

Reprocurement of a national 'core content' collection for the NHS

Based on a breakout session held at the 34th UKSG Conference, Harrogate, April 2011

In 2011, NHS Evidence, a service provided by the National Institute for Health and Clinical Excellence (NICE), in collaboration with the Strategic Health Authority Library Leads (SHALL) and JISC Collections (representing Higher Education), completed a national reprocurement of the core electronic content resources required by the National Health Service (NHS) in England. The collection includes full-text journals, databases, e-books and an electronic table-of-contents service.

The article outlines the activities and processes that were carried out by the collaborative group to complete the reprocurement activity.



CELESTINE JOHNSTON

Commissioning Manager
NHS Evidence

Introduction

The National Health Service (NHS) provides its users with access to a wide range of electronic and print health content resources. A national core collection of electronic resources is procured and managed centrally by NHS Evidence¹, a service provided by the National Institute for Health and Clinical Excellence (NICE)², through funding from combined contributions from the Strategic Health Authorities (SHAs). This content is commonly known as the national 'core content' and includes individual full-text journal titles, aggregated full-text journal databases; bibliographic databases and e-books (see Table 1).

Access to the content is made available to eligible end users using NHS Athens authentication – users can search and download the required content through the NHS Evidence portal. NHS Evidence was launched by NICE in 2009 to help people from across the NHS, public health and social care sectors make better decisions by providing them with easy access to high quality evidence-based information. To achieve this, NHS Evidence has developed the following services:

- a simple search facility which allows users to easily find the evidence most relevant to their search query
- an advanced search facility providing access to healthcare databases, online journals and e-books

- a formal accreditation programme which recognizes guidance producers that reach the highest standards – successful organizations are awarded an 'Accreditation Mark'
- personalization - My Evidence where users can save searches and share results with a colleague

In 2011, NHS Evidence, in collaboration with the Strategic Health Authority Library Leads (SHALL) and JISC Collections (representing Higher Education), completed the reprocurement of the national core content for a further period of 33 months, 01 April 2011 – 31 December 2013. The collection had previously been subscribed to for the period 01 April 2008 – 31 March 2011.

Procurement drivers and approach

The procurement approach taken and the options for the national core content selected were impacted by a range of drivers and influences.

The availability of funding from the combined SHAs was subject to a year-on-year reduction. Procurement of a three-year subscription period was SHALL's strongly preferred approach. In addition, the changing structure of the NHS meant there was uncertainty as to who would continue funding of the national content post-2012.

Category	Content	Content
full-text databases	Ebsco - Cinahl full-text database. Ebsco - Health Business Elite database.	01/04/11 – 31/12/13
A&I databases	Ovid Wolters Kluwer - AMED, HMIC, Medline, PsychInfo, Embase, BNI+;	01/04/11 – 31/12/13
e-journals	BMJ Publishing - The BMJ.	
	BMJ E-journals Collection: <i>Annals of the Rheumatic Diseases, Archives of Disease in Childhood, British Journal of Ophthalmology, British Journal of Sports Medicine, Emergency Medicine Journal, Evidence-Based Medicine, Evidence-Based Mental Health, Evidence-Based Nursing, Gut, Heart, Journal of Clinical Pathology, Journal of Epidemiology and Community Health, Journal of Medical Ethics, Journal of Medical Genetics, Journal of Neurology, Neurosurgery and Psychiatry, Postgraduate Medical Journal, BMJ Quality & Safety, Sexually Transmitted Infections, Thorax, Tobacco Control.</i>	
	American Medical Association (AMA) – provided by SVETS: <i>Archives of Dermatology, Archives of General Psychiatry, Archives of Internal Medicine, Archives of Surgery.</i>	01/04/11 – 31/12/13
e-journals	American Medical Association (AMA) – provided by SVETS: <i>JAMA, Archives of Neurology, Archives of Ophthalmology, Archives of Otolaryngology, Archives of Pediatrics and Adolescent Medicine, Archives of Facial Plastic Surgery.</i>	01/04/11 – 31/12/11
e-books	Coutts MyLibrary eBook platform.	01/04/11 – 31/03/12
table-of-contents services	The British Library – ZETOC (electronic table-of-contents service)	01/04/11 – 31/12/13

Table 1. Current core content resources

The Office for Government Commerce (OGC) Buying Solutions Framework Agreement, from which the 2008 -2011 national core content was originally procured, expired in July 2011. Although reprourement could be carried out against the Framework in time to ensure no loss of service continuity post-March 2011, a range of issues had been identified within the Framework terms and conditions which required improvement upon in order to secure best value for the NHS from the new content contracts. These included the need to:

- have a clear understanding of technical requirements required for current and future delivery of content through the NHS Evidence portal.
- be able to secure supplier current ability and/or willingness to develop content feeds for future delivery options, e.g. mobile and PDA, XML feed, integration with internal systems, as part of the reprourement activity
- ensure the supplier had adequate processes were in place at the supplier end to minimize any duplication of national core content purchases made at a local and regional level across the NHS
- further refine and develop the NHS eligibility table to take into account current and future structural changes to the NHS
- ensure that there was flexibility for access methods built into the contracts, depending on

user choice, e.g. Athens, IP address, databases suppliers' interface

- ensure that e-journals were procured in perpetuity, establishing the access methods(s) and any further costs (e.g. platform fee, hosting fee) from the outset
- secure alerting processes from suppliers in order to address issues of title changes within the full-text e-journal databases to ensure the NHS is pro-actively notified in advance of any changes where possible.

Additionally, there was lack of clarity from the previous contracts as to what suppliers had signed up to and what they were contractually obliged to do. The new contracts would need to include strengthened service level agreements (SLAs) and include standards for supplier response times and reporting processes, e.g. for enquiries, fix times for critical and non-critical incidents, changes to databases made at the publisher end, communication of planned fixes and third-party changes such as scheduled downtime, thesauri changes and data refreshes.

By utilizing a collaborative approach between NHS Evidence, SHALL and JISC Collections, procurement options were appraised by applying decision criteria of timeliness, continuity and strength of service, risk, value for money and internal resource impact. It was decided to reprocore the collection for 33 months by:

- procuring e-journal content published by The American Medical Association (AMA) via a mini-tender off the OGC Framework
- using sole supplier negotiations for the remaining content after approval from the NICE Audit Committee that the rationale for such sole supplier tenders met all EU procurement rules and requirements.

In addition to making the available funding stretch as far as possible, this approach would also enable any further procurement after 2013 to be aligned with the local NHS content procurement calendar in future (rather than financial year calendar as at present).

The procurement process

Invitations to tender (ITTs) were developed for bidders' response to ensure all NHS requirements were met. Requirements were standardized across all the content contracts where possible to include terms and conditions within the licence agreement, revised NHS eligibility criteria, technical requirements for current and future content delivery and access, as well as strengthened SLAs, service and contract monitoring and reporting requirements.

Content decision-making processes were led by SHALL, with input from librarian representatives in each Strategic Health Authority area, in line with agreed selection criteria, previous content usage statistics and the reduced budget available for purchases. Individual content resources were then categorized as 'essential' or 'desirable' to provide a final preferred content package considered to be the best fit in terms of affordability, whilst ensuring minimum loss of essential content services to NHS users.

Due to the changing environment of the NHS and other governmental departments at this time, a sector-wide drive is to ensure every contract has a termination clause that protects the public purse from any future spend that could be at risk. Termination clauses were therefore negotiated into the content contracts – albeit with a commitment to a long-term relationship with each supplier and consider the purchased content as essential to our users, these types of termination clauses are now a standard clause in the OGC model terms and conditions and are therefore a necessity in all contracts across the NHS and any other public sector organization.

Suppliers' monitoring of adherence to the SLAs, and subsequent reporting to NICE, was improved through the development of standardized SLAs and reporting templates across all of the national core content contracts. Quarterly supplier reviews will continue to be held along with an additional annual review to enable both NHS Evidence and the suppliers to reflect on the service provision over the year. Review meetings will be supplemented by the provision of quarterly and annual reporting by the suppliers prior to the review meetings.

Reflections

Strong planning and project management is critical to the successful completion of a national procurement activity, both internally and from key stakeholders. This collaborative approach ensured stakeholder involvement and consultation, as well as enabling a wide range of knowledge, skills and experiences to be harnessed and shared.

The reprocurement activity provided an excellent opportunity to revisit and develop a number of areas which needed strengthening, including service delivery and contract management. One particular area of success was the revision of the NHS eligibility criteria, which the SHA Library Leads were well placed to develop with the library community, providing a clear and definitive guide to suppliers and end users of those eligible to access the national core content. The drive to standardize all the national core content contracts terms and conditions, SLAs and supplier reporting requirements from suppliers has worked well and will enable NICE to provide more visibility and accountability to the NHS for each procured service. However, flexibility has been required to encompass the different categories of content that make up the national core content collection.

Evaluation and analysis of the national core content usage statistics during the previous procurement period was essential to ensure evidence-based decision making for the new content selection.

Next steps

Awareness of the national core content and its access via NHS Athens authentication will be promoted and communicated across the NHS, encouraging further usage.

Information about the national core content and eligible usage can be found at: <http://www.evidence.nhs.uk/nhs-evidence-content/journals-and-databases/about-nhs-athens>

References

1. NHS Evidence:
<http://www.evidence.nhs.uk> (accessed 28 September 2011).
2. NICE:
<http://www.nice.org.uk/> (accessed 28 September 2011).

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■ **Celestine Johnston**
Commissioning Manager
NHS Evidence
National Institute for Health and Clinical Excellence
Level 1A, City Tower, Piccadilly Plaza
Manchester M1 4BD, UK.
E-mail: Celestine.johnston@nice.org.uk

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