



It was resolved that there should be three types of member library with varying voting rights. LfN could choose to be a foundation or a subscribing member (as at present).

A business and marketing plan for the group was presented. LINC has begun publishing material. LINC has published a *Checklist for libraries* which considers pointers for quality in libraries. It is being printed by the King's Fund and sales are going well. There is to be an accompanying toolkit. It was also proposed to set up a LINC website based on the King's Fund file server.

Veronica Fraser, Library Adviser to the Department of Health, considered a protocol on links between higher education and the NHS. There was discussion about a library and information strategy for the whole health sector. There is to be a task force to consider the next steps.

David Stewart presented a business plan considering funding and strategy. It was necessary to support new projects and it was hoped to sponsor new research. During 1998 LINC had considered a national information plan for health and held a study day in London where members had brainstormed how this might happen. LINC had collected responses to a report on library services to the nursing profession and set up a task force to take forward the issues raised. There is a group working on the accreditation of health libraries and developing the toolkit. There is a group working on the feasibility of a sectoral library and information plan for health.

## ELECTRONIC JOURNALS

This is a brief report of the UMSLG Open Forum meeting held in London on 2nd November 1998.

Bernard Naylor (University of Southampton) gave the context.

The evidence base for medicine is largely found in libraries and in journals. Journals are periodic, have a variety of contributors, a thematic focus, contain new knowledge and can be peer reviewed. It is likely that over time journals will become electronic. At present they are becoming electronic at a faster pace than libraries can cope with and the gap between what publishers are offering and what libraries are taking up is widening.

Future developments: Librarians seem to be going for national deals (CHEST, BIDS, EDINA, NESLI). The librarian's role will be to arrange access, pay up-front by subscription or pay per view. There is an evaluating/appraising role, and support for teachers, learners and researchers.

Paul Harwood (SWETS) spoke about the National Electronic Site Licence Initiative (NESLI)

- JISC wanted a Managing Agent to act as an intermediary between publishers and the HE community in making electronic journals accessible. SWETS and University of Manchester got the contract on a 3 year project.

Electronic and print needs unbundling: publishers don't tend to want to do this at present, probably afraid they won't sell both so they insist on putting them together.

NESLI so far: there have been talks with 50 publishers; 2 discussion lists (eg lis-nesli, lis-nesli-reps), 7 seminars, promotional literature is on the way, an Advisory Board has been formed and 10 proposals are expected for 1999.

Problems are that it is all happening at the wrong time of the year, most subscriptions are now done for next year. So NESLI hope to get a critical mass of take-up by the year 2000, develop links and clusters and try to hasten development of electronic only options. NESLI only operates within the HE sector at present; will they or another agency arrange similar deals for the NHS?

Ian Bannerman of Blackwells gave the publishers' perspective

Ejournals have greater potential to add value, to make material more widely available. Blackwells aim for a fully digital product which can be reproduced in variety of formats, e.g., print, CD, PDF file, SGML file, online.

Contrary to what some people believe electronic publishing is costly – R&D, typesetting, data storage, telecomms, sales and marketing. Set up costs are therefore high, even though marginal costs of supplying an additional subscription is small. In other words, pricing is for access not content. Problems with online service are to do with confidence about how good it is, need for training in use, licence negotiation, VAT and how to price it.

Various pricing models have been considered. \* Free: could only be done in short term, undermines the value of copyright and may lead to low expectations, though it would save on security and administration costs. \*\* Online linked to print: acts as backup to print and adds value to subscription but it doesn't allow choice, nor does it save money and customers apparently don't really want it. \*\*\*Online only: gives choice and saves money but there is an archiving problem and service quality may be poor. \*\*\*\*Consortia bulk deals: there are so many of them, they vary a lot and there is a danger of basing costs on paper spend. \*\*\*\*\* Transactional pricing which means linking to document delivery. Libraries are used to this but a danger it might undermine subscription revenue. It may be difficult to budget for. \*\*\*\*\*Licensing: problems of how to define a 'site', 'permitted use', 'authorised user' and archive access.

The conclusion must be that there may never be a single pricing solution.

Kath O'Donovan, of the University of Sheffield gave a Librarian's view.

Technological problems: users don't like having lots of passwords. Sheffield has a system called RATS, which means it is possible to dial in from outside and get access via a Sheffield IP address. Remote users might need special software or machines of certain specification to access, e.g., pdf files. Sometimes the same journal accessed from different sources can be different, e.g. BMJ direct is different to BMJ via BioMednet.

Supply problems: via publishers, or via deals (CHEST) or via databases (OVID)? Who has the expertise for managing these arrangements? At what stage do you cancel paper copies? How do you know if your subscription has arrived, that you are getting what you've paid for? How are links catalogued? Access isn't always easy, how technically proficient do users need to be? What about sites where NHS and university users are served together – who can use JANET, who can use NHSnet? Issues of authentication, passwords and access from home.

In conclusion: there are problems but it's worth sorting them out. A user survey in Sheffield had shown that most used the www, most used electronic databases, most would use an ejournal if there were one *but* they certainly did not want paper copies cancelled.

Dr Miguel Seabra (Imperial College) gave a users perspective.

Disadvantages of the internet is slowness, difficulties sometimes in downloading and reading from the screen. Advantages are search capabilities of databases, chance of good quality, even colour, printouts, access to tables of contents of selected journals. He gets notified by email of the contents of journals he identifies from a specific publisher. Dr. Seabra thinks people will go for ejournals when they've had experience of it, and can obtain from their desk top.