

updates the evidence as it becomes available, provides an interpretation, and makes it more accessible. Currently, there are more than 120 summaries on the effectiveness of complementary therapies for specific conditions. Summaries are categorised into herbal and other supplements, acupuncture, homeopathy, massage and safety concerns <<http://www.jr2.ox.ac.uk/bandolier/booth/booths/altmed.html>>.

Information on clinical trials in progress

Finally, to check on the developing evidence base in CAM, the NIH provides a complete listing of all trials they have funded <<http://www.clinicaltrials.gov>>. In order to find the trials you need to search under the keyword 'Alternative Medicine'. NCCAM also provides summaries of ongoing clinical trials <<http://nccam.nih.gov/clinicaltrials/>> as well as information on research grants <<http://nccam.nih.gov/research/announcements/index.htm>> and research centre programmes <<http://nccam.nih.gov/training/centers/index.htm>>. The Department of Health (UK) has produced the 'National Research Register' <<http://www.update-software.com/National/>> which includes details of a number of ongoing trials in CAM in the UK.

Summary/conclusions

The Internet is proving to be a very valuable resource in an area such as CAM, where practitioners and practices are diverse and scattered. A number of extremely good sources of evidence are available electronically although some basic knowledge of CAM is required in order to make full use of those that are available. Finally, CAM is a field that has more than its fair share of commercial and disreputable sites, so careful evaluation of the origin of any information is crucial.

REFERENCES

1. Beckner WM, Berman BM. *Complementary Therapies on the Internet*. Edinburgh: Churchill Livingstone, 2003.
2. Richardson J, Jones C, Pilkington K. Complementary therapies: what is the evidence for their use? *Prof Nurse* 2001; 17:96-99.

Building knowledge communities in the National electronic Library for Health (NeLH)

Anne Brice

anne.brice@ihs.ox.ac.uk

How NeLH Specialist Libraries are developing their communities of practice

The primary aim of the NeLH Specialist Libraries programme is to organise special knowledge collections based on the core content of the NeLH. This common knowledge core consists of a range of high quality, regularly updated resources such as the Cochrane Library, Clinical Evidence and guidelines from the National Institute of Clinical Excellence (NICE). NeLH has further strengthened this common core of knowledge by developing databases of care pathways, a guidelines finder, and information zones to support key NHS priorities. A resource management system is being developed that will create the feeling for the user that they are relating to a single source of knowledge, even though the specialist library or the search engine is pulling knowledge from a number of different sources.

However, it is not just the production of knowledge, but its mobilisation and localisation that are required to put research into practice.¹ Specialist libraries are led by health care professionals, actively utilising the expertise of experienced information scientists, as part of the National Knowledge Service.² A core part of their work will be to encourage and enable their communities to participate in improving the mobilisation, localisation and utilisation of knowledge within their subject area.

Stages of engagement

Recent research undertaken for NeLH identified a number of development stages for Web-based communities of practice.³ The findings of this study have been analysed against Specialist Library

development plans, and relevant activities identified and shared with other teams. Stages identified included:

Potential

The main activity of the 'potential' stage of community building was identified as being that of connecting individuals. Within the NeLH communities, these activities include contacting and engaging with stakeholders and users, setting up high level reference groups, and forming relationships with other specialist teams and with the core NeLH team.

Building

At the 'building' stage, communities carry out activities to learn about each other, share experiences, build common vocabularies and collect a repertoire of stories – providing memory and context. Activities being carried out by communities at this stage include the development of contacts databases, mapping specialists and activists in the field, identifying common questions and resource types in their domain, agreeing classification schema, and providing comments facilities in response to policy documents and reports.

Engaged

Activities that characterised the 'engaged' stage involved gaining trust, loyalty and commitment within the community, developing outreach and support services to new members, providing community stories and involving members in an active contribution to the knowledge base. Fewer specialist library teams have reached this stage of development, but some examples included gaining active commitment from stakeholder and multidisciplinary groups, and developing special Web site areas

for new users. Activities that support learning are also important at this stage, and developments are underway to increase access to work-based learning modules.

Active

Although there was little evidence of teams reaching the 'active' stage where communities start to collaborate more fully and engage in 'real work', some health communities have begun to recruit members actively in the development of resources such as practice guidelines and critically appraised topics.

Evolving Web-based communities

The evaluation study identified a number of critical success factors if knowledge communities are to evolve, such as gaining the trust and involvement of stakeholders, the development of common languages and taxonomies, clear management, and governance and evaluative frameworks. A number of

... may assist in shifting the responsibility in decision making and disease management closer to a shared model.

partnership, sponsorship and collaborative models are being piloted, building on the extensive foundation of clinical and other networks that already exist.

Developments will be underpinned by the following principles:

- **Quality** – quality assurance processes are explicit.
- **Interoperability** – namely that the specialist library will be easily linked to, and re-purpose the other sources made available through the NeLH.
- **Consistency** – will be improved in the design and look-and-feel of the new specialist libraries, while retaining the best ideas from each and enabling flexibility and some degree of distinctiveness in the way each library delivers a solution for its users community.
- **Usability** – ensuring ease of use and maximum relevance for users.

Knowledge communities in health need to be developed within a framework of clinical governance and evidence-based decision-making, and will be informed by issues of quality, reliability, validity and relevance. Its participants will require skills in asking, finding, appraising and evaluating sources of evidence.

Web-based communities that aim to link knowledge bases with the providers and users of knowledge are in their early stages of development, and there is little robust evidence for either their methods or effectiveness. As new knowledge becomes available, we hope to improve its dissemination through the Knowledge Management Specialist Library http://www.nelh.nhs.uk/knowledge_management, and would welcome active involvement in this community too.

Conclusions

The NeLH organises and mobilises knowledge from research and knowledge from experience to help

clinicians, patients and managers make decisions. The need to base decisions on best current knowledge – evidence-based practice – is now accepted as essential. It is also now widely accepted that clinical decision making should be shared with patients, unless the patient specifically wishes the clinician to take responsibility for it. NeLH is completely open to patients and the public and has recently licensed open access in England to the Cochrane Library and Clinical Evidence. Working closely with NHS Direct Online, and encouraging the involvement of patient groups in our emerging communities of practice, we may assist in shifting the responsibility in decision-making and disease management closer to a shared model.

REFERENCES

1. Brice A, Gray JAM. Knowledge is the enemy of disease. *CILIP Update* 2003; 2: 32–34.
2. UK Department of Health. *Learning from Bristol: The Department of Health's response to the report of the public inquiry*

- into children's heart surgery at the Bristol Royal Infirmary 1984–1995*. Cm 5363. London: The Stationery Office, 2002.
3. Urquhart C et al. *NeLH Communities of Practice Evaluation Report*. Department of Information Studies, University of Wales Aberystwyth, 2002, 92.
<<http://www.nhsia.nhs.uk/nelh/pages/documents/cop.doc>>

Sharing biomedical research findings for free

<<http://www.biomedcentral.com/info/about/pr-releases?pr=20030617>>

<http://www.biomedcentral.com/info/about/aclib_membership>

JISC (the higher education sector's Joint Information Systems Committee) has reached a deal with BioMed Central. This means that UK higher education staff will not have to pay a fee when submitting an article to one of BioMed Central's journals. This deal mirrors the one recently arranged for the NHS http://www.nelh.nhs.uk/core_publishing.asp.

BioMed Central's journals are available to readers free online. See Fletcher G. Averting the crisis in medical publishing – open access journals. *He@lth Information on the Internet* 2002; No.30: 6–7 for further details.

Electronic health records – lessons learned

<<http://www.nhsia.nhs.uk/erdip>>

The NHSIA's Electronic Record Development and Implementation Programme (ERDIP) has been completed.

The programme spent 3 years piloting different approaches to developing and implementing electronic health records. Read about the lessons learned (as PDF files or on a CD-ROM).