**When is a Systematic Review not a Systematic Review? OR How can a Library Service with a minimal level of staff support systematic reviews? Our experience within Trust Library Services at Northern Lincolnshire and Goole NHS Foundation Trust**

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**Background**

Our NHS Trust supports acute and community services in Northern Lincolnshire and part of the East Riding of Yorkshire. Three hospital sites are based in Grimsby, Scunthorpe and Goole. A population of 350,000 is served by the acute and community services and approximately 6,500 staff are employed by our organisation.

Trust Library Services consists of two libraries, one based on the Grimsby site and the other on the Scunthorpe site, with a Library Resource Room (unstaffed) at Goole. The service as a whole is run with a total of 4.22 whole time equivalent staff, 2 of whom are professionally qualified, supported by 2.22 paraprofessional staff.

We are an established team, and by the end of 2020, we will have worked an incredible 104 years between us at this NHS Trust.

Over the last year, it has been noticeable that the library staff are being asked to support systematic reviews (SRs) to a greater extent than before, and to date have been doing so on an ad-hoc basis. We have now reached a point where we want to offer support in a more structured way. Whilst also making clear to the users of our services that the level of support that two professional staff in an extremely small staff team can provide is positive, but at the same time is necessarily limited in scope.

As we try and manage the demand as best we can, we also need to be sure that what we are being asked to participate in are truly systematic reviews.

Systematic reviews, as we know, can be considered by some to be the ‘gold standard’[[1]](#endnote-1) that provide a valid evidence base to support evidence-based decisions in clinical practice; because of this, we, as information professionals, need to be sure about what we are committing to:

In 2018, Munn et al. noted that there is an issue of how to distinguish a systematic review from a literature review and that sometimes papers can be referred to as a systematic review where, ‘in reality they do not necessarily fit this description.’[[2]](#endnote-2)

With a view to finding out how others are managing demand for SRs, I carried out a search of the literature, and e-mailed a message out to Library and Knowledge Services (LKS) managers within the NHS in England. The question I posed was this:

“……Are you finding that you are being called upon to support systematic reviews (SRs) more than you ever were before? If, like me in my service, you don’t have clinical librarian/outreach staff to support this function, have you documented for your users the extent to which you are able/unable to support those who are carrying out SRs? I would be interested to hear from anyone who has produced a guide that specifies the extent to which your service supports those undertaking systematic reviews.”

I received seven responses from various different parts of the country, and the majority of the comments fell into two camps. The first set of comments noted that academics are asking their Master’s level students to carry out systematic reviews when what they really want is for a search to be carried out systematically and then the results reviewed; so this is either an error in the terminology used or a misunderstanding about what constitutes a systematic review. It is not clear whether this error or misunderstanding arises from the academic or student or both. The second set of comments noted that other services are grappling with requests for SRs, even where clinical librarian posts are in place, and the Library and Knowledge Services in question are larger than in my Trust.

Also noted by some who responded is the fact that some services are getting close to rationing staff time spent supporting SRs; and documents are either, or have been, drafted by some services explaining the scope of the service available. Information on some Library and Knowledge Services (LKS) websites is being developed defining the scope of support offered and, in some cases, networks of LKS teams are developing a common policy.

The same problem, when experienced in London, resulted in a group of expert searchers pulling together some search guidance to help with queries related to searching for Systematic Reviews. It is on the Knowledge for Healthcare blog under the Learning Zone[[3]](#endnote-3) Pages 30 to 35 of the aforementioned guide covers ‘Evidence Searching to Support Systematic Reviews.’

Lastly, one respondent noted that when LKS staff describe the size of the Library and Knowledge Service, then the researchers/reviewers develop a necessary understanding that it may take longer for LKS staff to conduct all of the required searches.

Even from seven responses, it is clear that there are problems around identifying whether what we are being asked to support are really systematic reviews. Where we are being asked to support ‘true’ SRs, the existence of guidelines/policies for LKS staff to present to researchers/reviewers is invaluable in efforts to clarify the parameters of support that can be offered.

It was clear to me at this point that I needed to compare the responses I received from my peers with how they match the evidence in the literature.

**A Brief Review of the Literature**

A search was carried out on the Library, Information Science and Technology Abstracts (LISTA) database, hosted by EBSCO on 15th January 2020 to capture any relevant literature written about systematic reviews being supported by small library teams. It was not an exhaustive search, but the aim was to find literature published within the last fifteen years that captured the ‘flavour’ of what is happening elsewhere. The majority of the literature found was published in the United States and related to academic libraries. Nevertheless, some pertinent points were included, that are transferable to our experience in the NHS.

The literature brought forth the following areas that I will explore a little more in depth here:

* The essential contribution that librarians can make in the systematic review process
* The pros and cons of librarians being called upon more and more to support systematic reviews
* How complex and individual are systematic reviews?
* Is supporting systematic reviews something that librarians can do in their ‘spare time’ and does it cause librarian burn out?
* Helping our users prepare for a systematic review
* How can we develop a defined and structured service model?

**The essential contribution that librarians can make in the systematic review process**

Why are our users coming to us for support? What can the individuals concerned gain from our NHS LKS when they may have access to University faculty and University LKS teams and/or research and development teams in situ at our trust?

My personal theory to explain why this may be the case is that we are conveniently near, are knowledgeable searchers and happy to assist where we can. As noted, so far we have tended to do this is an ad-hoc way which is something we are attempting to address here. Just how collaboratively we will work with those carrying out the research is an issue for us to address, given our low level of professionally qualified staff, and is something that many other LKS staff may be grappling with. However, of interest here, is a case report carried out in Calgary, Canada, between Health Services and Knowledge Resource Service staff of the Tom Baker Cancer Centre of the University of Calgary, published in 2015. They noted two critical and distinct aspects about differences in literature capture processes as carried out by researchers and librarians, as determined by their respective training and experience. Unlike researchers, ‘librarians…work from a very algorithmic process of deductive steps….’ [[4]](#endnote-4)

The Knowledge Resource staff who participated in the case study emphasise the importance of collaborative working with researchers in order to avoid ‘blind spots’ which may be areas where researchers fail to capture literature of importance due to browsing and using ‘snowballing’ techniques rather than the algorithmic, deductive processes used by professional librarians, ‘this is in essence browsing and utilizes snowballing techniques like perusing through the bibliography of identified hits….’[[5]](#endnote-5) Culminating in the belief, by the Knowledge Resource Service team, that a ‘literature review by a researcher alone may not be comprehensive using methods of browsing and snowballing.’[[6]](#endnote-6)

They also recommend that journal editors and peer reviewers have a process in place to ensure that the literature review is conducted in a thorough, extensive and professional manner to ensure that ‘due diligence in the literature review has been done on any new submission.”[[7]](#endnote-7)

I think the point made is a valid one. If those conducting systematic reviews have not trained to become expert searchers, or not involved professional library and knowledge management staff, then how ‘skewed’ could many published systematic reviews potentially be? Consequently, how valuable are they then to the healthcare community?

In my organisation, we need to ensure that the guidance we give to systematic reviewers is adequate enough to ensure that effective literature reviews are carried out, ideally in a collaborative fashion. This will be touched upon again in the discussion area of this paper.

**The pros and cons of librarians being called upon more and more to support systematic reviews**

Our involvement in supporting systematic reviews is extremely satisfying, it raises the profile of our service and word soon gets around that we can support our users in this way. ‘Librarian involvement in systematic reviews is arguably leading to an increase in the visibility of librarians’ skills as expert searchers and as research collaborators..’[[8]](#endnote-8)

As well as supporting our users, in my experience, I have found that the searching itself can be extremely interesting and enlightening.

However, from the point of view of the professional LKS staff member, the down side of this process can be the amount of time it takes. Searches for systematic reviews can take days, weeks or months to complete, and if you do not have the luxury of conducting the searches on successive days, then you spend additional time re-familiarising yourself with the search requirements. Although one can plan around when you are going to be free to conduct the search or searches, sometimes the planning element is not always possible.

The other aspect which is not always given due consideration is the pastoral care of the systematic reviewer that is sometimes required. I am sure that we have all had experience of the student or staff member who has come into the library visibly distressed because they have got to carry out extensive searches, and do not have the slightest idea of where to start. I have not, in all conscience, been able to turn people, in such a distressed state away, and have spent un-planned time assisting them to carry out their searches in order to calm them down and up-skill their searching ability.

The time element involved is highlighted by Bejoy Thomas, where he makes note of the increasing number of systematic reviews and other research syntheses being performed, and ‘increased demand for librarian involvement will continue to significantly affect staffing, services and resources…’[[9]](#endnote-9)

**How complex and individual are systematic reviews?**

Systematic reviews are, by their very nature, highly individual, and can be extremely complex also, due to the extensive amount of searching that is required. Constant checking and adaptation is necessary between searcher and researcher as part of the process, and inevitably, a degree of frustration can ensue too, as we have discovered locally. This can be the case, in particular, where the researcher/reviewer, initially, does not fully understand both the complexity and thorough nature of searching that is required.

Swinkels, Briddon and Hall, in their article, ‘Two physiotherapists, one librarian and a systematic literature review’ state that ‘The individual nature and inherent complexity of each review demands close collaboration between librarians, academics and clinicians.’[[10]](#endnote-10)

They also demonstrate what can be achieved once a proper understanding of the process on both sides of the working relationship is established because they found that the ‘selection of appropriate sources and the development of the search strategy was a dynamic, iterative process balancing the expertise and neutrality of the librarian with the knowledge and experience of the physiotherapists in the specialty of hydrotherapy.’[[11]](#endnote-11)

**Is supporting systematic reviews something that librarians can do in their ‘spare time’?**

As indicated already, a time commitment needs to be made in order to conduct searches for SRs, if protected time cannot be assigned for SR support, then conflicting ‘pulls’ on LKS staff induces stress.

Indeed, it does appear from the literature that burnout can become a problem for LKS staff who do not have systematic review support as part of their time allocation in their everyday work. In an academic health sciences library, Lackey notes that: ‘librarians perform essential components of systematic reviews, including planning, executing, and reporting the search methodology and results. All of these contributions can take significant time.’ [[12]](#endnote-12)

Not surprisingly, burnout seems to occur less when LKS staff have dedicated time in order to support systematic reviews, and, as Demetres, Wright and DeRosa found:

“…..We did find a significant difference in personal burnout score based on dedicated SR work time. Information professionals with >80% of their job duties devoted to SR work reported lower personal burnout than those who spent less time on SR work. This suggests that dedicated time solely for SR work can reduce burnout. However, when individuals have more varied job duties outside of SR work and, thus, less time to devote to each step in the SR process, this might contribute to more burnout.”[[13]](#endnote-13)

I would certainly concur with this concept of burnout in my own service, because of the amount of time systematic review searching takes to complete, all of our other ‘regular’ work backs up. This is not work that can be assigned to para professionals necessarily either. Therefore, it is clear that both demand and our time commitment need to be managed in some way.

**Helping our users prepare for a systematic review**

What are we going to do in our situation, where we have a limited number of staff, but are willing to help with SRs? Yet we have no dedicated time to support this function, and many other conflicting demands?

The Scott Library (John W. Scott Health Sciences Library, at the University of Alberta) also faced a consistently increased demand for SR support, and similarly, did not have sufficient flexibility in their budget to increase staff levels to meet the demand. They had to find ways of managing this and ensure that the point at which researchers/reviewers approached them for help, was at a point when the researchers/reviewers were suitably prepared. Their approach included developing a SR protocol form and a generic search preparation form, ‘which can be sent to researchers in response to a consultation request. The search forms allow the researchers to do some advance planning and flesh out the details of the research question.’[[14]](#endnote-14)

For us, I believe something along the lines of a work plan or a search preparation form is key to how we can best help our future researcher/reviewers.

**How can we develop a defined and structured service model?**

From everything that I have discovered in my exploration of the demand around support for systematic reviews, it emerges that, for my service at least, it would be wise to develop a form to help establish:

* Whether what we are being asked to assist with is indeed a ‘true’ systematic review.
* Clearly details the extent to which we are able to assist.
* Allows the LKS staff to see just how much preparation our library user has dedicated to this at the point at which they contact our service.

This is not new, in fact McKeown and Ross-White note that although their service does not require a protocol for collaboration to be completed by researchers, they do expect a work plan document to be presented to them. They do not always agree to collaborate, but, ‘Even though decisions not to collaborate can still result in advisory consultation, we suspect that this approach reduces the overall amount of time librarians spend providing support.’[[15]](#endnote-15)

Advisory consultation could therefore be the mainstay of the support that we provide locally, alongside assistance to conduct searches and the supply of relevant articles dependant upon our judgement of the preparedness of the researcher/reviewers and whether we believe their SR plans to be viable at the point when they approach us. To that end, a work plan has been drafted for our LKS staff to use in conjunction with our library users. **Appendix One**.

**Discussion**

On 17th March 2020, a #ukmedlibs Twitter chat[[16]](#endnote-16) occurred which raised some additional relevant points about systematic reviews generally, and reinforced some of the points that I make in this paper.

In the chat, amongst other things, discussions ensued from the searcher’s perspective about:

* the importance of having a good working knowledge of the native interface of the databases being used.
* Having a good understanding of the necessary standards for systematic reviews.
* The importance of the initial encounter with the researcher/reviewer
* Appropriate questioning of the researcher/reviewer, preferably in person.
* Rigour as imperative when assisting with the systematic review process.
* The essential nature of correctly documenting systematic review searches

And in respect of the latter point, details of the article by Rader et al. were circulated.[[17]](#endnote-17)

The chat is of great interest and I would recommend that anyone interested in supporting systematic reviews reads it, whether you are just about to support this process for the very first time, or are an old hand at either assisting or supporting SRs.

Also, of relevance to those of us who work in NHS library and knowledge services is the fact that, towards the end of 2019, Health Education England issued a Knowledge for Healthcare Policy Statement about the ratio of qualified library and knowledge specialists per member of NHS workforce.[[18]](#endnote-18) Throughout the NHS in England, it has been established that there is variation in the ratio of qualified LKS staff to support NHS staff, and as a consequence of this, there is a lack of uniformity in the ability to draw down evidence to support the joint Health Education England (HEE) and Chartered Institute of Library and Information Professionals (CILIP) initiative of A Million Decisions.

“HEE’s analysis demonstrates that library and knowledge services with better staff ratios are more able to work proactively with a wider range of healthcare teams to enable evidence-based decision making impacting on treatment options and the quality of patient care as well as impacting on productivity gains and cost improvement and the spread of innovation.”[[19]](#endnote-19)

Although the policy statement is one that makes recommendations to our NHS organisations in England about appropriately increasing staffing levels, it is an inherently valuable document to bolster any existing business cases to increase staffing levels in order to adequate support systematic reviews.

There are many facets to consider with respect to systematic reviews, but, in essence, this paper’s focus has been quite narrow in scope. I wanted to look at the experience of the LKS in one particular Trust, the one in which I work, and look at how the increased demand for assistance with systematic reviews could be managed. As a bi-product of that exploration, it became evident that although users of my service often ask for assistance with systematic reviews, what they are working on is, in fact, a literature review. The extrapolation from the researcher/reviewer of the true nature of the support that is needed also needs to be managed.

Our work plan, which is at present un-tested and will no doubt need to be revised, may prove to be a good point at which to start the collaborative process. Once it has been established that it is indeed a systematic review that is about to be commenced, or is in process, then we can ensure that sufficient support and rigour in the searching and documentation of the searches is applied by us as LKS professionals.

**Recommendation**

Pockets of LKS staff working for the NHS in England are devising guides and populating websites with incredibly useful tools and tips aimed at researchers/reviewers who are conducting systematic reviews. As one LKS manager in Northern Lincolnshire, I have devised a work plan to both assist with and manage expectation in researcher/reviewers in my own organisation. The work plan should also reveal whether it is a literature review or systematic review that we have been approached to support.

The consolidation of the work that individuals and groups have completed in different parts of the NHS in England to both guide and support the would-be systematic researcher/reviewer, would be of potential benefit to all LKS managers wishing to better manage and meet SR demands.

**Appendix One**



**Trust Library Services – Support for Systematic Reviews**

This document serves both as an indication of the level of support our service offers those undertaking systematic reviews (SRs) and includes a work plan which, when completed, allows the library staff to ascertain the level of preparation that you have already reached with regard to your SR.

The level of support that our service can offer is three fold: first of all we offer advisory support, and by this we mean that upon completion of the work plan by you, our service will conduct a scoping search in order to establish whether there is enough literature available upon which to base a systematic review. Secondly, we will conduct the searches for you and document the search process appropriately. Lastly, our service will acquire the relevant articles identified by you, within our power to do so.

**Things to bear in mind:**

* Upon reviewing your completed work plan, the library staff reserve the right to restrict our level of support to advisory support, as described above, only. You will be notified if this is the case, and we will give you the reason for restricting the level of support offered.
* Our service has only 2 professionally qualified staff who are able to conduct searches to the level required.
* Systematic reviews searches can take many hours to complete and require a commitment on our part of many weeks or months, and the library staff have many other work commitments too. There may be times during our peak work flows when we cannot carry out searches to your timescale. Naturally we will advise you of this. Please ask staff about their availability prior to completing the work plan. Thank you.

**Work Plan to assist with systematic reviews:**

|  |  |
| --- | --- |
| **Name:** |  |
| **E-mail address:** |  |
| **Library card no:** |  |
| **Status:**  **NLaG staff**  **Nursing/midwifery student**  **Medical student**  **Other (please use space after**  **checkbox to describe)** |  |

**Is the purpose of your systematic review for:**

|  |  |
| --- | --- |
| **Guideline development** |  |
| **Publication** |  |
| **Thesis or dissertation** |  |
| **Other (please describe)** |  |

**Project timeframe/end date?**

|  |
| --- |
|  |

**Have you conducted a systematic review before?**

|  |  |
| --- | --- |
| **Yes (please add detail if ‘yes’** |  |
| **No** |  |

**Have you registered your systematic review with PROSPERO?**

|  |  |
| --- | --- |
| **Yes (if yes, please add some detail)** |  |
| **No** |  |

**Does a systematic review or protocol on your subject already exist?**

|  |  |
| --- | --- |
| **Yes (if yes, please add some detail)** |  |
| **No** |  |
| **Unsure** |  |

**Have you devised your research question?**

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |
| **If yes, please note your**  **question down in the adjacent box** |  |

**Have you used any of the following models to break your research question into its searchable components/keywords?**

**PICO/PECO : Population/Patients/Problem; Intervention (or Exposure); Comparison ; Outcome**

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |
| **If yes, please note down your proposed search terms/keywords here** |  |

**Add some details of any of the following limiting factors that you wish to be included in your search**

|  |  |
| --- | --- |
| **Publication date range:** |  |
| **Human or animal studies, or both?** |  |
| **English language only?** |  |
| **All ages? Adult? Child?** |  |
| **All study types, or restricted to:**  **RCTs/Cohort/Case studies?**  **Please specify** |  |

**Clinical databases to be used, please tick all that you wish to be included:**

|  |  |
| --- | --- |
| **Medline** |  |
| **Embase** |  |
| **Emcare** |  |
| **AMED** |  |
| **CINAHL** |  |
| **BNI** |  |
| **PsycINFO** |  |
| **The Cochrane Library** |  |
| **TRIP** |  |
| **Epistemonikos** |  |
| **Other? Please note down** |  |

**Databases (grey literature) please tick all that you wish to be included:**

|  |  |
| --- | --- |
| **Google scholar** |  |
| **OpenGrey** |  |
| **Gov.UK** |  |
| **National Inst for Health Research (NIHR)** |  |
| **WHO – Int Clinical Trials Registry Platform** |  |
| **Others? Please note here:** |  |

**Please return this work plan to your site library**

[**Nlg-tr.gylibrary@nhs.net**](mailto:Nlg-tr.gylibrary@nhs.net) **(DPoW)** [**Nlg-tr.sclibrary@nhs.net**](mailto:Nlg-tr.sclibrary@nhs.net) **(SGH)**

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