

INTERIM

the newsletter of

Volume 29 Autumn / Winter 1993

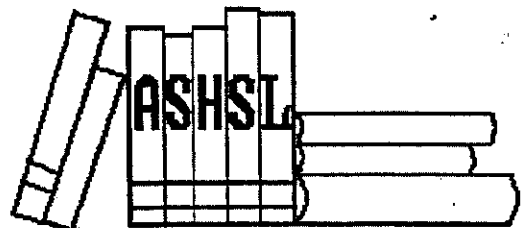
Editorial

Welcome to another issue of Interim. I am sorry that this edition is so late. I now know what poor publishers feel like when they are bombarded with claim forms! I am finding it quite difficult to get time to edit Interim and I would be grateful if anyone out there would be interested in taking over the post or if I could have a few volunteers to help with the collection and typing up of material. It is a great help to me if I can get articles on disk - as I am a fairly terrible typist.

There is not much news this time, but there are several interesting articles. I found Janice Grant's article about the MHWLG Library Conference report particularly interesting. ASHSL sponsored a place to the Conference on the understanding that whoever won the palace would write a report for Interim. I am glad that Janice had such a good time, it does make me want to go to the next one. Anyway, many thanks to her again and to all of you who have contributed to this issue.

Vicki Cormie
Editor

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New Members... New Members...

Two new part-time positions have been created in the West of Scotland and ASHSL would like to welcome as new members Liz Moore, Librarian at the Communicable Diseases (Scotland) Unit, Ruchill Hospital and Annette Thain, Librarian at the Beatson Oncology Centre, Western Infirmary.

People... People... People... People...

Ulla Carlsen is leaving Crosshouse Medical Library at the end of March and going to work at Strathclyde University Careers Service Information System. Olah says how much she has enjoyed working with various colleagues over the last 8 years in the NHS.

Joe Fodey has moved to North (Glasgow) Division from South Division (Assistant Librarian) due to the relocation of the Project 2000 branch programmes.

New Service... New Service...

Patients Library at Edinburgh's Eastern General Hospital Library Service

The newly re-furbished Patients Library at Edinburgh's Eastern General Hospital was officially re-opened by Mrs I. Lamb, a long term patient in the hospital. Funding for the re-furbishment was provided from Lothian Health's Endowment Fund.

Edinburgh City Libraries provide a service to four of the city's hospitals through the Patients' Library Service. This is a partnership between Edinburgh District Council and Lothian Health.

Further details can be obtained from Christine Craig, (Patients Librarian). 031 225 5584 x 232.

Charter Candidates...

Are you a Charter Candidate with the Library Association or are you supervising someone else who is. If so, Jan Howden would be interested in hearing from you. Jan is looking at the possibility of setting up an informal network of Health Libraries Candidates and their Supervisors to swap ideas and experience and provide moral support.

She can be contacted at: The Library, Glasgow College of Nursing and Midwifery, East Division, 110 St James Road, Glasgow, G4 OPS. Tel 041 552 1562 Ext.2175

Meeting Reports... Meeting Reports...

The Internal Market - 2

ASHSL Autumn 1993 Meeting and AGM
Education Centre, St John's Hospital at Howden

Friday 26 November 1993

Michael Pryor, NHS in Scotland Management Executive

John Hewlett, NE Thames Regional Health Authority

The ASHSL Winter Meeting 1993 was held at the St John Hospital, Howden. The title of the Conference, 'The Internal Market 2' was a development from a previous ASHSL meeting on a subject of interest to many librarians working in the National Health Service.

The meeting started with the AGM.

Chair's Report

The ASHSL Committee met 6 times during the year. We would be pleased to welcome any member of ASHSL at a committee meeting as observer: please contact Sheila Cunningham to arrange this. During the year, Judy Taylor resigned as consumer health information representative, and Kerr Donaldson was co-opted to the end of the term. Like everyone else, the Committee members are under pressure at work, and I would like to pay tribute to all their hard work put in during the year.

We spent some time thinking about ASHSL itself during the year. Alan Jamieson, as membership secretary, carried out a membership analysis, producing information that the ASHSL membership is dominated by central belt addresses (80%), is largely employed by the NHS (75%) and has roughly the same number of medical/dental and nursing librarians, with fewer librarians in other sectors. Other people also seem to be interested in researching ASHSL: there have been a number of approaches to ASHSL members, particularly in relation to changes in the NHS. Alison Clapham has produced a new ASHSL information brochure for new and potential members. We looked at ways

to involve new members; and committee members will contact all new members attending today.

We had two excellent meetings during the year. The November 1992 meeting at Victoria Hospital Kirkcaldy was entitled the internal market: the inside story. David Steel from the NHS Management Executive spoke about the one NHS and Michael Carmel inspired us in his talk about how libraries can seize opportunities in the context of the reorganisation of the NHS. The April 1993 meeting at Glasgow East College of Nursing was a practical training day on Quality customer care. This was a departure for ASHSL, because we used a professional training company, People First. Because of this, it was quite expensive, and ASHSL subsidised the meeting from funds in reserve. Despite the excellent content of the meetings, the Committee never forgets that for many members the most important part of the meeting is the opportunity to meet others.

During the year, we negotiated with the Scottish Library and Information Council (SLIC), which ASHSL had joined last year, about the size and importance of the healthcare library constituency in Scotland. At the SLIC AGM in June, the SLIC constitution was changed to have a health sciences library representative on the SLIC Management Committee. The first election will be in May 1994, and I have been coopted to SLIC for this year. This gives ASHSL an excellent opportunity to present our concerns to SLIC.

ASHSL has maintained close relationships with many other organisations either through formal links or through ASHSL members who are members of other bodies. These bodies include Scottish bodies such as Health Information Lothian, and the Glasgow Health Information Plan, the Annual Conference for Librarians in Colleges of Nursing and Midwifery, the Scottish Panel on Interlending. There

are also links with British organisations such as the Regional Librarians Group, the LA Medical Health and Welfare Libraries Group, and IFM Healthcare, and with the European Association of Health Information and Libraries.

A constant area of concern is with NHS Librarians pay and conditions. Interim carried a request for people interested in sharing their experiences, and the offer still stands. Medical librarians should contact Hazel Williamson, CHI librarians Kerr Donaldson, admin librarians Alison Clapham and nursing librarians Jan Howden. Marilyn Jeffrey did a survey during the year and the committee has been examining the LA booklet Salary guide to NHS Library staff for its applicability in the Scottish situation. The Committee will be returning to this topic.

The Committee are very grateful to the Publications Sub-Committee, and particularly to Vicki Cormie for the production of Interim. A new edition of the Directory was published in spring 1993. Hazel Williamson, as Honorary Editor of the Union List of periodicals had a huge amount of work to produce as a database. There is now some concern about the legality of the scheme, and we will be discussing this later in the meeting.

A main concern during the year has been with library provision in the NHS in Scotland. After the November 1992 meeting, several members of the Committee met with David Steel at the Scottish Office in June 1993. We felt we were well received because we were being positive by stressing the contribution we could make. We have also been closely monitoring developments in England, where there has been an important seminar, colloquially called Cumberledge 2, and we intend approaching the Scottish Office again shortly.

In general, the Committee is kept busy

monitoring development in healthcare information in Scotland. However we always keep in mind, that despite the welter of new databases, information technology and changes in the NHS, that the strength of ASHSL is in the contacts amongst its members.

Sheila Cannell
November 1993

The Internal Market 2

Michael Pryor of the Finance Directorate of the National Health Service in Scotland Management Executive was the first speaker.

He began his talk by discussing the developments of trusts in the National Health Service in Scotland from 1991-1994. He said that by April 1994 there will only be eight hospitals which do not hold trust status.

Mr Pryor then moved on to the main theme of his talk, the Purchaser / Provider process within the NHS. He pointed out that contracting should be based on the needs of the population, not straight economics. He explained the various types of contract. These include: Block, which is similar to current contracts; Block with Threshold where you clearly specify your requirements, but if the limit is reached you can re-negotiate; a Cost and Volume contract, which allows a huge amount of variability of how much money can change hands; a Cost per Case contract and hybrids of all these examples. In addition to contracts there can also be extracontractual referrals (ECRs) which can come in several different types (too detailed to number).

He then went on to talk more generally about contracts. He discussed the issues to be considered when the contract is drawn up: who it is for, the service level and whether it may be subcontracted.

The quality factors to be considered include waiting times, audits, targets, monitoring, duration / notice period, price / invoicing / settlement and variation / default.

NHS contracts are not legal documents, they have to be arbitrated.

These contracts are public documents which should be open to public scrutiny. He suggested they be lodged in libraries.

There was a review in 1993/4 to see how existing guidance was being complied with. One of the major findings was that there needed to be better quality control built into the contracts. CRAG and SCOTMEG have produced reports which should contribute to improved efficiency. There is a need for increased use of clinical audit.

He then went on to discuss the relationship between purchaser and providers. The review found that:

- generally good but "macho purchasing" or aggressive purchasing
- information not always open
- internal communication was often lacking

He discussed the trend that is emerging of fundholders banding together to wield more purchasing power. In fact, in Scotland we will probably see the emergence of inter Health Board purchasing consortia.

Contract monitoring is not really done yet. There is little knowledge of how much income is lost through faulty management of ECRs. Invoicing can be very slow and difficult to plan.

Mr Pryor talked about the future of post-graduate medical education (PGME). All funds will be held centrally for PGME by the Scottish

Council (no longer by the Health Boards). Central funding will allow more strategic planning and service provision.

He then went on to talk about the National Costing Project which will look at key areas including establishing a common Currency. (For example the calculations per bed day or per organisation can be standardised).

Some of the key questions when looking at libraries within the contracting culture are:

- who owns the library?
- who uses the library?
- who are the purchasers?

In the ensuing discussion points were raised about how libraries go about becoming involved in the contracting process. The point was made that some libraries may have as many as seven different units to deal with.

It was also pointed out that the quality of the contracting statements being produced by trusts is very poor in some areas.

Rebecca Higgins, one of the few librarians to have become involved in attempting to set up contracts, highlighted some of the problems she has encountered. The most significant appears to be the reluctance of trust managers to sign these contracts. She has been advised that she cannot draw up general contracts, they must be very detailed, down to the level of inter-library loan costs.

John Hewlett, Librarian of North East Thames Library Service then presented the English perspective.

He began his talk by describing the challenges he faced when amalgamating a diverse group of libraries within his authority. This diversity makes planning a cohesive library service difficult. The libraries

under his control range from small traditional ones to large multi-disciplinary centres and include:

- Postgraduate medical libraries of 10 London boroughs
- 2 trust hospitals
- 3 psychiatric hospital libraries
- 4 medical school libraries
- and various nursing libraries.

He began the reorganisation by asking his Regional Financial Department how much was spent on Libraries. They had no idea of staff or stock costs. It was then agreed that 0.5% of total district fund was to be spent on PGM Education. The PGM Dean's budget is now about £8,000,000.

He then went into detail about his criteria for staffing and funding libraries and the ratio of costs based on the size of library.

He said that library use should be carefully monitored to see who the library users are, and if necessary seek funding for them.

Mr Hewlett went into the subject of service level agreements. He stated that have not progressed far with them in his region. The PGME contracts simply say that a library service will be provided.

He is now involved with accrediting libraries using a variation of a COPMED document. He acts as an advisor in the accreditation process.

He then went on to talk about the areas needed to be considered when setting up a service level agreement. Agreements should include:

- a list of services offered.
- a description of the user education provided
- enquiry services
- ILL services
- quality of service
- Reference services

They should detail the boundaries within which the service will operate, for example, the maximum number ILLs possible per user. He gave as an example, a contract where one could specify that 90% of library photocopies will be provided in 10-12 working days.

He pointed out that the more detailed the agreement, the less flexible it is for one to run a library. Not only can the contract specify who the service is for, but also who it is not for. It is important to clarify statements such as exactly what 'reference enquiry only' mean.

He concluded by reflecting on current challenges facing librarians:

"Who wants my services?

Who is willing to pay for them?

Do I need to develop selling skills to convince people of the need to 'buy' any product?

Will contract managers be happy to see their funds used to subsidise other provision?

How do I provide for minority interests (Eg physios OTs etc)

How do I increasingly respond to user's needs?"

In the question and answer session which followed he was asked to explain the accreditation process. He illustrated his answers with examples of recent accreditation.

The day was very interesting and thought provoking. It gave an indication of some of the issues and problems which lie ahead for the many of us who will be involved in this brave new world of contracting!

Vicki Cormie

New Horizons - new horizons for medical, health and welfare libraries

Report on the Library Association Medical, Health and Welfare Libraries Group Annual Conference, Cardiff, 24th - 27th September 1993.

I am grateful to ASHSL for enabling me to participate in such a stimulating weekend. There were 300 delegates, an interesting programme of lectures, workshops, special interest groups meetings, and, for those with spare energy, a hectic social programme. I particularly welcomed the Exhibition, where we had the opportunity to examine the 'new horizons;' at first hand. I could have spent our annual budget within minutes!

The theme at Cardiff was 'Shaping our future: new horizons for medical, health and welfare librarians. Recurring topics were innovation, new and rapidly improving technology, changes in the education of medical personnel, increasing demands for management information. The 'new' technology of a few years ago, CD-ROM, document delivery by FAX, are now standard. New possibilities emerge for even faster, more efficient, information reaching. Paper after paper examined the librarian's role, if any, in these advances. There were expressions of disquiet that if uncontrolled, the plethora of available information would be chaotic. As I listened, a passage from the novel Jurassic Park kept coming to mind:

"We live in the world of frightful 'givens'. It is given that you will behave like this, 'given' that you will care about that. No-one thinks about the givens, isn't it amazing? In the information society, nobody thinks. We were expected to banish paper, but we actually banished thought."

As librarians, this outlook is too

negative. However, it warns us that we must become actively involved in the 'new horizons', applying our skills of organisation and dissemination to the array of information possibilities.

The proceedings began with the MHWLG AGM. Full documentation will be available in due course. ASHSL members may be interested in the following:

Group membership is now over 2000, making it one of the most thriving LA groups.

1992 saw a small operating loss, prompting some expressions that insufficient subscription income is coming into the groups.

The 2000 Millennial conference is to be held in London.

The Opening Address was given by John Wyn Owen, the Director of the NHS in Wales. He explained that in Wales, health is being viewed more broadly than in the past, emphasising health promotion, and stressing 'health' rather than 'sickness' services. The Planning Forum of the NHS in Wales is committed to:

focus on health gain

avoidance of premature death

improved quality of life when extended by these means

This 'people centred' approach, especially in aiming at health gain, will place extra demands on librarians to identify the information to meet these targets. He saw health service as moving away from hierarchical structure to one where units concentrate on core activities and exchange information via networks.

Veronica Fraser, the Group's Liaison Officer with the Library Association spoke on widening your horizons :

continuing professional development in mental, health and welfare librarianship'. She expressed concern that if librarians fail to master new skills in information handling, we could be left behind. CPD is vital in the promotion of quality libraries. As we develop our professional skills, we must also improve our political skills.

She cited the LA initiatives, the Futures Report and the Framework for Professional Development. To compete in the ever advancing information world, we must improve our library skills ; our personal effectiveness; our management skills.

John Hepworth, of the Health Information Management Team at Aberystwyth, spoke on 'New Demands on Medical, Health and Welfare Library Staff in the Age of Information Technology.' He advised that we concentrate on the endresult of IT, on the information rather than the technology. His keywords were 'integration' and 'transparency'. We must integrate information from a wide range of sources; we must make the information transparent, accessible to those who need it. The NHS Training Directorate is increasingly aware of the needs of health information professionals. Librarians must ensure they develop the required skills, otherwise they may lose their traditional role. ASSIST, a new Association for Information Management and Technology staff in the NHS, aims to meet management information needs : health libraries must offer the services demanded.

Saturday offered delegates a programme of choices, allowing them to hear papers on Welfare or Medical/Health libraries, and to attend a choice of workshops.

Derek Law, of Kings College, gave one of the best talks of the weekend. 'Beyond CD-ROM : Wider Horizons in the provision of Electronic Information.

He emphasised the possibility of the true 'democratisation of information, where even the meanest office could have access to the world's best stores of information. CD-ROM will continue to be important in small concerns, but the future lies in national exploitation of networks - JANET will pioneer this in academic libraries.

He pointed out the implications of training users : with the planned expansion of higher education, and changes in nurse education, services could not be individual. Implications exist for research : what future is there in painstaking PhD projects if the same information can be obtained in minutes?

There is thus a prospect of vast amounts of data being routinely acquired. Several questions arise : where should such data be stored? Will the librarian have a role in guiding the way through networks? Who will monitor the value of results of these searches? We could face a chaotic mass of random, poor quality 'data', but so far librarians have been slow to assert their expertise in organising such chaos.

Julia Royall of SatelLife, USA, spoke on 'SatelLife : New Opportunities for Information Access in the Third World'. The organisation was planned in 1985 by International Physicians for the Prevention of Nuclear War, who foresaw that as the threat of east-west conflict recedes, the north-south divide may widen. SatelLife was set up in 1989, through HealthNet, allowing health workers in the Third World to communicate electronically using a low earth orbit satellite. The system is inexpensive and is in operation in nine African and two Latin American Countries, Health workers have access to the latest medical research, as well as being able to communicate with each other on their own special concerns.

Participants then had a choice of workshops, whose topics included, 'Interpersonal communication skills for the 1990's', 'Reminiscence Work' and 'Patient Education in Scotland'.

I attended an informative review of the work of the Kings Fund Centre, an organisation about which I knew little. The point which clearly emerged was the difficulty of co-ordinating the resources of organisations like the Kings Fund and the Nuffield Centre, whose stock is largely unique. There is a need for a true National Library of health-related subjects.

My other choice of workshop was a study of the prospects of 'Virtual Reality in Libraries'. Emerging technology offers the prospect of information in the form of sounds, smells, touch as well as traditional texts and graphics. There are obvious educational implications and librarians must be ready to face the challenge. Clinical teaching could be supplemented by the 'virtual' experience of performing the operations. The barrier will fall between the experience and the information about it. These developments are all part of the drive towards the 'ultimate' transfer of data. I couldn't help the suspicion that one day the ultimate barrier will indeed be broken down, and students will take the step from the 'virtual' experience to the 'actual', and go back to the laboratories and operating theatres!

The Conference Keynote Address 'The British Library : for Scholarship, Research and Innovation' was given by Brian Lang, the Chief Executive of the British Library. His main theme was that all libraries should know their purpose, and illustrated this by outlining his views of the purpose of the British Library. He recognised the affection many readers have for the British Library Reading Room, but stressed that it cannot remain as a monument if the library's functions can

be better served otherwise. British Library's commitment is to scholarship, service and best use of technology.

He emphasised British Library's desire to assist the information needs of the health professions, and was optimistic about the development of a national healthcare information strategy, an advancement which would be aided by the health community communicating with the British Library in a co-ordinated way.

Sunday began with a choice of seminar on 'Reading Therapy for Children' or a talk on 'Instruction or Information? The Role of Health Libraries in the 1990's' by Beryl Morris.

Beryl Morris is a library consultant who reinforced a common theme of the conference, that librarians must be responsive to the changing requirement of their users. Customers may question whether traditional libraries offer the best means of satisfying their needs, user education must respond to the variety of means of obtaining information.

The talk was a fitting summary of the Conference papers, stressing that we must be continually alert, anticipating new demands and responding efficiently. Requirements for high quality health information will increase: we must ensure that libraries continue to be viewed as unrivalled sources of excellence in satisfying these requirements.

The Conference concluded with the Debate:

'This house believes that the tendency of librarians to subdivide into smaller and more specialised interest groups is damaging to the profession'.

For the motion were Shane Godbolt of N.W. Thames and Graham Walton of the University of Northumbria. Against were Philippa Lane of the Disabled

Living Foundation and Margaret Forrest of the Health Education Board of Scotland. The speakers put forward stimulating arguments, Shane and Graham by means of a dialogue, Margaret and Philippa in well presented speeches. The speakers for the motion argued that health librarians are most likely to be listened to if they speak with one voice, while those against pointed to the undoubted advances as a result of the work of groups such as MHWLG and ASHSL. The motion was defeated, but I suspect that all the speakers and most of the audience were on the same side - that we require a strong professional body and a network of special purpose groups.

On Sunday evening we were the guests of the newly refurbished library at the University of Wales College of Medicine. We were able to wander round, admiring the comfortable facilities, while being entertained by an accomplished harpist.

The weekend was one of stimulation, exchange of ideas, and good fun. There was serious discussion of the future of information provision between library professionals, managers, experts and the information providers themselves. I know I cannot remember it all, or apply all the good ideas, but I have returned enthusiastic about the exciting prospects open to health librarians in the 1990's.

The conference went smoothly, a tribute to the skills of the organisers. Such a huge task was blighted by a postal strike in the last few weeks before the conference, but their efforts were rewarded by the obvious appreciation of the 300 delegates. Congratulations and thanks are due to the Cardiff Conference Committee.

I hope I have conveyed some of the flavour of a stimulating weekend, and that you are spurred to try and attend Manchester 1994.

Janice Grant
The Library
Ayr Hospital

Survey results... Survey results...

Project 2000 and Scottish nursing college libraries: survey results

Thanks to all those who in some way assisted Helen Clish in the research for her honours dissertation on the above topic. The results of the research were very interesting particularly when viewed in comparison with what had previously happened during implementation in England.

The study began with a questionnaire survey of nursing college libraries examining issues relating to Project 2000 and library provision. This was followed up with interviews with the librarians at five of the colleges.

Bearing in mind that at that stage (Jan-March 1993) Project 2000 courses were just starting, here is a snapshot of some of the findings.

- 14% of the total student nursing population were in P2k courses.
- 9 colleges reported having made 'links' of some kind with other higher education establishments
- 73% of libraries reported funding increases due to P2K.
- 40% of libraries had changed their opening hours in response to P2K
- 43% reported increased use of CD-ROM
- 50% reported increases in request

for inter-library loans

- 54% had been involved in the planning and development of courses
- All libraries employed means of user feedback
- 12 out of 15 libraries reported increased demand for study space
- 47% of librarians said that they were not optimistic about the future of nursing college libraries. Many interesting (and amusing) comments were also elicited. Some noted student responses to user education such as "What have libraries got to do with study?" and "This has been a waste of time - we could have been studying!." Some librarians saw Project 2000 as a positive force with comments such as "this library is valued as an integral part of the learning experience for the first time."

The general conclusion was that Scottish libraries had coped much better with Project 2000 than their English counterparts. This was due in part to many lessons having been learned from problems south of the border, but also due to a great extent to Scottish nursing college librarians who appeared to have formed a very cohesive and supportive network to discuss difficulties and swap ideas.

I feel the whole exercise was very worthwhile - especially as it helped Helen gain a first class honours degree. A summary of the full results can be found in Clish, H. and Farmer, J. Project 2000 and nursing college libraries in Scotland. *New Library World* 94(1109), 1993, pp.4-13.

Jane Farmer
School of Librarianship and Information Studies
Robert Gordon University
Information

VAT... VAT... VAT... VAT... VAT...

ASHSL members may wish to investigate whether items they purchase may be subject to exemption from VAT under Group 16 of Schedule 5 of the Value Added Tax Act 1983. Certain items qualify for relief because they are of a description specified in the Act and are used for a qualifying purpose. The goods must be used for medical or veterinary teaching or research and be paid for from charity or voluntary contributions.

The items include do not include books and journals. Further information may be available from your accountants.

InFAH... InFAH... InFAH... InFAH...

Those working in libraries that provide a service to Professions Allied to Health, may be interested in joining InFAH. InFAH, Information Focus for Allied Health, represents libraries involved in providing a service to those working in Chiropractic, Dietetics, Medical Laboratory Science, Occupational Therapy, Orthotics, Physiotherapy, Radiography and Speech / Language Therapy. It publishes a newsletter quarterly. Further details about the newsletter can be obtained from writing to:

Liz Payne
Editor, InFAH Bulletin
Assistant Librarian
Salisbury District Hospital Library
Salisbury
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The InFAH secretary is:

Maureen Muir
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New Database... New Database...

The Health Education Board for Scotland announced a new database in March this year. It claims to be the first comprehensive register of HIV / AIDS in Scotland. SHAIR (the Scottish HIV/AIDS Initiatives Register) show the scope of the Scottish response to the threat of HIV and AIDS, bringing together details of over 700 initiatives taking place in Scotland.

SHAIR contains such diverse facts as information about needle exchange to research projects and training courses offered in HIV / AIDS.

It is aimed primarily at workers in HIV / AIDS field in health boards, education departments, social work departments and in voluntary and religious organisations.

Callers to the database can receive information on work being done in their particular field or geographical area.

The 'phone number is (charged at local rates) 0345 62 66 54.

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