeps me informed of the latest developments in health. Every fortnight I compile a brief list of new additions to the library (including useful websites) and circulate it via email. I also circulate journals' table of contents.

The service that users find most valuable is the scanning of the internet for new publications. Twice a week I send round an email bulletin detailing new publications on the internet from organisations such as the Scottish Executive and the Scottish Parliament.

Literature Searching: The library has access to many of the usual databases, I particularly find HMIC useful for grey literature. It can help track down that awkward to find UK report in seconds, and many times I have been grateful for its existence. I keep a record of all literature searches performed which comes in handy when staff are writing articles and can't remember the keywords used (or indeed their own names).

Internet: Everyone at the Board can access the internet via the NHSnet

from their desktop. We have a very fair internet policy that allows us to access the internet for personal use outwith working hours. I'm contemplating a library presence on Argyll and Clyde Health Board's website but it's more likely to be an informative paragraph rather than an interactive site.

Induction: Personnel place a copy of the library guide in their induction pack for all new employees. Where possible I try to grab new starts for a half an hour tour of the library. This is a good time to find out what information they are likely to require – especially if it a newly created post. You may never see them again but at least they know you are there in case of a future bibliographical crisis.

Future: It's looking very busy for public health. The creation of the Public Health Institute of Scotland will surely place public health right at the centre of health policy. The implications from Learning Together are just beginning to be felt.

I have also been enthused by the concept of library accreditation since the SHINE study day in March. However, when I peeked at the toolkit I nearly fainted. It looks like the library may become accredited by the year 2020.

Conclusion: I find working as a solo librarian great fun. I enjoy the variety of work thrown my way. Most importantly of all there have been plenty of "thank you"s from the staff for work done and that's what makes me enjoy my job the most.

Lynn Easton
Public Health Library
Argyll and Clyde Health Board
lynn.easton@achb.scot.nhs.uk

The Benefits of Health Care Library Accreditation: an Applicant's View

This article is based on a presentation given at the SHINE AGM. It looks at library accreditation from the point of view of the Health Promotion Library Scotland, covering issues such as

- Why apply?
- Preparing for application
- The assessment visit
- Lessons learned
- The value of health care library accreditation

Health Promotion Library Scotland
The Health Promotion Library Scotland is the library service of the Health Education Board for Scotland (HEBS). HEBS was established in 1991 following a major review of health education in Scotland. HEBS replaced the Scottish Health Education Group as the national agency for health education. It is a Special Health Board and is sponsored by the Health Policy Directorate of the Scottish Executive Health Department.

The Library is a free, national health information resource for health promotion and consumer health information. Our services are open to the public, health professionals and everyone involved in health education work in Scotland. The Library is part of the Health Information Division of HEBS. It employs two qualified librarians and three library assistants. The Library's running costs budget is £84,000 for the current financial year. The Librarian reports to the Director of Health Information, a member of the Senior Management and Planning Team, which indicates the importance which HEBS gives to its Library.

In 1998 the Health Promotion Library Scotland won the Charter Mark award, the Government's award for good quality public service.

Why apply?
Our experience of applying for Charter Mark was a very positive one which helped us focus on customer care and develop the service according to users' needs. The Charter Mark award scheme is designed to be applicable to the full range of public services and is not specific to health care libraries. In order to benchmark our service with other health libraries in the UK, we needed to use an assessment tool which would enable us to make this comparison. We believe we have found this in the LINC Health Panel *Accreditation of library and information services in the health sector* (1). In 1998 the accreditation checklist was endorsed by a number of well-known and respected bodies, including ASHSL, the British Library, the King's Fund and the Library Association.

Our reasons for applying include our belief in the importance of customer care and in developing a strategy to work towards improving the quality of the service we provide our users. We believed that applying for LINC Health Panel accreditation would help us raise the profile of the Library within our organisation and possibly be recognised as an example of good practice in the provision of library and information services within the NHS in Scotland.

The library accreditation scheme is also a source of help and advice. *The implementation guide and toolkit* (2), compiled by Val Trinder, contains a wealth of useful ideas and guidelines

for good practice. The most significant source of help though, is the actual assessment and the feedback report. This is why this particular type of library accreditation is a "win-win" scheme. You can't lose. The assessors' comments in the returned checklist, will provide confirmation of good practice and pointers to help improve the weaker areas of service.

Preparing for application

What really started the ball rolling for our application was a Health Libraries Group session I attended on accreditation at the Library Association's Under One UmbrelLA Conference in July 1999. In this session Val Trinder described the LINC Health Panel library accreditation scheme. Her presentation was followed by Steve Sharp, from Heatherwood and Wexham Park Hospitals Trust, who spoke about his experience in preparing and undergoing LINC accreditation. His paper was later published in the *Health Libraries Group Newsletter* of December 1999 (3). I was inspired by these presentations to investigate a way of enabling the Health Promotion Library Scotland to apply for this accreditation. I say "investigate a way" because in Scotland we have no tradition of accreditation of libraries in the health sector and no regional library units to lead the way for staff training and assessment of services.

During the autumn and winter of 1999, as we were going through all the teething problems associated with installing a new automated library system and putting our catalogue live on the Internet for the first time, I continued to consider how we could make an application for LINC accreditation. Reading through the checklist and toolkit I soon realised

there would be a lot of preparation to do before we could apply. Most importantly, there had to be good staff and user involvement in the scheme and that we would need time to prepare.

After the library staff had recovered sufficiently from the ordeals of implementing the new library system, I suggested we consider applying for LINC accreditation. I was very pleased that they saw this as a positive and possibly less frustrating challenge than system migration of library data. During the course of last year each member of the library staff was involved in some way in the planning and preparation of our application.

One of the first tasks we set ourselves was to familiarise ourselves with the checklist.

The Checklist is arranged into three broad sections covering library philosophy and management; resources; collections and services. Within these sections are subsections. For example, in the second section on resources, there are four sub-sections, namely, finance; staffing; information technology; accommodation and equipment. Each sub-section has a number of checklist statements. For example, under the sub-section, accommodation and equipment, there is a checklist statement (2.4.2) which states:

"There is access to the library and to its facilities for users and staff with special needs."

Each checklist point has a star rating that indicates the level of importance attached to that statement. There are three levels:

*** Essential (this is the star rating for the example on access for special needs)
** Recommended
* Highly Desirable

The achievement of accreditation status is linked to the star rating. The greater the compliance with highly starred items, the higher the resulting accreditation status. Accreditation levels are indicated in the following way:

Grade III Accreditation is awarded where a library is able to demonstrate that it complies with all statements designated as three star – essential.

Grade II Accreditation with Merit is awarded where a library is able to demonstrate that it complies with all statements designated as three star and all statements designated as two star – recommended.

Grade I Accreditation with Distinction is awarded where a library is able to demonstrate that it complies with all the statements in the checklist.

In our preparation we decided to "go for gold" and attempt to meet the criteria for all 68 checklist statements. We read and re-read the checklist, making notes of all the areas where our services appeared to be lacking and where we needed to consider how best to meet the criteria required. These notes were then turned into an action plan for "evidence still required".

We soon realised that preparing the evidence to meet one checklist statement, would often cover a number of others. For example, the requirement for a plan of the library is suggested as evidence for 5 different checklist statements in sections two

and three. Other library materials did not need to be created, so much as updated and modified. For example, we already had a *User Service Policy*, but we needed to consider adding a statement concerning our policy for library use by organisations outwith Scotland.

The action plan was typed up into six columns, listing
✓ the evidence still required,
✓ the checklist number/s of statements for which this evidence would be useful,
✓ the star rating of these statements,
✓ the source of the evidence (very often we had to obtain help from other divisions within HEBS),
✓ the library staff member responsible for obtaining or producing this evidence and
✓ the date completed.

The toolkit was an excellent source of helpful ideas and suggestions for evidence. Another useful resource was contact with other librarians, especially those who had experienced library accreditation.

Finding our LINC Health Panel Assessors took some time. In most cases when libraries have applied for accreditation, there are senior managers with relevant experience and authority for evaluating the quality of their services. I understand an external library manager is usually included in the panel of assessors. As you know, in Scotland we do not have Directors of regional library units and, with no tradition of health care library accreditation, we didn't have an established source of LINC assessors. In these unusual circumstances we really had to find our assessors if we wanted to pursue LINC accreditation. We were very fortunate indeed to secure the services of some of the

most experienced senior librarians in the country: Sheila Cannell, Deputy Librarian at Edinburgh University (who chaired the panel); John Hewlett, Director of Northern and Yorkshire Regional Library Advisory Service; Graham Walton, Faculty Librarian (Health, Social Work and Education) at the University of Northumbria at Newcastle.

Collating the evidence and writing up the application took time. We collated the evidence in a ring binder and made three copies of this for our assessors. We decided a printed copy of our application would look more professional than a hand written one, and so I tried to obtain an electronic copy of the checklist. However, the best I could obtain was a file listing the checklist statements with no template for assessee and assessor comments. In the end, I typed a copy of the checklist following the original layout as best I could. I certainly considered requesting support from HEBS to do this, but decided the time taken to type this myself (at home) would help me to internalise the checklist points. Before filling in our library's comments, I made a copy of this file and, with copyright clearance from LINC, I am willing to make this file available to other libraries wishing to apply. One of the advantages of using an electronic version of the checklist is that it's possible to make the text fit the boxes and, of course it's easier to communicate with our assessors. We submitted the application in both paper and electronic copy and our result was sent to us by email with the completed checklist sent as an attachment.

The assessment visit
Our assessment visit was arranged for 18th December and we had to ensure that each of our three assessors received their copy of the evidence folder and checklist a month before this date. Our preparation for the assessment visit was a continuation of our preparation for application. During this period staff were encouraged to familiarise themselves with the library's copy of the application and evidence folder and keep themselves well informed of the assessment process. They were also encouraged to review the new layout of the staff manual which had recently been developed to accommodate new policies required for good practice and was available for the first time on the library's local area network.

We invited senior members of staff to meet our assessors. For example our own Director of Health Information, HEBS's Consultant in Public Health Medicine, was able to provide an overview of the work of HEBS and the role our division played within this. The Director of Finance and Support Services helped to support our statements concerned with the allocation of resources. The Director of Education and Training described how the work of the library linked in with the education and training programmes organised by HEBS.

We drew up a draft programme for the visit to ensure the assessors would meet all the relevant staff. Some assessors may prefer to set their own agenda, but preparing a provisional programme could help to get the best use out of the time available.

In the meeting room where the assessors met staff and discussed our application, we used the wall space to display posters we had made of special events and activities run by the Library. Photographs, posters and programmes were helpful here.

On the day of the assessors' visit we had our application, evidence folder and any additional evidence ready. The visit was very thorough. I was impressed with the professionalism and expertise of our assessors and with the time and thought they had obviously put into responding to our application. Although I felt fairly anxious on the day, I soon realised that this visit was really yet another way of helping us to improve our service to our users. Don't panic – enjoy meeting the assessors!

Lessons learned

I believe our application benefited greatly from involving all staff and many users. Involvement has given us all a sense of ownership of the application. Everyone has had a role to play.

When we were working towards LINC accreditation and especially when we were preparing our application, we took time to follow the toolkit guidelines. It was a case of constantly referring back to the sections on what we would need to show as evidence to our assessors and thinking how best to present this information.

Staff are always encouraged to be innovative and imaginative in coming up with ideas to improve the service and obtain good user feedback. For example, occasionally readers had difficulty finding the Library. One member of staff suggested having footprints on the carpet leading the way in. These footprints have proved helpful and popular with our readers. We realised early on that it would take us a fair amount of time to prepare: a good six months in fact, but we felt this was time well spent.

The value of health care library accreditation

The key value of library accreditation is the motivation it can provide for improved services for users. In his paper at Under One UmbrelLA, Steve Sharp commented on the parallels between the accreditation process and the practice of evidence based health care. Steve maintained that accreditation should be seen as an essential process for libraries if we are to provide a knowledge base for evidence based health care.

Working towards LINC accreditation is great for teambuilding. We depend on each other for support and ideas. Teambuilding with our readers has encouraged us to look at our services through their eyes and to use their suggestions to make improvements. For example, for many months now we have been preparing to improve the design and content of our library web pages on HEBSWeb. In consultation with our User Group, our Bulletin readers and users who visit the Library we have been able to draw together some useful ideas to develop our new site which we hope to launch with a new-look HEBSWeb at the end of March.

The very process of applying for LINC accreditation has raised the profile of the Library both within HEBS and outside our organisation. We needed the support and advice of so many people in preparing our application, by the time we were ready to submit it, I expect everybody knew what HEBS Library was about. Working towards improving service quality will always raise the profile of an organisation among its users.

Finally, receiving LINC Health Panel accreditation is very similar to winning the Charter Mark: there is a wonderful

sense of achievement and pride. We are very pleased that our hard work has been recognised and rewarded. It has also given us a common goal: to maintain an excellent customer service and the motivation to work towards this goal.

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Trinder, Valerie M. *Accreditation of library and information services in the health sector: implementation guide and toolkit for libraries in NHS Trusts.* Southampton: LINC Health Panel, 1998.

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Margaret Forrest
Health Promotion Library Scotland

NB The Accreditation Toolkit is available as a PDF file from the LINC Health Panel's website at http://wwwlib.jr2.ox.ac.uk/linchealth/index.htm

Training Needs Census of NHS Library Staff

Knowledge and information underpin the aims and objectives of the NHS Plan which sets out a challenging and exciting agenda for all NHS staff. NHS librarians welcome the rapid growth of electronic information resources and the opportunity to work with the developing National electronic Library for Health (NeLH) as part of the information landscape within which they plan and deliver services to meet the demand for evidence based practice.

Traditional information skills of selecting, managing and disseminating information remain in demand whilst access to electronic databases now require librarians to be expert searchers and teachers of information skills as well as people and financial managers. Fortunately librarians belong to a profession that not only values but insists on systematic skills updating.

This UK wide Training Needs Analysis was commissioned by the NHS Library Adviser and the Regional Librarians Group CPD Panel as part of the NeLH Librarian Development Programme. Political and organisational change, the fast moving world of information and communications technologies, and the development of knowledge management approaches within the NHS will require librarians to equip themselves with a wide range of skills. Dr Muir Gray, NeLH Programme Leader, understands and supports the key role of librarians as informediaries in the electronic world as well as the traditional library.

The results of the survey will feed directly into Regional and individual development plans and provide firm links with NHS education, training and development strategies. The need to work more closely with the Information Services National Training Organisation (isNTO) and other related information and knowledge learning initiatives is recognised. In this context the involvement of The Library Association in the survey is acknowledged.

Key findings of this survey are as follows:

Demographics: The UK response rate was 53% - represented by 1017 replies out of an estimated potential 1902. 48% of respondents were in the 36-50 age group with 27% over 50. 84% were female. Most were employed by a NHS Trust (65%), and 17% in a Higher Education Institution. 40% worked part time.

Personal Development Plans: 73% did not have a PDP at the time of the survey and 79% believed they would not have a plan by April 2000.

Qualifications: The majority of respondents were Chartered librarians (44%) whilst 11% held City and Guilds, 19% had a degree at Bachelor level and 14% had a Masters degree.

Job roles: The tasks most frequently undertaken by respondents were circulation desk activities (that is, those operations connected with the loans procedure), dealing with requests for information, training library users in information skills, and CD-ROM, Internet or database searching. Few participants are currently involved in developing or managing web sites, intranets or knowhow systems.

Training needs: Most respondents highlighted training needs connected to using electronic resources. 76% had received training in Internet searching but a relatively high number wanted more training in this and in related areas such as information retrieval, CD-ROM and online database searching.

Learning methods: The survey attempted to stimulate respondents away from the tradition of "going on a course" to learn by asking about preferred training methods. The most popular training style was hands-on practice (60%), followed by workshop/seminar (33%). This may be influenced by the type of training required, i.e. search skills. Evenings and weekends were less popular than daytime learning.

The full report of the survey is available to download as a word document from http://www.nthames-health.tpmde.ac.uk/rlg/publications.htm

CACHEL

CACHEL (**C**ombined **A**rgyll and **C**lyde **He**alth **L**ibraries) launched their "Directory of Health Libraries in Argyll and Clyde" in May 2001 at the Vale of Leven District General Hospital, Alexandria. The directory is accessible via the internet at http://www.show.scot.nhs.uk/achb/public/acdirlib.pdf

The group is now looking forward to working together on further joint initiatives.

Pictured at the launch from left to right: Morag Wright (AC/IR), Vivien Murchison (AC/O), Juliet Brown (AC/VL), Ruth Robinson (AC/RA) and Lynn Easton (AC/HB)

Web Resources

In this issue of *Interim*, we have a bumper bundle of useful and entertaining web sites for you to check out. All of the links were checked before going to press in June 2001.

1. Ethics

Gene Therapy Advisory Committee – Information on the committee, guidance on making proposals to conduct gene therapy in human subjects and on writing patient information sheets for such studies.
http://www.doh.gov.uk/genetics/gtac/index.htm

United Kingdom Xenotransplantation Interim Regulatory Authority – Clinical procedures involving xenotransplantation. Information on the committee and making proposals for trials in this field.
http://www.doh.gov.uk/ukxira.htm

World Health Organisation Operational Guidelines for Ethics Committees that Review Biomedical Research
http://www.who.int/tdr/publications/publications/pdf/ethics.pdf

General Medical Council Seeking patients' consent: the ethical considerations
http://www.gmc-uk.org/standards/good.htm

2. Peer Review

ExPeRT – The ExPeRT project was set up to study and exchange practical experience of external peer review systems in health services within the EU and associated countries. It is funded by the EU, as part of the BIOMED II public health research programme.
http://www.caspe.co.uk/expert.htm

3. Research Resources

TRIP – Turning Research into Practice. The Centre for Research Support (CeReS) web site is committed to supporting research in the primary health care field in Wales.
http://www.ceres.uwcm.ac.uk

Campbell Collaboration – a new international network whose remit is to prepare, maintain and promote the accessibility of systematic reviews of the effects of social and educational policies and practices – a sibling for the Cochrane Collaboration.
http://campbell.gse.upenn.edu/

eGuidelines – Medendium Group Publishing have set up a new web site which allows free access to a large number of NHS commended and professional body guidelines.
http://www.eguidelines.co.uk

Association of the British Pharmaceutical Industry – The ABPI has set up a central database of completed clinical trails with the aim of providing access to a single comprehensive source of research on licensed drugs. They also aim to reduce duplication of similar trials, and reduce publication bias in systematic reviews, by allowing access to studies providing negative results.
http://www.controlled-trials.com

The Economist Style Guide
Looking for help with your writing skills, including basic grammar and punctuation?
http://www.economist.com/editorial/freeforall/library/styleguide/

Alison Horne

Main course: some nursing sites

Part of the BIOME hub, **NMAP** is a gateway to resources in nursing, midwifery and allied health. Compiled by information professionals from the Universities of Nottingham and Sheffield, and the Royal College of Nursing in collaboration with bodies in midwifery, health visiting, physiotherapy and occupational therapy, it is, like OMNI, a catalogue of evaluated internet resources. Like the other parts of BIOME, NMAP can be browsed using MeSH. It can also be browsed using the RCN's own thesaurus. Go to http://nmap.ac.uk

The UK Centre for the History of Nursing was launched last year, and is a virtual centre. Organisations involved include the RCN and Queen Margaret University College, Edinburgh, along with Oxford Brookes University and the Wellcome Unit at the University of Glasgow. The website includes bibliographies, research questions posted by research students, and a list of FAQs ("Who was Edith Cavell?"), as well as information on research funding. There are also links to other sites, including those of archives and nursing history organisations. Who was Edith Cavell? Look at http://www.qmced.ac.uk/hn/history/ to find out.

Online Journal of Nursing Informatics – Indexed in CINAHL, this journal publishes peer-reviewed papers on nursing informatics. Go to http://www.hhdev.psu.edu/nurs/ojni/index.htm to see the archives, along with news, events listings and evaluations of new technologies.

Food for thought: the wider world

We are faced with challenges, but it is good not to forget the rest of the world, where acquiring stock or gaining access is a challenge at a more fundamental level.

I have always been very keen to find good homes for surplus stock, as anyone who has ever worked with me will tell you with a careworn expression. One place I have always been keen to use is **Book Aid** International. There are full details of their work at http://www.bookaid.org/. Book Aid collect surplus material in accordance with their own guidelines, and librarians from institutions in developing countries visit to select stock, or write with their requirements. Contact them to see if they have collection arrangements for your area.

For a view of issues surrounding the wider dissemination of scholarly and scientific information, look at the **INASP** website at http://www.inasp.org.uk . INASP is a co-operative organisation which aims to improve access to information worldwide. It encourages local publishing initiatives, and works to make existing publications more widely available in countries where access to information is difficult.

If you want to ponder the influence of drug company promotions on health care practice, you might want to look at **No Free Lunch** (http://www.nofreelunch.org) . An American site, it has generated much debate, both on the site and in the BMJ.

Dessert

When I first started working in medical libraries, I came across the Journal of Irreproducible Results. Some years later, the team producing it (who also administer the annual Ig Nobel Prize, an award for research that should never have been done) left their publisher and set up the Annals of Improbable Research. Much of the content, and much else, is on the **Hot Air** website, at http://www.improbable.com/ . If you have ever wondered about feline reactions to bearded men, what happens if you post a helium balloon, or what inventions have been designed on a serviette, then this is for you. There is also a monthly email newsletter.

Finally, what will happen to Dr Greene? I don't know, and the **ER** website is not saying. It does have synopses of episodes (although the list is illegible on my PC, appearing as grey on black), along with a medical glossary and a virtual tour of the set (which needs an IPIX plug in). CBC, CHEM7 and bag 'em at http://www.warnerbros.com/pages/ertv/home.jsp

Keith Nockels
Aberdeen University Medical
Library

Any initiatives in your library?

Done any research?

Been to any good meetings?

!! Tell us about it !!
Write an article for Interim.

Weaving the web : Biosciences Information in the 21st century

A report on the Aslib Biosciences Group Annual Conference
Zoological Society of London,
Thursday 24th May 2001

This meeting of the Aslib Biosciences club met at the London Zoo, to which participants had free admission during and after the meeting, after the compulsory dip into a disinfectant bath as part of the foot and mouth disease restrictions. The sight of apes swinging around their enclosures and the ever-watchful meerkats made a pleasant diversion from some fairly dry presentations on a hot sunny May day in London….

The day began with a stirring keynote address from **Judy Palmer**, of the Radcliffe Science Library, Oxford, entitled "Spiders and flies : a tangled future?" In her deliberately provocative address, she referred extensively to Tim Berners-Lee's 2000 book *Weaving the web : the past present and future of the world wide web, by its inventor*.

Referring back to a talk that she had given to the Aslib Biosciences Group in 1985, in which she had predicted that: there would be faster communication
- more and larger networks
- the ability to store many different kinds of data more efficiently
- the ability to retrieve information more quickly in many different ways

- that knowledge-based systems would become more common
- that end users would be wooed more aggressively

and that we as a profession would need to: compete more

- be more proactive
- be more critical of our practice
- look to the results of information research
- increase our roles as sifters, selectors and synthesisers
- concern ourselves more with the needs of users
- concern ourselves more with how information is used

she then outlined major current issues:

- The move from storage → access, and from print → electronic
- New user expectations
- New and increasing information sources
- Educational imperatives: new curricula, distance learning, problem-based learning, lifelong learning, continuing professional development
- More IT and the internet
- E-everything: email, e-journals, e-books, e-science, e-commerce, e-education

before outlining the major issues in the electronic era:

- Privacy and security
- Quality
- Monopoly and censorship
- Copyright
- Centralisation vs. distribution
- Standardisation vs. individualism
- Subject knowledge vs. e-knowhow

Librarians are faced with dis-intermediation, de-professionalisation, marginalisation, and overproduction. What can be done about this? We could change librarians; change libraries, systems and structures; or change library users. Some positive responses to such "threats" are: Move out of the library

- Talk to users in their language
- Plan and market services
- Negotiate and influence (wheel and deal)
- Teach and facilitate learning
- Critically appraise practice and service
- Understand and exploit ICT

to become: Designers and managers of knowledge systems

- Educators
- Problem solvers and synthesisers
- E-navigators and e-publishers

Judy maintained that we are at a pivotal point in the evolution of scholarly communication. Libraries can and should position themselves as the place of first resort; develop the true library without walls; be the preferred gateway; and a centre of instruction. Libraries should invest in a grounded approach to strategic planning; new solutions and lateral thinking; developing librarians; and developing partnerships, co-operating and collaborating with academic, and other, partners. New solutions need to be explored: "libraries-to-go", clinical librarians, e-librarians, LISDirect, and info-agencies.

In a final clarion call, Judy said that we need to ask ourselves whether we want to be passive, nice, collectors, guardians, processors, unassuming and reactive? She quoted from the US Marines training manual: "Take the high ground, stay in touch and keep moving." Do we want to be spiders or flies? Carpe musca!!!

Robert Kiley of the Wellcome Centre, began his talk on "Web searching for health information" by saying that

health information was very popular on the internet, but that there were key problems in using the web for answering information enquiries, including information overload ($\sim 2\text{x}10^9$ web pages), quality issues (e.g. miracle cures, www.drclark.net), bias (www.drkoop.com, www.909shot.com/), and dangerous (evidence is beginning to emerge of harm caused by following regimes promoted electronically).

The solution is to search more effectively. Robert suggested the following hierarchical strategy:
(a) Traditional databases e.g. PubMed (www4.ncbi.nlm.nih.gov/PubMed/)
(b) Evidence-based medicine resources e.g. TRIP (http://www.tripdatabase.com/), Netting the evidence (http://www.shef.ac.uk/~scharr/ir/netting/)
(c) Evaluated subject gateways e.g. OMNI (omni.ac.uk/), NMAP (nmap.ac.uk/), MedlinePlus
(d) Medical web search engines e.g. Medical world search (mwsearch.com/), MedHunt (www.hon.ch/medhunt)
(e) General search engines e.g. Google (www.google.com), Northern Light (www.northernlight.com/), Alta Vista (www.altavista.digital.com/) for images, dmoz (dmoz.org/) for browsing (it's bigger than Yahoo)
(f) Discussion lists (>90k on the net) and newsgroups (>50k on net)

Robert commented on the misconception by many that "if it's not on the web it doesn't exist".

Fiona McLean from the British Library, in her talk on "What is a 'good enough' health website?" looked at how to assess web sites and how to assess the criteria used to assess web sites! She pointed out that some explicit systematic approach was needed when teaching, when the site isn't obviously 'good' or 'bad', or when you need to justify your decisions.

When assessing a site, you need to choose a set of criteria, decide what each criterion means, apply them to the web site, and then interpret the significance of the results. An ideal criterion would be: valid
- reliable
- relevant to the user
- objective
- unambiguous
- quick and easy to use
- measurable
- measuring one thing
- not require subject expertise
- not require other resources

Problems with criteria include:
- Wording is unclear or compound
- Information required is often missing, or difficult to find
- Interpretation of results is required, which might be unclear or subjective
- Often interdependent
- Unsuited to a range of information on web sites

Useful criteria include:
- **Aims** of the web site. This is not always obvious! Ownership or funding can often be a clue. You need to decide if the aim fits with what you want from the information
- **Intended audience**. Is it aimed at the public or professionals? You may need to check content as well as any statement. Information needs/literacy don't always fit these categories neatly
- **Accuracy**. What is the 'gold standard' for accuracy? Subject

knowledge might be needed, and measurement usually involves other criteria (e.g. currency of the information)

- **References**, or evidence base. Again, what is the 'gold standard'. What sources are used? How current should such sources have to be? Do consumers want these sources listed?
- **Authority**. This may either be seen to be a key criterion, which reflects the traditional medical perspective, or unreliable, distracting from studying the content of the site (which is DISCERN's (www.discern.org.uk/) position).
- **Bias**. Detection is crucial, but can be difficult.
- **Currency**. How current is acceptable? This varies as rate of change of knowledge varies: how do you know in a specific field? What does the date on the site mean? Is it the copyright date? Date created? Date last link-checked? Date that content was last checked? Date of most recent update? Date that the colour of the home page was last changed?
- **Comprehensiveness**. What is the 'gold standard'? What allowances must be made for the author prioritising so that the reader isn't swamped? How much do omissions matter?
- **Links**. Are they appropriate? Relevant to the level of the audience? Links are an indirect indicator of currency.
- **Relevance** to the user. End-users should be involved from the start of any web site development as well as evaluating the end result, via feedback which should be actively encouraged. However,

users may no know what they want!

- **Relevance** to 'lay' users. This perspective might be different. Is relevant material being excluded? Can you justify yourself against claims that you are censoring or being paternalistic?
- **Language**. Beware if it is highly emotive! Is it at an appropriate level of the audience. Is spelling and grammar an indirect indicator of authority?
- Post-publication review and evaluation. Is there any evidence for user evaluation? One can look at reviews fro mother sites/media, or look at links from other sites.
- **Uniqueness** / comparison with other sources. This is part of the evidence base check, and part of the currency check.
- **Ethical issues**. Privacy policies and confidentiality. Is there any editorial control over advertising? What about copyright? Are disclaimers for the user's benefit or for the author's protection? Is the wording jargon-free giving clear information on the limitations?
- **Presentation**. Is the site useable? Does it require registration? Does it load quickly and reliably? Is it easy to navigate? Is it accessible?
- **Accessibility**. RNIB Accessible Web Design (www.rnib.org.uk/digital/hints.htm), W3C web content accessibility guidelines (www.w3.org/TR/WAI-WEBCONTENT/), Bobby (www.cast.org/bobby). Note also US guidelines (usability.gov/guidelines/). Is the site culturally appropriate? Are images clear and relevant?

If there are ads, are the obstructive or distracting?

- **Interactivity**. Is there an email contact? Can information be personalised? This makes privacy very important.

Health web site checklists include:

- BIOME (biome.ac.uk/guidelines/eval/howto.html)
- DISCERN (www.discern.org.uk)
- Health on the Net code (www.hon.ch/HONcode/Conduct.html)
- Quick (www.quick.org.uk)
- SciPICH (http://www.health.gov/scipich/IHC/checklist.htm)
- Information quality tool (hitiweb.mitretek.org/iq)

In conclusion, Fiona said that there was no totally valid, easily measurable object way of assessing web sites, but we had to use something!

Stuart Wilson, a research scientist (rather than an information professional) with BIOME, in his presentation on "Internet bioresearcher : a catalyst for improving internet information skills?" emphasised that searchers needed to learn how to be focussed and efficient. Anyone can publish on the internet, and searchers need to learn how to evaluate resources and think critically.

He went on to describe the development of the Virtual Training Suite (www.vts.rdn.ac.uk/) (part of the Resource Discovery Network), with its 40 subject-specific tutorials, authored by specialists and aimed at students as well as lecturers/teachers, internet trainers, librarians and academic support staff.

Paul Pedley, from the Economist Information Unit, introduced the concept of the 'invisible' or 'deep' web, which includes the content of databases etc, which is not indexed by general search engines. This deep web is some 500 times larger than the 'surface' web, with quality content some 1-2000 times greater than the surface web. 97.4% of current deep web material is publicly accessible. (See www.completeplanet.com/tutorials/deepweb/index.asp for a white paper on the deep web)

Definitions:

- Visible web – publicly indexed web
- Invisible web – not indexed by search engines (≡ deep web ≡ black hole)
- Open web – anyone any time
- Gated web – some form of identification required
- Professional web – high-powered (e.g. Dialog etc), usually with more sources
- Almost visible web – depending on the depth of crawl (some crawlers only index e.g. the first 50p of a site), frequency of updating (some crawlers only visit a site every few months), noindex or nofollow metatags
- Vanishing web – sites that no longer exist (can try 'climbing the tree' i.e. http://x/y/z → http://x/y, or looking in the internet archive (www.archive.org) or the Google cache
- Invisible web – databases needing a log in, dynamic databases, cgi scripted sites, macromedia flash sites, realtime data, streaming media, pdf dox (though latter is now indexed by e.g. Google). Search engines also have

difficulty with certain characters like ?, &, %, $, + cgi-bin in URLs

Various directory gateways to the deep web exist, including: Alphasearch (www.calvin.edu/library/searreso/internet/as/)

- CompletePlanet (www.completeplanet.com)
- DirectSearch (gwis2.circ.gwu.edu/~gprice/direct.htm)
- Fossick (fossick.com/)
- InvisibleWeb (www.invisibleweb.com/)
- Lycos searchable databases
- Profusion (profusion.com/)
- SearchadobePDF (searchpdf.adobe.com/)
- Webdata (www.webdata.com/webdata.htm)

There are also search engines for the deep web, including: Inforoute

- Incywincy (www.incywincy.com/)
- Infomine (infomine.ucr.edu/)
- Magportal (www.magportal.com/ - to find magazine articles)
- Findarticles (www.findarticles.com/PI/index.jhtml)
- Speechbot (speechbot.research.compaq.com/ for audio/video searching)
- Researcha (www.researcha.com/)
- Moreover (www.moreover.com)
- Search (www.search.com/)
- Researchindex (researchindex.org/)

Paula Manning provided an overview of BIOME (biome.ac.uk/biome.html) in her presentation "From algae to zoonoses : BIOME, the health and life sciences internet search service". BIOME is a free searchable database of high quality internet resources. It has both a simple free text interface and advanced searching, with limits by resources, titles, etc. BIOME also hosts other services e.g. PSIcomm, and provides other services e.g. training workshops on the use of the net, a resource guide, and the Virtual Training Suite.

BIOME is JISC-funded and targets the UK HE, FE and research communities. It aims to provide a quality filter and a subject focus.

Richard German
Andersonian Library,
University of Strathclyde

Interim is the newsletter of the
Scottish Health Information Network (SHINE)

Contributions can be sent in either hardcopy, on floppy
disc or by email to the editor at the address below.
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Copy date for the next issue
Friday 20th October 2001