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Assessing the impact of a health library service. Best practice guidance

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Publication date:

2008

Citation for published version (APA):

Weightman, A., & Urquhart, C. (2008). *Assessing the impact of a health library service. Best practice guidance*. Prifysgol Aberystwyth | Aberystwyth University. <http://hdl.handle.net/2160/648>

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Assessing the impact of a health library service

Best Practice Guidance

**Based on research originally funded by LKDN
(now sponsored by National Library for Health)**

**Version for National Library for Health
August 2008**

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Best Practice Guidance associated with:

- Weightman, A.L., Urquhart, C., Spink, S. & Thomas, R. The value and impact of information provided through library services for patient care: developing guidance for best practice. *Health Information and Libraries Journal* (2008, paper copy in press) <http://www3.interscience.wiley.com/journal/121377476/abstract>

1. What is the impact survey guidance for?

A set of standard questions used across health libraries in the UK will provide a valuable means of benchmarking and comparing services, for effective market research¹ in planning and improving the current service and in building up a reliable body of evidence for user perceptions of the impact of libraries across the region.

It should also complement other shared surveys such as LibQUAL+™² that examine service quality rather than library impact, if these are considered or adapted as additional analysis tools.

It is useful to remember that the results of an impact study should inform strategic planning and service improvement. Audit has several meanings, but if the impact evaluation is an audit, the expectation is that you can identify where services could be improved. For example, one electronic resource may not be used as much as expected or the pattern of information needs indicate a mismatch of needs and service delivery. The impact study should help you question the effectiveness of your service for particular user groups, and for particular purposes.

The impact study should help to give an unbiased view of your service. The research should be conducted by independent researchers if possible, to avoid the potential for response bias when library users are interviewed by site library staff. Possible options are:

- Plan the evaluation as a student dissertation project for a library school student.
- Work with another local library, so that staff at your library do the interview work for the other (and vice versa).

For a student dissertation project, there may be constraints on the time of year in which the project may be approved, a student appointed, and the work conducted.

2. Ethical/Research Governance approval

Advice from the National Research Ethics Service (NRES)³ is that an impact study can be regarded as a service evaluation and ethical approval is not required, although the study should be discussed with the relevant research and development, research governance, and data protection officers. There are staff time implications for the completion of questionnaires and interviews.

Note that, if the piece of work is going to be included as part of a University Research Assessment Exercise, then it should be designated as a piece of research rather than a service evaluation to qualify. If it is felt that an impact study should be managed as research, and/or that ethical review by a NHS Research Ethics Committee is essential, the National Research Ethics Service⁴ (NRES) will be happy to provide advice.

The latest version of guidance from NRES should be checked for advice on design and content of information sheets and consent forms. These will have to be amended to take account of the fact that staff, not patients, are the subjects of the study, but the same principles apply.

3. Estimating the sample size required

There are websites that may assist you with sample size calculations. For example there is a web-based calculator⁵ that gives definitions of confidence level, confidence interval and explains the factors that affect confidence intervals.

You can calculate the sample size required for a 95% confidence level and a confidence interval of 5% (i.e. if 25% of your sample said yes to a question, the result for the whole population could be estimated as $25 \pm 5\%$ with 95% confidence). For a large population the sample size required is 384, for population of 1000 it is 278 and for a population of 500, it is 217. Note that the smaller the population, the higher the percentage of the population required. Alternatively, with a smaller sample size, you may estimate the confidence intervals that you have achieved. The sample size calculator's default value is the most pessimistic (50%) for confidence interval estimation. If, however, your survey sample is 170, out of a population of 500, and you found that 80% expressed the opinion that they preferred A to B, the calculator indicates that you could be 95% confident that a repeat survey would find that 80% (plus or minus 5%) would prefer A to B. If you had found that 50% preferred C to D, the confidence interval is larger (plus or minus 6%).

The pilot study also suggested that it may be easier to sample one or two staff groups at a time, depending on the aims of the impact study. If, for example, you simply wished to assess the impact of your services on a new user group for your library service, then it may be more sensible to send questionnaires to every member of that staff group, rather than hope to pick up responses from that staff group in a general impact survey of all staff. Human resources departments (see below) may (or may not) find it easier to deal with one or two staff groups, rather than a general mailing to a sample of all staff.

4. Distributing the survey

As increasing numbers of healthcare staff now have access to an email address it may be feasible to run the survey electronically although provision will have to be made to ensure that non-email users receive paper copies of the questionnaire.

There are a large number of software packages available with varying costs and features; ranging from general software which is easy to use for small scale surveys such as *Insitful surveys*⁶ and *Survey Monkey*⁷ to specialised software developed specifically for library surveys such as *e-inform*⁸.

Human resources departments may do the sampling, provided clear instructions on random and stratified sampling are provided, and such departments can send out questionnaires (or invitations to interview) on behalf of the library service. This ensures a properly random and stratified sample. If a paper-based method is adopted, to manage the follow-up, the simplest solution is to provide the human resources departments with further set(s) of questionnaires for a later second mailing. The second mailing should have a covering letter that thanks the recipients for their help, thanks them if they have already returned a questionnaire, and reminds them gently to return a questionnaire if they have not already done so.

5. Using the questionnaire schedule

The terminology used in the questionnaires needs to be checked so ensure that respondents will understand which is required of them. The following checklist for each question should be used.

- Demographic details: It is advisable to use existing classifications of staff, such as those used for statistical tables by health departments.
- Question 1: Check that the terminology is used in your organisation.
- Question 2: As for question one. The purpose of this question is to alert the library service to the format – or other internal sources of information – that library users might want to find. For example, do you need to find out whether your users are wanting access to local guidelines, or specific drug information from the Pharmacy, or the information for a patient that may be available from another department in your organisation. Be clear about your requirements from this question, check in the pilot study report on the likely scale (and variety) of responses and only include a component of the question if it is relevant to your needs.
- Question 3: The list of resources needs to be tailored to your setting – if your health library website has a different name that is known by the staff, use that name. If 'Other library' is very likely to be a University library and it is important to you to know whether that library was used, be more specific about the descriptions of 'Other library'. The resources listed have given examples to ensure that respondents understand what is meant by databases, and electronic journals, but you may need to tailor those descriptions to your setting, or user group targeted.
- Question 4: This should cover most eventualities, and has been used successfully in many impact studies.
- Question 5: Most components have been used in many other impact studies.
- Question 6: This question is relevant to 'clinical librarian' services
- Question 7: Used in other impact evaluations.
- Question 8: Used in many other impact evaluations – should require few, if any, alterations
- Question 9: This question may require modification if a clinical librarian service is included in the evaluation. Be careful not to confuse the respondent between question 6 and this question. Ensure that the terminology is the one in common usage, and that the respondents will recognise which library you are referring to.

6. Quality considerations

Quality considerations for a practical but 'low bias' impact study for health libraries⁹

- Appoint researchers who are independent of the library service
- Ensure that all respondents are anonymous and that they are aware of this
- Survey all members of chosen user group(s) or a random sample. Consider those who decline at invitation as non-respondents
- Ask respondents to reply on the basis of a specific & recent instance of library use/information provision (ie an individual case) rather than library use in general
- From the random sample ask for feedback via interview rather than questionnaire for a targeted 10-20 of those selected. Although such a small number cannot be considered representative, responses will provide enhanced qualitative feedback & potential reinforcement/clarification of the questionnaire responses.

To maximise the response rate¹⁰:

- Personalise the request, stressing the importance of the survey and assuring confidentiality
- Send at least one, and ideally two or even three, reminders
- If you amend the questionnaire keep it brief
- Consider the use of an incentive such as a lottery draw

7. Interviews

The pilot study¹¹ did not obtain more than face validity estimation of the interview schedules. Experience gained with a survey assessing contribution of health libraries to clinical governance suggests that libraries could pair up, so that a pair of staff from one library could interview health professionals served by the other. This enables one person to ask questions and the other to take notes. Recording may not be feasible in busy and noisy ward settings. For an audit project, note-taking may seem more appropriate to the interviewee. The interview schedule is based on schedules used in previous impact studies, with the aim of providing more details about the reason for a recent search, the searching process used, and about any impacts on current or future patient care. Question 10 may be adapted for application to an evaluation of a clinical librarian service.

8. Analysing the results

The simplest way of dealing with descriptive statistics is to use an Excel spreadsheet (see next section for an example of how this may be presented in a report).

Open ended comments may be grouped under theme. You should distinguish between comments that are simply user satisfaction and comments that indicate an impact on practice and patient care. For your own purposes in planning service improvements, you might group comments on use of electronic information services, other library services, and the value added by specialist services such as clinical librarian services.

9. Structuring the report

The report should be constructed using general guidelines on report writing. There are several sets of guidelines available¹². The framework used is based on the structure set out in guidance from the Centre for Academic and Professional Literacies, Institute of Education, University of London¹³.

Title

Keep the title short, but informative, e.g.

The impact of XX library services on (clinical governance/ patient-centred care etc.)

Executive summary

This may be the only part of the report that some people will read. Ensure that you provide the following elements:

- a) Brief overview – what the report is about, what the aims and objectives of the project were
- b) Key messages from the findings
- c) Recommendations
- d) Further detail about the methods used (to help indicate the strength of the evidence)

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Acknowledgements

Glossary

Introduction

This section should be brief. Set out the main reasons for conducting an impact evaluation, and relate these to the objectives of the organization. Explain that the results will feed into future planning of library services. This section ‘sets the scene’ for people who may not be clients of the library service, and for people who may come across the

report many years later. Do not, therefore, assume that everyone will be familiar with the latest policy initiative that prompted the evaluation.

Aims and objectives

This section sets out the aims – what did you hope to achieve as a result of doing the impact evaluation?

The objectives concern what you did to try to meet the aims. (e. g. to assess how information provided in e-content contributes to decision making by nurses and therapists).

Literature review

This should be brief. The systematic review may be cited¹, and the guidance (obviously!). You may need to refer to any recent literature that updates the systematic review, or which has used the guidance for an impact survey.

Methodology

This section should give details of:

- Methods used (e.g. critical incident interviews, questionnaires - printed/online)
- Sample (how many people did you target, which user groups, which departments/units)
- Timing of evaluation work
- Procedures (e.g. working through Human Resources to do the sampling, arrangements for follow-up questionnaires, whether interviews were recorded or not, who did the transcribing etc, who managed the survey work)
- Practical and ethical issues (e.g. any problems you had in contacting particular user groups, any procedure that worked particularly well)

Results

Results should be presented in a logical order. If it is important to relate the reasons for a search, sources used, and the impact of information found, then use that pattern of events to guide the headings in the report.

The following order might work for most impact survey reports.

- Response rate
- Reasons for making a search
- Resources used
- Impact of information obtained (immediate cognitive impact – what was learnt or recalled; longer term impact on future clinical decision making)
- Aspects of library service worth comment

Analysis is partly dictated by the survey methods used. The simplest procedure is to create an Excel spreadsheet which will enable you to present descriptive statistics such as the following table. With some online questionnaire software packages tables may be generated for you.

The tables and the text should work together for you and your readers. Highlight, for example the main impacts in the text, referring to the table. For the following table, a sentence could read as follows.

A high proportion of respondents found information that was relevant, up to date, and nearly two thirds of the respondents intended sharing the information with colleagues. Often the information helped to confirm previous knowledge, but in over half of the searches new information was found. Unsurprisingly, there is an impact on patient safety, with around 40% of respondents indicated that clinical decision making would be better informed or that the information would contribute to higher quality of care (Table 1)

Immediate impact of info on knowledge		TOTAL	% TOTAL n=550 sampled	% Total n=130 respondents
1 st	Relevant	109.0	19.8	83.8
2 nd	Current	87.0	15.8	66.9
3 rd	Will share with colleagues	84.0	15.3	64.6
4 th	Accurate	77.0	14.0	59.2
5 th	New knowledge	73.0	13.3	56.2
6 th	Refreshed memory for details/facts	61.0	11.1	46.9
7 th	Substantiated prior knowledge/beliefs	58.0	10.5	44.6
8 th	Better informed clinical decisions	53.0	9.6	40.8
9 th	Contributed to higher quality of care	49.0	8.9	37.7
10 th	Saved time	38.0	6.9	29.2
11 th	Little or nothing of clinical value	6.0	1.1	4.6
12 th	Other	3.0	0.5	2.3
	<i>No details provided</i>	12	2.2	9.2

Table 1 Immediate impact on patient care

For the results section, set out the main findings and point out anything that needs some interpretation. For example, if you suspect a group of staff did not interpret the question in the way expected, and the findings for this group look strange beside the other data, even after checking the data thoroughly, the apparent anomaly should be noted.

With qualitative interview data, appropriate extracts from interviews should be added. For an impact study, it is useful to find:

- Examples of different types of impact, positive and negative (e.g. to expand and explain the types of impact)
- Scale of impact (from the small impact to the large impact)
- Case studies of how information provided by the library service helped to make a difference, including any exemplary accounts of time saved, or money saved.

Make sure that the context of each extract is described in recognition that patient care is complex, and decisions are often made in stages, by teams, over a period of time. Checking that the care provided is in fact evidence based is part of ensuring patient

safety – the information provided may not change behaviour, but the library service is still contributing to quality patient care. One item of information sent to one individual may be shared with the team, with an impact much wider than one person's clinical decision making.

Discussion

Note in the discussion of the results that all measures are self-reported and that you are measuring the perceptions of library users rather than providing direct, and reliable, measures of patient care and other outcomes.

The discussion should relate your findings to previous evidence. You should provide answers to the following questions:

- Are these findings in line with previous surveys (e.g. are your findings for the question 'Will the information be shared with colleagues' within plus or minus 10% of similar studies conducted recently?)
- Are there any lessons to be learnt for future impact surveys that you, or other libraries might conduct?

Note and discuss any potential limitations and sources of bias within the study.

Conclusions

Explain what the key messages are for the impact of the library services and the information supplied.

Note how the impact of the services might be enhanced – are there any services that should be used more?

Bibliography

Appendices

1. **Questionnaire and invitation/information sheet (Appendix 1)**
2. **Interview Schedule (Appendix 2)**
3. **Consent Form for interview (Appendix 3)**

Appendix 1 Proposed questionnaire: Invitation and questionnaire sheet

Invitation for questionnaire survey/Information sheet (email)

Impact Study of Library Services on Patient Care

PART 1 Purpose of the study

The findings of the project will be used to help your health library assess the impact of its various services, including the provision of electronic information, on patient care. The results will help in the planning of improved services that should benefit you and your colleagues.

Part 2 Conduct of the study

We are carrying out an audit in [name] settings and including a variety of health staff users.

You have been chosen as a result of a random sample [or other mechanism] of staff at the site where you work.

The questionnaire should take less than 10 minutes to complete. Any direct quotes included in the report from your open-ended comments will be used very selectively and will be non-attributable. A full report and a summary of the audit findings tailored to your library will be available [name place, and time].

Your consent to help us in our audit is implied in you returning a completed questionnaire. A ready addressed envelope is provided for this. If you do not return a completed questionnaire we will understand that you do not wish to participate.

I look forward to hearing from you, within the next three weeks. If you have any further queries please get in touch with me.

Thank you for your co-operation. If you participate in the study you may take part in a prize draw [or other small incentive scheme] if you wish. [Ensure that name and address contact details for the prize draw or equivalent are handled separately from the rest of the study]

Name
Phone
email

Version April 08. Note that this is a sample letter for adaptation as appropriate to the library service.

Other

[]

Partly – information incomplete
Partly – time restraints/ will try again
Not at all

[]
[]
[]

TICK ALL RELEVANT BOXES OR WRITE A FULLER ANSWER UNDERNEATH EACH QUESTION

Grid of empty boxes for marking answers.

8. How might the information you obtained contribute now (or in the future) to your clinical decisions?

It may help – or did help- in...

- Choice of diagnostic test(s) []
- Choice of drug therapy(ies) []
- Confirmation of proposed drug therapy(ies) []
- Choice of non-drug therapy(ies) []
- Advice to patient/carer(s) []
- Advice to colleagues []
- Revision of clinical pathway or clinical guidelines []
- Minimisation of risks of treatment []
- Improved quality of life for patient and/or family []
- Legal or ethical issues []
- Changes to service delivery or practice []
- Other []

Grid of empty boxes for marking answers.

9. What are your opinions on aspects of information seeking?

- I prefer to do my own searching []
- I sometimes prefer to ask the librarian to search for me []
- I feel I am competent at searching electronic resources []
- I work with colleagues to search for information []
- When I need information I usually need it urgently []

Grid of empty boxes for marking answers.

10. Your comments on the contribution of the library service to this situation or to clinical decision-making in general would be appreciated. Please add any comments here.

Appendix 2 Proposed telephone interview schedule: Invitation and schedule

Invitation for interview/Information Sheet (email) (amended October 07)

IMPACT STUDY OF LIBRARY SERVICES ON PATIENT CARE

My name is and I am [give brief details of name, and post, and position in the audit team, also indicate your relationship to the library service being audited]. You have indicated that you are interested in receiving information about the interviews we are undertaking as part of our audit [optional, depending on route used to sample interviewees]

Please take time to read the following information carefully and get in touch with me if anything I have written below is unclear or if you would like more information. My contact details are at the end.

All the information about your participation in this study will be kept confidential (see Part 2).

PART 1 Purpose of the study

The findings of the project will be used to help your health library assess the impact of its various services, including the provision of electronic information, on patient care. The results will help in the planning of improved services that should benefit you and your colleagues.

Part 2 Conduct of the study

We are carrying out an audit in [name] settings and including a variety of health staff users.

You have been chosen as a result of a random sample [or other mechanism] of staff at [the site] where you work.

Participation in the study is voluntary, and you are free to withdraw from the study at any time. Withdrawal will have no effect on the library services you receive.

The interview should only take about 15 minutes of your time. Our conversation will be recorded, with your permission, otherwise I shall take written notes. We follow ethical and legal practice and all information about you will be handled in confidence. The information you provide will be kept securely, and for only as long as necessary for the analysis and reporting. The only other people with access to the interview data (the recording, notes, or analysis) are other members of the audit team [give brief details]. If you wish, you may see a copy of the transcript [or notes]. Any direct quotes included in the report will be used very selectively and will be non-attributable, and you have the right to refuse to have any quotes of yours included in the report. A full report and a summary of the audit findings tailored to your library will be available [name place, and time].

Our conversation will follow the accompanying interview schedule though you can raise other issues if you wish to do so.

If you wish to be interviewed please sign the consent form and return it to me. My address and contact details are on the sheet. I can then contact you to arrange a day and time convenient to you for us to talk.

I look forward to hearing from you, within the next two weeks [or agreed time period].

Thank you for your co-operation. If you participate in the study you may take part in a prize draw [or other small incentive scheme] if you wish. [Ensure that name and address contact details for the prize draw or equivalent are handled separately from the rest of the study]

Name
Phone
email

Version April 08. Note that this is a sample invitation for adaptation as appropriate to the library service.

1. Why did you need this information?
Interviewer prompt: *topic? Reason for search?*
2. Where did you carry out the search?
Interviewer prompt: *Library, office, home, other*
3. Where did you look, and who did you ask?
Interviewer prompt: *What sources or services? Websites? Sources/Resources not in library?*
4. What information did you find?
Interviewer prompt: *Was that what you were expecting to find? What were you expecting to find? Any problems?*
5. How would you, or did you assess the accuracy of the information?
Interviewer prompt: *confirming prior suspicions, confidence placed in information*
6. Did the information help in making a) an immediate decision; and/or b) would it help with future decisions?
Interviewer prompt: *soon, immediately, in the future?*
7. When did you call a halt to the searching?
Interviewer prompt: *Completed the search? Find the information you wanted, still looking? Success rate?*
8. Did you –or will you – share the information with others?
Interviewer prompt: *Colleague, patient, other*
9. How did, or how might the information contribute to improved quality and safety of patient care? Any impact on the costs of patient care?
Interviewer prompt (select appropriate prompt)
 - **diagnosis** (e.g. avoiding additional tests, or referral)
 - **therapy** (e.g. confirming that selected therapy was safe, cost-effective, risks avoided)
 - **legal/ethical** (e.g. avoiding possible problems with negligence, ensuring quality of care for patients and carers)
 - **patient care pathway** (e.g. ensuring that time costs minimized for patients and staff)
10. Do you usually do your own searching for information?
Interviewer prompt : *Do you sometimes/always ask the librarian/other, if so why?*
11. What are your perceptions of the contribution of the library service to this search?
Interviewer prompt: *Are there any changes you would like to see which would suit you?*

NB The schedule may be sent to participants with or without the interviewer prompts.
Version April 08.

Appendix 3. Consent form

IMPACT STUDY OF LIBRARY SERVICES ON PATIENT CARE

Name of Interviewer:

Project authority

This project is being undertaken on behalf of [name supporter/funded]

- | | Please tick box |
|---|------------------------|
| 1. I confirm that I have read and understand the information sheet dated..... (version.....) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | [] |
| 2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights being affected. | [] |
| 3a. I agree to the interview being recorded | [] |
| 3b. I agree to having notes taken of the interview | [] |
| 4. I understand that data collected about me may be looked at by other members of the audit team. I give permission for these individuals to have access to the data collected about me. | [] |
| 5a. I understand that I may ask for a copy of the transcript or notes, and that I may request that no direct quotes of mine be used in the report | [] |
| 5b. I agree to the use of selective anonymised direct quotes of mine in the report | [] |
| 6. I agree to take part in the above study. | [] |

Name of Participant	Date	Signature
Name of Interviewer or person taking consent	Date	Signature

Please return to:

(give details) N.B, One copy for the individual, one copy for the audit team

Version April 08

¹ Brace, I. Questionnaire design: How to plan, structure and write survey material for effective market research. London: Kogan Page 2004

² Association of Research Libraries. About LibQUAL+™. Available from: URL: <http://www.libqual.org/About/index.cfm> (accessed 12 August 2008)

³ Response from NRES queries line on 17 October 2007.

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