

# Update on content issues including the AHSC pilot

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NHS-HE Forum  
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# Drivers for enhancing access to content

A survey carried out in 2003/2004 discovered that only 40% of the online full text of NHS-funded research articles was immediately accessible to NHS staff

Cockerill M. How accessible is NHS-funded research to the general public and to the NHS's own researchers? 2 February 2004. (Submission to the House of Commons Science and Technology Committee's Inquiry into Scientific Publications). Available from: <http://eprints.soton.ac.uk/263105/2/399we53.htm>



# Direct access for NHS England constituents to a sample of Wellcome-funded research content

NHS level of access	2005 (% of content)	2012 (% of content)
No embargo	6.6	6.7
6-12 month embargo	6.7	
2-24 month embargo		27.7
<b>% with no direct access</b>	<b>86.7%</b>	<b>65.6%</b>
HE level of access *		
No embargo	88.2	96.4
3-12 month embargo	not surveyed	0.8
<b>% with no direct access</b>	<b>11.8%</b>	<b>2.8%</b>

\* Research-intensive university



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# GMC National Training Survey 2012

This discrepancy is reflected in the GMC National Training Survey results for 2012: UK-wide, only 55.11% of medical trainees considered the provision of online journals to be good or very good; and only 12.45% of that number considered the provision of online journals to be very good.

See <http://www.gmc-uk.org/education/surveys.asp>



# Some differences in provision

	HE	NHS
Geographic reach	UK	England
Procurement negotiation	JISC Collections	NICE, SHALL
Access management	Shibboleth	NHS Athens
Subscription cycles	January to December	April to March



# About AHSCs

“Academic Health Science Centres (AHSCs) are formal partnerships between a university and healthcare providers that aim to improve the quality of health services and the health of the population by bringing research, education and patient care closer together.”

Five AHSCs were officially designated by government in March 2009:

- Cambridge University Health Partners
- Imperial College AHSC
- King's Health Partners
- Manchester AHSC
- UCL Partners

<http://www.wired-gov.net/wg/wg-news-1.nsf/0/12F26C3313D994838025757400470B87?OpenDocument>



# Pilot project looks to develop licensing models for Academic Health Science Centres

Previous efforts to provide joint licensing of e-resources across the university-health service divide in England had met with varying degrees of success. However, one licensing model, as adopted by the London Medical Schools Group (LMSG), had produced benefits over the previous decade.

With the links between the universities and affiliated NHS organisations becoming even stronger through AHSCs, the drive for LMSG-type licensing initiatives was unlikely to diminish. The scene was set for a possible pilot at a workshop with publishers in June 2010; the pilot was announced in February 2011.

<http://www.jisc-collections.ac.uk/News/New-pilot-project-looks-to-develop-licensing-models-for-Academic-Health-Science-Centres/>



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## Pilot details

“The pilot programme, organised by JISC Collections, the UK academic community e-content procurement and negotiation service, will allow the **universities** at the centre of the AHSCs to **extend** to their partner NHS organisations **access to their subscribed content** from Elsevier, Nature Publishing Group, Springer, Thomson Reuters and Wolters Kluwer Health.”

Over the course of that year all stakeholders agreed to work together to review the impact on usage, administration, and licensing requirements arising from the pilot.

All of the publishers granted this extended access at no additional cost for 2011; four publishers extended the pilot to end of May 2012; one continues to end of 2012 and two continue into 2013 (April and May respectively).





# Challenges

## Setting up the pilot

- Identifying the content to be made available
  - in some cases, only sub-sets of the academic subscribed content was made available to NHS users
- Enabling the resources through NHS Athens (the NHS England access management system)
  - first set of resources enabled December 2010; last set enabled April 2011
- Enabling access via the NHS Link Resolver
  - a variety of different complications arose when attempting to match publisher-enabled sets of resources against the NHS Link Resolver knowledge base
- Deciding how to present the resources to users; multiple access points
  - not all resources could be linked through the Link Resolver (eg databases)
  - it was necessary additionally to signpost resources via MyAthens



# Challenges

## Setting up the pilot

- **Sharing the knowledge so that all pilot participant sites could benefit**
  - not all local NHS Athens and NHS Link Resolver administrators were sufficiently skilled in all aspects requiring attention
  - guides were produced, so that expertise could be shared over issues arising in implementation
- **Communicating with library site managers and NHS Athens and NHS Link Resolver administrators to ensure the pilot project would filter through to the end users**
  - marketing and promotion ideas and template texts were shared, with a soft launch selected at first in the first half of 2011 and a more targeted promotion in August 2011 to coincide with a new cohort of doctors entering postgraduate training in the NHS
- **Communicating with other AHSC-like organisations over the scope of the pilot and potential prospects**
  - the relevance of the pilot (for both publishers and the NHS and HE communities more widely) required an approach that could be easily adapted and adopted beyond the immediate AHSC set-up



# Challenges

## Maintaining / extending the pilot

- Interpreting the figures
  - having to come to terms with low use
- Staying “on message”
  - change of personnel; continuity of commitment
- Addressing publisher concerns
  - maintenance of subscriptions going forward
- Maintaining stakeholder engagement
  - the academic institution at the centre of AHSC would need to be fully engaged in the processes involved: licence extension would by definition need to be based on the existing licence of the academic institution
  - publishers would need to be prepared to undertake some customisation to ensure seamless access to their resources via the NHS link resolver
  - library services supporting the AHSCs would also need to be prepared to take actions to establish seamless access for NHS users
- Defining an end point and possibly a distinctive licensing model beyond a pilot



# Initial outcomes

- The pilot has been well received, even though opportunities to promote it widely were restricted by start-up delays
- As anticipated, levels of use by NHS staff are low, especially when compared to academic levels of use; figures continue to confirm this
- Four publishers agreed to an extension to end of May 2012, with at least two now extending beyond the end of the year to April / May 2013
- It is understood that any model that emerges should be scalable to other joint university medical school / healthcare provider arrangements
- Other publishers are beginning to adopt a simple licence extension model even before the outcomes of this pilot have been formally announced
- Next steps now need to be agreed
- There may yet be another way...



# Working Group on Expanding Access to Published Research Findings

A Working Group on Expanding Access to Published Research Findings was set up to examine how UK-funded research findings could be made more accessible.

In its deliberations, the group drew on the expertise of three specialist sub-groups, which had the role of “examining key issues of principle and practice that would be involved in increasing access to published outputs via the routes of, respectively, (i) greater take-up of open-access publishing, (ii) open-access repositories and (iii) development of national licensing”.

The group produced its report in June 2012.

<http://www.researchinfonet.org/publish/finch/>



# The Finch Report

- Concentrates on journals
- Asserts that “the principle that the results of research that has been publicly funded should be freely accessible in the public domain is a compelling one and fundamentally unanswerable”
- Recognises that the scope for increases in expenditure on libraries and their contents is generally seen as meagre, if it exists at all
- Identifies key actions relating to
  - open access and hybrid journals
  - extensions to licensing (HE-wide; HE+health; walk-in access in public libraries)
    - national licensing: the report concludes that such a licence is unlikely to be practicable and that costs would probably be high
  - repositories
- The report stresses these mechanisms are not mutually exclusive and proposes a mixed model



# Finch Recommendations

## *Expanding access to research publications*

Report of the Working Group on Expanding Access to Published Research Findings  
the Finch Group



- Gold Open Access is the future
- UK produces 6% of world's global research output
- For an extra £38 million to UK HE, UK research outputs could be published as Gold OA research outputs
- Green OA would be for grey literature, theses



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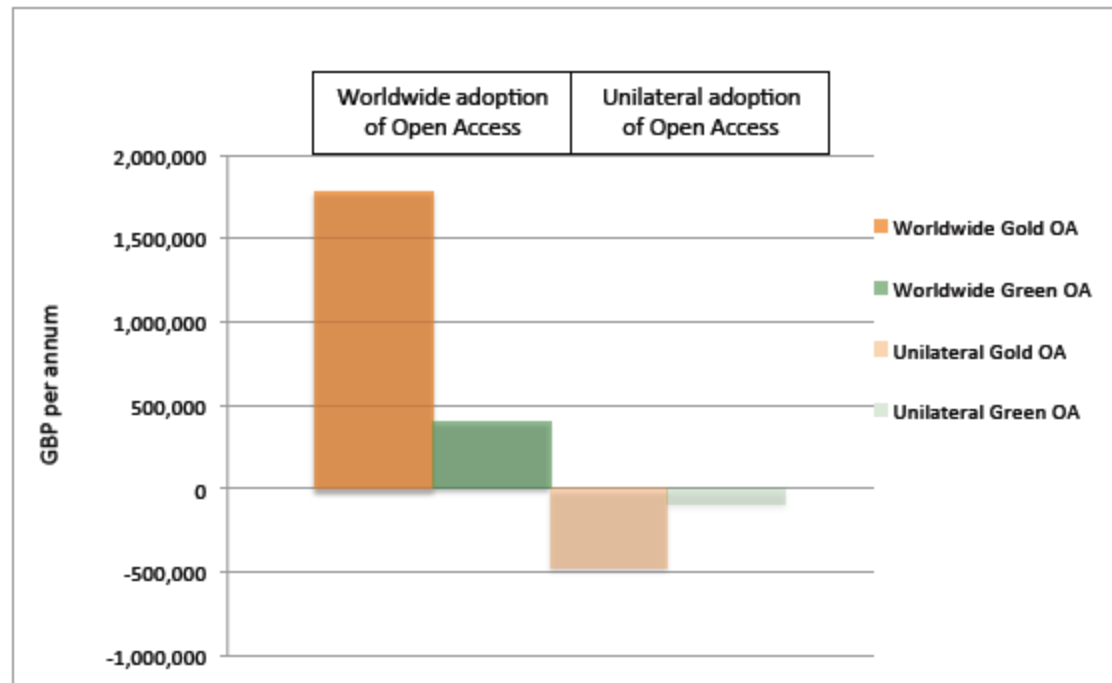
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# Finch Recommendations

Finally, we calculated the overall costs and savings to a UK university (actually, the average of the four universities in the sample for this study) of Gold and Green Open Access adopted either worldwide or unilaterally by that university. The results are presented in Chart 23.



**Chart 23: Cost savings to universities of OA alternatives with worldwide and unilateral adoption (calculated using an average of the sample of the four UK universities in this study)**

For an individual institutional policy, as things stand, Green is the only affordable and practical option

JISC Report by John Houghton and Alma Swan - [Going for Gold?](http://ie-repository.jisc.ac.uk/610)

– see <http://ie-repository.jisc.ac.uk/610>



# Finch Recommendations

## *Expanding access to research publications*

Report of the Working Group on Expanding Access to Published Research Findings  
the Finch Group

- National licensing solutions could extend access to the National Health Service, SMEs (Small + Medium sized Enterprises)
  - £6 million - £12 million extra a year for equality of access across HE
  - £1 million - £2 million a year for access by the NHS



# The Finch Report

- “In the health sector, there is scope for increasing and rationalising arrangements for licensed access across the NHS, and greater co-ordination with the HE sector... Providing access to all relevant journals for all those who work in the NHS would cost relatively little on top of what is already spent on licences.”
- Next steps: “With the publication of the Finch Report, the issue of extending access to licensed content to the health sector has been highlighted and recommended hence the work undertaken during the AHSC Pilot will prove a good foundation for considering possibilities going forward. With the publication of the Finch Report, the issue of extending access to licensed content to the health sector has been highlighted and recommended hence the work undertaken during the AHSC Pilot will prove a good foundation for considering possibilities going forward.”

<http://www.jisc-collections.ac.uk/Reports/AHSC-Pilot-Report-August-2012/>



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