National Core Content collection April 2019-March 2022

I am pleased to inform you of the outcome of the process to procure a National Core Content (NCC) collection for three years from April 2019. The resources that will be included are:

Bibliographic databases

	Provider	
AMED	Wolters Kluwer	
British Nursing Index	ProQuest	
CINAHL	EBSCO	
Embase	Wolters Kluwer	
Emcare	Wolters Kluwer	*New*
HMIC	Wolters Kluwer	
Medline	ProQuest	
Medline	Wolters Kluwer	*New*
PsycINFO	ProQuest	

Users will be able to search the bibliographic databases in HDAS and via the Provider's native interfaces (the ProQuest native interface as well as the Dialog platform for British Nursing Index, Medline and PsycINFO; the Wolters Kluwer interface for AMED, Embase, Emcare, HMIC, and Medline). Note that the ProQuest version of Medline will continue to be used in HDAS.

Full text resources

	Provider	
BMJ & the BMJ Journals Collection	BMJ	*Journal titles as at present (see here)*
Health Research Premium Collection	ProQuest	*Formerly Hospital Premium Collection*
Medline with Full Text	ProQuest	
PsycARTICLES	ProQuest	
Psychology & Behavioral Sciences Collection	EBSCO	*New*

We will also continue to provide access to backfiles of JAMA and selected AMA Archives titles, as at present (see here).

Decommissioned resources

To achieve the maximum breadth of content within the fixed budget available, EBSCO's CINAHL Plus with Full Text, Health Business Elite and Medline will be decommissioned.

Note that the decommissioning of CINAHL Plus Full Text will mean the loss from the national collection of the three remaining Mark Allen nursing journals – the British Journal of Nursing, the British Journal of Midwifery and the British Journal of Community Nursing.

I'd like to thank everyone involved in the procurement process, in particular the team at NICE and the HEE and Trust-based librarians on the Content Group, but also all those across the health library network who were involved in testing the database interfaces and/or who responded to the surveys earlier in the year which informed our decision-making.

We are continuing to explore options to increase the resources provided through central and collaborative procurement, to improve return on investment, equity of access and reduce time currently spent on duplicated local procurement.