**National core content procurement strategy** January 2023 – draft v2.1

**Introduction**

The first ‘national core content’ collection of digital knowledge resources for the NHS in England was purchased in 2002 with funding from the regional Strategic Health Authorities. In 2012, Health Education England (HEE) assumed responsibility for funding the collection and has in recent years been able to increase both the budget and breadth of the collection (although the majority of NHS investment in digital knowledge resources – approximately 70% of the total - still takes place at local level).

All the current HEE-funded national contracts expire in March 2024, most having been extended for the maximum permissible five years. From April 2023, HEE will form a new Workforce, Training and Education Directorate (WT&E) within NHS England (NHSE). We have started the work involved in procuring a new national collection. As with previous national core content procurements, NICE will act as the central purchasing body and contracting authority on behalf of NHSE WT&E.

This document outlines the pre-procurement activity we plan to take and outlines our draft strategy. Input from key stakeholders is critical, and we strongly encourage feedback via the accompanying survey.

**Pre-procurement activity**

A small working group with representatives from HEE, NICE and the NHS knowledge and library (KLS) community has been established. Parallel workstreams are considering the technical discovery, service delivery, and reporting requirements which need to be specified in invitations to tender. We will be inviting volunteers from the KLS community to input to a further parallel workstream, to consider the functionality requirements of bibliographic database search interfaces.

Engagement with NHS KLS staff is essential, given your in-depth understanding of the knowledge resources and needs of the many healthcare organisations, staff and learners your services collectively support. Our main means of capturing input from KLS teams will be via a survey issued to service managers. We will also issue a very short survey to OpenAthens account holders, and draw on findings from user discovery research completed over the last five years.

KLS managers will also be invited to complete the biennial audit of local content procurement in time for the results of this to inform national decision-making. Other key sources of information to inform decision-making include usage and performance data from the current national contracts, and lessons learned from previous national procurements including in the other UK home nations.

**Budget**

The maximum budget available for the national collection is £4.8m p.a. This must include the amount payable to NICE for procurement and contract management support, VAT where payable, and inflation.

**Scope**

As at present, the focus of the national core content collection will be healthcare. Whilst the wider workforce will be able to access the content purchased, we will need to continue to work with partners to identify future funding for resources specifically for social care and public health.

**DRAFT STRATEGY**

**Aim**

In line with the vision of [Knowledge for Healthcare](https://www.hee.nhs.uk/our-work/knowledge-for-healthcare) and the aim of its resource discovery work stream - that healthcare staff and learners make optimal use of high quality knowledge resources and evidence at the point of need - the purpose the national content collection is to provide the healthcare workforce with a core collection of digital resources to enable evidence-based practice and support clinical decision-making, management decision making, education and research.

**Guiding principles**

Our strategy aligns with the guiding principles set out in Knowledge for Healthcare:

* **Collaboration** – engaging with NHS knowledge and library services to shape and inform our decision-making; engaging with other national bodies to avoid duplication and explore opportunities for collaborative purchasing which may extend the collection.
* **Digital by default** – investing in digital resources only.
* **Effective and efficient** – purchasing and managing resources nationally to the extent that budget allows, where there is evidence that this will save money and time locally; ensuring we are not paying for the increasing amount of good quality content published open access, or functionality which does not add value for the NHS; using cost-per-download data, local spend data and evidence of value and impact to inform decisions.
* **Equity** – providing as many resources as possible nationally to support equitable access to evidence for practice and learning for the whole healthcare workforce.
* **Innovation** – exploring alternatives to national procurement of subscription resources where there is evidence that these will deliver better value for money or better meet the needs of specialist groups.
* **Quality** – focusing on content regarded as high quality by subject experts, preferring quality and currency to quantity.
* **Sustainability** – ensuring we follow guidelines for sustainable public sector procurement.
* **Technology** – ensuring the content we purchase is discoverable via as many access routes and devices as possible.
* **Workforce development** – ensuring the content we purchase helps support education and development.

**PESTLE analysis**

Our strategy acknowledges the following factors, some of which are new or more significant than when the last national core content collection procurement took place five years ago, and may change further over the next five years:

* **Political** – extreme pressures on the NHS workforce and finances; the embedding of Integrated Care Systems, accompanied by ongoing dialogue about which functions and services should be delivered and planned nationally and which locally; responsibility for the national collection transitioning from HEE to NHSE;
* **Economic** – double-digit inflation; significant budget constraints; an ongoing decline in real terms investment in digital knowledge resources; reduced use of some digital resources; continued transition to open access publishing.
* **Social** – time pressures and staff shortages contributing to a potential reduction in the time available for healthcare staff to engage in continuous professional development and research, and meaning staff may favour evidence summaries over primary and secondary evidence sources.
* **Technological** – the need for content to be discoverable via the national discovery and delivery infrastructure that has been introduced over the last two years (comprising the NHS Knowledge Hub, LibKey, and regional library management systems) and via mobile devices; continuous development of digital technologies, tempered by IT constraints within the NHS.
* **Legal** – the CLA Licence continuing to treat the NHS in England as a single entity, allowing copies from NHS owned/subscribed to resources to be shared; data protection potentially being a barrier to interoperability and integration; Integrated Care Boards becoming new legal entities.
* **Environmental** – the need to include social value and sustainability criteria in procurement and contract management.

**Strategic selection criteria**

In line with the guiding principles and PESTLE analysis above, we propose using the following high-level criteria for selection of resources to include in the national collection:

1. **Breadth** – the resource contributes to a collection which supports the broadest possible range of healthcare staff (including medicine, nursing, allied health, mental health, primary care, and healthcare management) for core purposes of clinical decision-making, management decision making, education and research.
2. **Quality** – the resource is regarded by healthcare and knowledge professionals as being of high quality, key indicators being currency, authority/provenance, and relevance.
3. **Value for money and impact** – there is evidence that central procurement of the resource yields significant discount, that if not purchased centrally many organisations would seek to purchase it locally, that full text cost per download is/will be less than the cost of access via document delivery, and that access to the resource delivers positive impact.
4. **Discoverability and usability** – the resource includes integration features which make it readily discoverable via multiple routes, including via the NHS Knowledge and Library Hub; offering a good user journey to full-text in the case of journal/book content; offering good functionality in the case of bibliographic databases.
5. **Recommended by knowledge and library professionals** - a significant number think it essential or highly desirable to include the resource in the national collection, based on their understanding of healthcare staff needs and preferences.
6. **Continuity** – the resource meets other criteria and discontinuation would have a significant adverse impact/the need to purchase locally would cause system-wide cost pressures.

**Measuring success**

Key measures of success will be securing access from April 2024 to the resources that the knowledge and library community regard as being most essential and which are affordable within budget, and levels of usage and evidence of impact over the lifetime of the contracts demonstrating good return on investment. We will develop measurable objectives based on the selection criteria above, and capture lessons learned. Acknowledging the limitations of what will be possible within current budget, we will also over the next five years continue to explore with partners options to improve both access and return on investment, through pooling funding, influencing publisher pricing, and licensing models, and making business case as opportunities arise.