

NHS Executive North West

**North West Health Library and
Information Services Review**

Version 1.0

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This study has been carried out for the NHS Executive North West Regional Office by a team from Secta Consulting and the Nuffield Institute for Health/Leeds University Library.

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1 Introduction

1.1 About this document

- 1.1.1 This document represents the final report from a study into the library and health information services within the North West Region of the NHS in England.
- 1.1.2 It is intended primarily as a document to inform the Project Steering Group, and to act as the basis for subsequent implementation of the strategy, however it is recognised that there will be other audiences elsewhere within the NHS in the UK.

1.2 Terms of Reference

- 1.2.1 The Terms of Reference for the assignment were described as:

“to review the current situation for the purposes of:-

- **education and training** - to consider the needs of both basic and undergraduate education and continuing professional development. Looking at access to information sources and libraries for those both undertaking and delivering education;
- **research and development** - to consider the needs of both existing researchers and those working in areas in which it has been decided to encourage an R&D culture, including consideration of access to information with which to evaluate existing practice; and
- **patient care** - to consider whether staff have access to information to assist them in determining the right treatment for the right patient at the right time."

- 1.2.2 The detailed terms of reference are given in Appendix A.

1.3 Policy Background

- 1.3.1 On the 9th December 1997 the government launched its new White Paper on health - *The New NHS*. This set out six key principles underlying the proposed changes to the NHS including
- a) Renewing the NHS as a **national** service;
 - b) Making the delivery of health care against **national standards** a matter of **local responsibility**;
 - c) Getting the NHS to **work in partnership** breaking down organisational barriers;
 - d) Driving efficiency by a **more rigorous approach to performance** and by cutting bureaucracy;
 - e) Focusing on quality of care so that **excellence becomes the norm**; and
 - f) **Rebuilding public confidence** in the NHS as a public service.

- 1.3.2 Health Authorities will be responsible for developing primary care groups that will bring together GPs, community nurses and other community-based staff to work together to improve the health of local people through commissioning of services and through the better co-ordination of primary and community services. In addition Health Authorities will have a statutory duty of partnership placed on them and on other local NHS bodies to work together for the common good.
- 1.3.3 Health Authorities will also be tasked with providing strategic leadership with specific lead responsibility for drawing up Health Improvement Programmes, bringing together the NHS, local authorities and other important agencies to secure improvements in health and health care.
- 1.3.4 Quality is also a key theme of the White Paper and there are two new areas for action -
- a) national standards and guidelines which will be delivered through new national service frameworks promoting consistent access to high quality care across the country;
 - b) a National Institute for Clinical Excellence that will bring together work on clinical guidelines and clinical audit.
- 1.3.5 There will also be local initiatives and explicit service standards set out in local service agreements between health authorities, primary care groups, and NHS Trusts reflecting national standards and targets.
- 1.3.6 Although much of *The New NHS* is rightly concerned with improving direct patient care, it is relevant to the outcome of this study in several ways. As well as the key role in which access to up-to-date information and knowledge bases can have for clinicians involved with the direct delivery of patient care, there are strong themes around partnership and collaboration, of making maximum effective and efficient use of resources, and of taking a longer-term strategic approach to planning. The White Paper also sets out visions of the ways in which information technology might be used to help achieve its objectives, including the inter-connection of general practices and hospitals, providing an infrastructure across which information and knowledge can travel.
- 1.3.7 The report has been completed following publication of the White Paper, and seeks to frame its recommendations in the light of the key principles set out in *The New NHS*.
- 1.3.8 Since the White Paper, the NHS Executive has published a consultation document on its proposals for a new performance assessment framework.¹ This describes the way in which future performance assessment will be undertaken along a range of dimensions, measuring performance in terms of health improvement, access, delivery of appropriate healthcare, patient/carer experience and health outcomes of NHS care as well as efficiency.
- 1.3.9 Furthermore most recently the Green Paper *Our Healthier Nation* has been published. Although it has not been possible to undertake a detailed assessment of the

¹ The new NHS : A National Framework for Assessing Performance, January 1998

contents of *Our Healthier Nation* in relation to this document, the Green Paper continues the themes set out in *The New NHS*, of encouraging greater collaboration and co-operation between NHS agencies, and between NHS and non-NHS organisations.

1.3.10 Concerns around the role and status of libraries within the NHS led to the publication, in November 1997, of the Health Service Guideline HSG(97)47. (See Appendix B for details)

1.3.11 The HSG acknowledges past problems including:

- a) the lack of a national policy for library and information services or clear national links to R&D, Education and Training, or IM&T strategies;
- b) complex funding arrangements whereby Trust libraries receive funding from multiple sources and funding streams for libraries can be difficult to identify;
- c) uncertainty about capital funding for developing library and information services;
- d) a legacy of libraries established to serve separate professional groups;
- e) uncertainty about the range of staff groups which library services are funded to support, which can lead to inadequate services for nursing and other non-medical professional staff and community-based staff; and
- f) the transfer of nursing and midwifery education into Higher Education and the consequent closure or absorption of College of Health Libraries.

1.3.12 HSG 97(47) set out a number of key principles in relation to the development of library services including:

- a) **Access** - NHS libraries should be multi-disciplinary and meet the needs of all staff groups. NHS Trusts and Health Authorities have a responsibility as good employers, and as providers and commissioners of high quality evidence based care, to ensure that all staff have access to the information needed to carry out their work effectively. Access policies should also consider the information needs of contractors, those undertaking career breaks and others.
- b) **Resources** - resources required to support an effective library service will vary according to local needs but will include a mix of professional and clerical library staff, an appropriate range of books and journals, electronic information resources, computers and networks.
- a) **Funding** - the need for better co-ordination of funding streams for library services and greater clarity about the purposes and staff groups for which different funding streams are provided. The HSG proposed that access to library services should be free at the point of use although charges may be levied for certain services.

- b) **Region-wide co-ordination** - There should be Regionwide co-ordination of library services based on the key national principles of equity of access for all groups of staff, a multi-disciplinary approach to library provision and transparency in library funding. Regional Library Advisers will have a key role to play in this and in supporting NHS Trusts and HAs in developing local strategies encouraging co-operation and value for money services via partnerships, contracts and service level agreements.

1.4 The local context

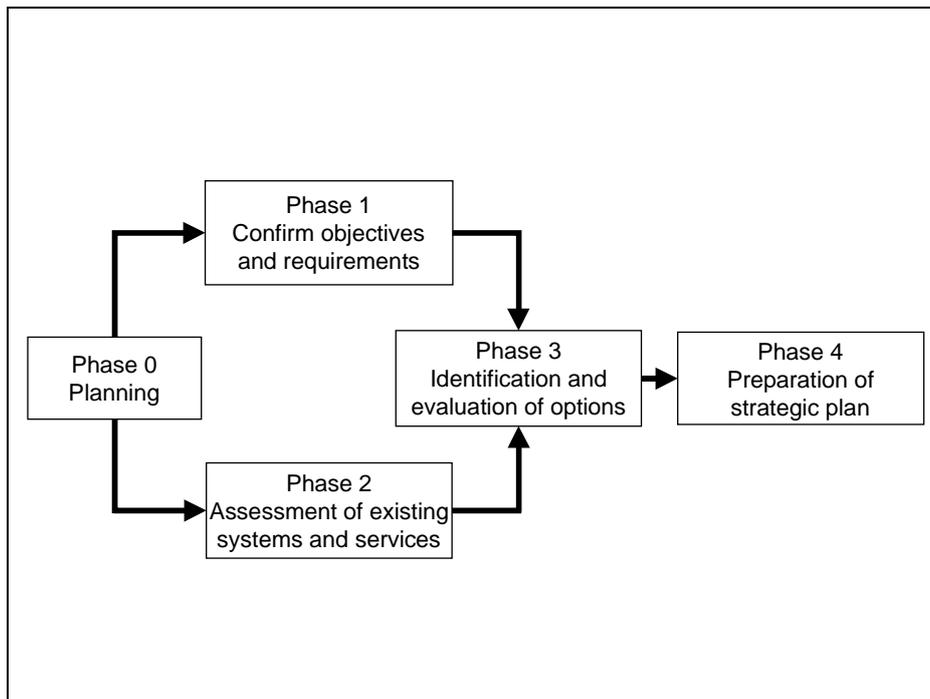
- 1.4.1 In order to help the NHS in the North West achieve the aims and principles as set out in the HSG, this review has sought to build on the national policy direction, and is designed to provide a framework within which these actions can be taken forwards in the Region. The recommendations seek to ensure that action to develop library and health information services is a collaborative process, and fits into the requirement for multi-agency Health Improvement Programmes, ensuring that the NHS workforce has ready access to evidence in support of their work.
- 1.4.2 Having said that, it can only be through local plans and the implementation of those plans that detailed expression can be given to the aims and objectives set out within HSG 97(47) and the Regional framework and changes be made to improve the position of the library services in *The New NHS*.

2 Study process

2.1 Introduction

2.1.1 This section briefly records the process of this strategy study that was undertaken in five phases as shown in Figure 1, and described below.

Figure 1 - Study phases



2.1.2 The study team would like to acknowledge the essential input and assistance of all those staff from within the libraries, in general practices, in Trusts and Health Authorities and in training and education establishments who have contributed in some form to this study. The enthusiasm and interest expressed was remarkable and most encouraging.

2.1.3 An overview of the process is given below, and further details are contained in Appendix C.

2.2 Phase 0

2.2.1 The study started with a short planning phase, agreeing the process and setting target milestones.

2.3 Phases 1 and 2

2.3.1 These two phases went forward in parallel. A range of methods were used to collect information from the various groups, as illustrated in Figure 2.

2.3.2 As part of Phases 1 and 2, a number of questionnaire surveys were undertaken. These included:

- a survey of information service providers;
- a survey of medical staff;
- a survey of nursing staff; and
- survey of staff involved in the development and implementation of care pathways.

2.3.3 As well as the surveys, a number of people were interviewed on a one-to-one basis. Appendix J lists those individuals who were consulted in the course of this study.

2.3.4 Finally, in order to assess the position in the North West Region against other developments, elsewhere within the NHS, in the UK generally and internationally, desk research was undertaken to identify other sources of good practice.

Figure 2 - Data collection methods

	Group	Data collection methods
Service users	Education and training	Postgraduate medical staff through interviews with Deaneries and sample of clinical tutors Postgraduate medical staff through survey of library use in selected Trusts Nursing and other clinical professions through interviews with the education and training providers (not their libraries), plus sample surveys of student views, both pre and post-registration. Interviews with University liaison officers in Liverpool and Manchester
	Direct patient care	Interviews with individuals. Meetings with selected MAAGs. Discussions with individuals in Trusts over use of pathways Meetings with Care Pathways Groups
	Research & Development	Individual meetings with team members from a sample of R&D projects
Service Providers	Librarians	Survey of all libraries. Interviews with 25 librarians. Two Region-wide workshops
	Others	Desk research and telephone contact with other Regions

2.4 Phases 3 and 4

2.4.1 Phase 3 involved identifying options for addressing the gaps and weaknesses identified in the first two phases, and for further investment in, and reconfiguration of, services to achieve improved efficiency and effectiveness. Two broad types of options were considered:

- technical options, including additional investment in communications or other IT infrastructure; and
- service organisation and configuration options, involving alternative management arrangements, training, the use of external agencies and different forms of user support.

2.4.2 The evaluation has been undertaken by the Project Team, and in discussion with members of the Project Steering Group.

2.4.3 The assessment criteria for the options covered:

- acceptability and organisational feasibility, particularly where the option requires wider or different forms of collaboration, or use of external agencies;
- technical feasibility;
- costs;
- efficiency and productivity benefits;
- effectiveness benefits; and,
- quality benefits.

2.4.4 The final phase of work involved the documentation of the recommended options and development of a strategy plan, and is represented by this document.

3 Review Findings

3.1 Introduction

- 3.1.1 This section summarises the main findings of the review. It covers firstly an assessment of the current position at national, Regional and local levels, and brings out the views expressed by the current library service providers, including reference to access and eligibility, and the use of electronic networks.
- 3.1.2 It then goes on to consider the existing funding arrangements and how that money is spent in respect of non-staff expenditure, the current arrangement for management of library services, and finally the results of the discussions with the research & development community.

3.2 Current library services

National Context

- 3.2.1 Concerns about the provision of effective library and information services have been around for some time. These concerns were the object of the Cumberlege seminars in 1991 and 1992, two seminars jointly organised by the British Library, Department of Health and the Regional Librarians' Group to raise awareness of the need to manage the nation's health information resources more effectively (Feeney, 1994). Chaired by Baroness Cumberlege, the seminars resulted in a set of strategic objectives:
- a) to improve the quality of the knowledge base and its co-ordination
 - b) to ensure that the knowledge base is disseminated widely using the new information technologies
 - c) to improve local organisation and transmission of the knowledge base
 - d) to identify, promote and disseminate good local practice
- 3.2.2 These objectives are being taken forward nationally by the NHS R&D Information Strategy and by the appointment of a NHS Libraries Adviser to the NHS Executive. More recently the issue of HSG(97)47 has put forward requirements for the development of library services for the new NHS. This constitutes the first guidance on NHS libraries from the Department of Health since a 1970 circular on the provision of libraries in hospitals.
- 3.2.3 Historically, and in the absence of national guidelines, library services in the NHS focused on the needs of doctors. Postgraduate medical education centre libraries were developed for use by doctors only; nurses and other health professionals were usually not allowed access. Although this practice has now largely disappeared issues of access remain; in the North West there are still examples of library regulations which do not include nurses as eligible users, or which require health professionals other than doctors to make an appointment with the librarian in order to visit the library. Where nurses do have access this may be on a reference only basis and security codes or cards for out-of-hours access are frequently made available to doctors only.

- 3.2.4 Nurses working in hospitals with a school of nursing could often access the school's library. The transfer of nurse education into higher education has led to particular problems as academic institutions providing library facilities on hospital sites for their own students are not prepared to provide services to NHS staff without the appropriate funding.
- 3.2.5 The impact on the provision of library and information support to trained nurses is now a subject of national concern. As a recent LINC Health Panel report concludes, the consequences of transferring the libraries of schools of nursing into higher education were not considered when the changes were introduced, nor were they addressed in the contracts between higher education institutions and the former Regional Health Authorities (Capel, 1997; Nursing Standard, 1997). Regions with established regional library units are beginning to address the problem through negotiation and service level agreement with the higher education institutions involved, building on existing PGME library provision (Godbolt, 1997).
- 3.2.6 In the North West it is known that a number of educational providers continue to provide services to NHS staff on a grace and favour basis pending the outcome of this review. Where for one reason or another agreement on the provision and funding of services has not been reached services to NHS staff would otherwise be withdrawn.
- 3.2.7 Eligibility to use a library does not guarantee the appropriateness of the resources to need. Where PGME libraries have not been given additional funds to develop the library's non-medical collections, the purchasing of resources for nurses, paramedical staff and NHS managers has understandably been limited. This also highlights a potential issue in securing NHS staff access to University managed libraries on NHS sites. It is not sufficient to pay for staff access to student libraries. Contracts for the provision of services to NHS staff must ensure the development of services and sources appropriate to the needs of trained staff.
- 3.2.8 Primary care practitioners, aside from GPs with access to PGME libraries, have particular problems accessing library and information services. Where general practices do have libraries they are often medically orientated and not appropriate to the needs of, for example, community nurses. The role of primary care in the NHS of the future and the primary care practitioner's role in commissioning health care requires accessible information services, as detailed in the attached specification for the proposed primary care evidence centres. (See Appendix F)
- 3.2.9 A further issue in the development of NHS library services is the promotion of the skills required by librarians to support evidence-based health care in an increasingly electronic environment. The need to update the skills of NHS librarians is recognised in most regions, in particular Anglia and Oxford with the "Librarian of the 21st Century" programme (Palmer, 1997).

NHS Regional position

- 3.2.10 HSG(97)47 issued in November 1997 advocates regional co-ordination of library and information services with a strong recommendation for Regional Library Adviser posts.

- 3.2.11 In many regions the postgraduate medical deans have appointed library advisers or contracted with University medical libraries to provide professional advice on the funding and development of PGME libraries in the region. The regional co-ordination of PGME libraries is therefore well established in many, but not all, NHS regions.
- 3.2.12 When Regional Health Authorities merged and became NHS Executive Regional Offices the library advisers to the deaneries remained. Some Regions have more than one library adviser (Trent, for example, has three). In others the formal co-ordination of PGME libraries extends only as far as the geographical boundaries of the deaneries with a library advice function, as has been the case in the North West.
- 3.2.13 As the need to introduce a regional approach to library and information services arose essentially out of the need to manage PGME library funding from the MADEL budget, co-ordination has not extended to other NHS libraries. In most Regions health librarians, including those from health authority, nursing, academic and independent libraries, have formed regional associations for professional development and resource sharing (e.g. union lists of journal holdings), but scope for standard setting and budget comparison, for example, is limited.
- 3.2.14 Five of the eight NHS Regions now have, or are working toward, region-wide co-ordination of library and information services.
- 3.2.15 *North Thames Region* and *South Thames Region* have well established Regional Library and Information Units (RLIU), each with responsibility for managing the PGME libraries budget on behalf of the regional Dean/Directors (in South Thames PGME library service contracts are handled by the RLIU). They have regional librarians reporting to the Director of Education and Training (N Thames) and the Dean/Director (S Thames). The underlying philosophy of each regional service is multi-disciplinary service provision to a multi-disciplinary clientele
- 3.2.16 The South Thames RLIU advisory role extends to the commissioning authorities. Each also advises the educational purchasing consortia on the purchasing of library services for non-medical education and training.
- 3.2.17 The benefits of the regional approach are strategic and co-ordinated development of services, for example in the assessment of services against regionally agreed standards, and the development of tools to support resource sharing. Both Regions support Region-wide databases of library holdings.
- 3.2.18 The continuing professional development of librarians is important to ensure effective service delivery. The *Anglia and Oxford Region* is known for its innovative approaches to the continuing professional education and training needs of NHS librarians in the region and the development of information services to primary care practitioners.
- 3.2.19 Anglia and Oxford's 'Librarian of the 21st Century' development programme was the forerunner to similar projects in other regions, such as Project Connect in North Thames. Anglia and Oxford's Health Care Libraries Unit (HCLU) is funded by the Oxford deanery and is based at the University of Oxford. The unit's remit does not

extend to the east of the region although professional leadership is extended through the regional Health Libraries and Information Network (HELIN).

- 3.2.20 PRISE (Primary Care Sharing the Evidence) and PRIMA (Primary Care Information Management Across Anglia) are two regionally funded HCLU projects that aim to improve access to information sources for primary care workers across the region and provide them with the skills to access information provided electronically. PRIMA in particular is investigating new ways of information delivery to primary care involving practice-based electronic access to remote sources in a joint venture with the University of East Anglia.
- 3.2.21 Although providing a particularly successful example of University based professional leadership and professional advice to PGME libraries, the post of library adviser to the Postgraduate Dean is a continuation of the arrangements in the Oxford Regional Health Authority pre RHA merger. The adviser has a much reduced remit in the east of the region, highlighting the issues associated with varying arrangements for the professional input to PGME libraries – and the consequent variations in the quality of services delivered – within regions.
- 3.2.22 Northern and Yorkshire, West Midlands and South and West have all appointed regional library advisers in the last few months.
- 3.2.23 Establishing the post in *Northern and Yorkshire Region* was one of the outcomes of an information needs assessment conducted on behalf of the R&D Directorate (NHSE Northern and Yorkshire, 1997).
- 3.2.24 The post and the regional library unit now in development is an example of a joint stakeholder approach with funding from the postgraduate deaneries, regional education and training (NMET), R&D and public health. In adopting this approach the Region sought to strengthen the unifying basis of the regional library function ‘to avoid gaps and duplication of services’.
- 3.2.25 The information needs assessment study was based on a postal survey of 1500 NHS staff in acute and community care trusts, general practices and health authorities, plus academic staff in the regional Universities. Overall the study ‘reveals variable but generally low levels of knowledge about and use of R&D information among health and research professionals in the Northern and Yorkshire Region’.
- 3.2.26 The survey achieved a 41.5% response rate. On the assumption that the responses received were more likely to be from individuals with an interest in R&D generally, the report suggests that even the above conclusion is an optimistic view of the situation.
- 3.2.27 The survey indicated very low awareness of R&D information sources, although this is to some extent explained by timing as the study was conducted early in the development of national R&D information sources like the Cochrane and NHS CRD databases as national R&D information sources.
- 3.2.28 The survey also asked about library access and use. The key points here are that 33% of all respondents never used a library in relation to R&D and 31% used a library only once a year; 33% of nurses and 49% of PAMS never used a library in relation to R&D

and 31% of nurses and 35% of PAMS used a library only once in the preceding year (Library and Information Services Standing Group, 1997).

- 3.2.29 The Northern and Yorkshire Regional Library Advisory Service will eventually consist of a director, one or two assistant directors and administrative support.
- 3.2.30 **West Midlands Region** have recently appointed a regional librarian to co-ordinate library and information services to all NHS staff, with a particular focus on postgraduate medical education and evidence-based medicine. The post is funded through PGME and the Evidence-supported Medicine Union (EMU), a regionally funded unit set up to support the development of evidence-based practice in the region.
- 3.2.31 A recent review of NHS libraries in the **South and West Region** recommended that education purchasing consortia should be responsible for the commissioning of library services for NHS staff (NHSE South and West, 1997). The report explores the 'holdings vs. access' debate engaging libraries in a time of declining budgets and the growth of information technology, and recommends a 'hub and spoke' model for the delivery of NHS library services in the region. In this model the 'hub' libraries, which may be NHS or University based, would hold comprehensive collections of books, journals and electronic materials. The spoke libraries would not duplicate these collections but would access them when required, where possible by electronic means.
- 3.2.32 A post has been established to work with Education Consortia on commissioning library and information services as responsibility for commissioning library services is transferred to them.
- 3.2.33 The main drawback of this approach is that R&D and those delivering NHS services are not brought into the commissioning process. The provision of library and information services focuses on the needs of those undergoing continuing education with relatively little consideration of the information needs of an evidence-based service.
- 3.2.34 In a report on MADEL funded libraries in **Trent Region** by the postgraduate medical library advisers the authors recommend a move toward multi-disciplinary library provision with cross-sectoral MADEL, R&D, SIFT, NMET and Trust funding (Coggins, 1997). A funding formula is proposed in which MADEL funding would constitute 50% of the total.
- 3.2.35 PGME libraries in **Scotland** are managed and funded through the Universities. The Scottish Council on Postgraduate Medical Education is currently conducting a review of PGME library provision. **Wales** has a well-established regional PGME libraries function based at the University College of Wales.
- 3.2.36 A report on R&D information dissemination in **Northern Ireland** recommended the establishment of a central research and development information unit and the training of health care librarians to support evidence-based health care information needs (British Library Consultancy Services, 1997).

3.2.37 In establishing regional posts one issue is the relationship of that post to existing PGME library adviser positions. There is the potential for duplication of effort and conflict of interest where the relationship and lines of accountability between the two are not made clear.

Local position

3.2.38 Based on our understanding gained through this review, there are 64 NHS funded libraries in the North West: 46 are PGME funded (but only three are based in community Trusts), 11 are Health Authority libraries (1 joint with the regionally funded NHS Executive North West Information Service), 2 are Regional Office libraries and 6 are other NHS-funded libraries, for example the Stroke Association Therapy and Research Unit library at Hope Hospital.

3.2.39 In addition there are 15 hospital-based nursing libraries which are now part of the higher education sector. Three of these are joint nursing/PGME libraries.

Figure 3 - Library sites by former RHA

	Mersey	North West	Total
PGME	20	26	46
HA	5	7	12
Other NHS	2	4	6
Nursing (HE)	4	11	15
Total	31	48	79

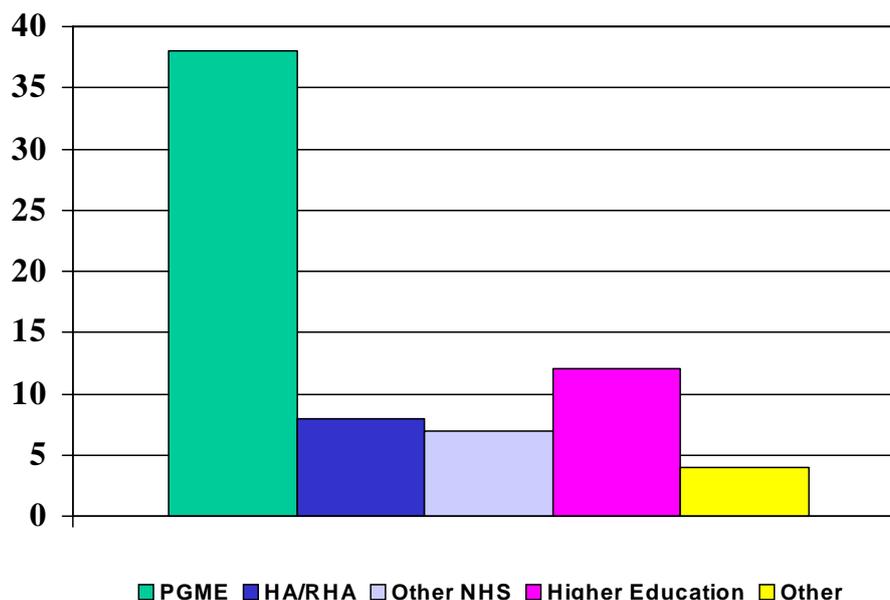
3.2.40 There are a further 4 health libraries in independent/nationally funded units: the Liverpool Medical Institution, the Glaxo Neurological Centre, the Liverpool Marie Curie Centre and the National Primary Care R&D Centre at the University of Manchester.

3.3 The local service providers perspective

3.3.1 As part of the fact-finding process, 99 questionnaires were issued to NHS, academic and independent health libraries and specialist information centres (e.g. statistical support units). A total of 68 responses were received as follows:

- a) PGME libraries 40
- b) HA/RHA 8
- c) Other NHS 6
- d) Higher education 10 (7 institutions)
- e) Other² 4

² 'Other' included independent organisations and University based specialist information units.

Figure 4 - Questionnaire responses

3.3.2 Of the 31 missing returns:

- a) 6 were included with the University of Central Lancashire return;
- b) 4 were included with the University of Manchester return;
- c) 4 PGME libraries returned 2 joint responses;
- d) 5 specialist units made no return, 3 commenting that they did not have a library in the unit;
- e) 5 academic libraries (the University of Salford (including 3 college libraries) and the University of Keele Health Economics Support Unit) made no return;
- f) 8 NHS libraries (4 PGME, 2 HA, 1 health promotion unit, 1 community trust) made no return; and
- g) 1 nursing (higher education) library made no return

3.3.3 Whilst the University of Manchester and the University of Central Lancashire made joint returns for their main and site libraries, 3 separate responses were received from University College Chester. This has a slight effect on the overall weightings, but does not effect findings in respect of NHS libraries.

Staff and management arrangements

3.3.4 Section A of the questionnaire asked for details about the respondent's post and reporting arrangements. Most positions carry the title of Librarian and 75% of NHS librarians hold a first/higher degree in librarianship. Of the 48 PGME and HA

librarians, 10 are graded A&C 4 or lower. Six of the seven PGME librarians graded 4 or lower are located in the former Mersey region.

- 3.3.5 31 PGME librarians report to the Postgraduate/Clinical Tutor; the nine librarians reporting to the PGME centre managers are all based in the former Mersey region. HA librarians are located in a variety of departments with different reporting arrangements.
- 3.3.6 Thirty-five NHS libraries have a library user group and eight Postgraduate Medical Education Committees include library issues in their remit.
- 3.3.7 Section B asked about staffing levels. It is possible some respondents included themselves in these totals where others did not. Whole-time equivalents were requested but not always provided.
- 3.3.8 Staffing ranges from 1.0 WTE to 3.5 WTE in a larger hospital. On average 1.3 WTE are qualified in librarianship/information science.

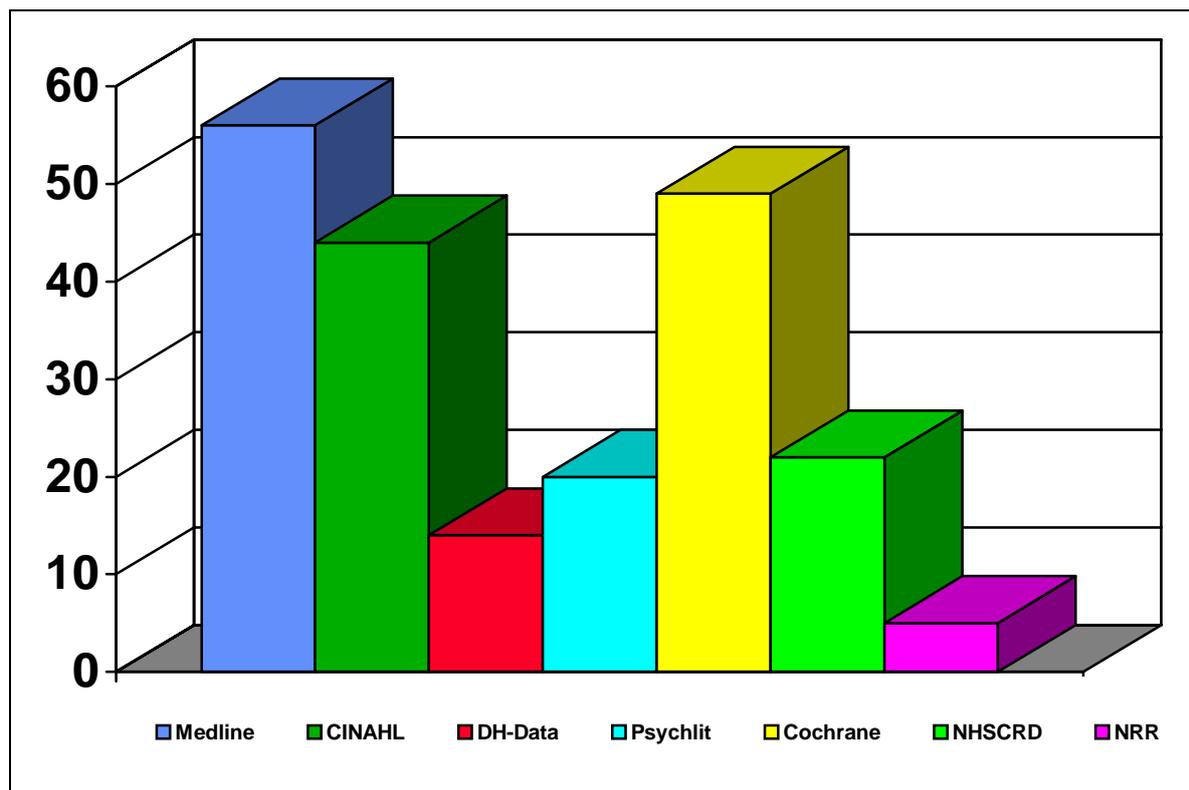
Available resources

- 3.3.9 Respondents were asked about information resources held in the library and electronic resources to which they have access.
- 3.3.10 The average number of journal subscriptions is 86, although holdings vary considerably from library to library. The average number of books held is 3550. Statistics from the NHS Regional Librarians' Group for 1995/96 indicate lower than average journal subscriptions per library in the North West (East)³ compared with other regions and higher than average bookstock per user.
- 3.3.11 19 of the 69 libraries hold internally produced reports from their own organisation and 19 hold reports of other organisations ('grey literature'). 12 hold Department of Health/NHS Executive circulars.
- 3.3.12 The questionnaire asked about the number of CDROMS held in the library. A more accurate figure would have been obtained if respondents had been asked for the number of CDROM titles held, as it appears some have given the total physical resource. There is also a lack of correlation between CDROMs held and databases used on CDROM.
- 3.3.13 Whilst 65 of the 69 respondents (and almost all PGME and HA libraries) hold Medline (8 online), only 48 (39 NHS libraries, 9 academic/independent libraries) hold the Cochrane databases and 21 hold the NHS Centre for Reviews and Dissemination databases (available on CD as part of the Cochrane Library).
- 3.3.14 Forty-four respondents hold CINAHL (Cumulative Index to Nursing and Allied Health Literature) database (5 online), twenty hold Psychlit (8 online) and fourteen hold DH-Data. Only 5 hold the National Research Register (NRR).

³ The former Mersey Region made no regional return in 1995/96.

- 3.3.15 The limited availability of the Cochrane Library and NRR is matched by the low use of these resources by NHS staff in the region generally (as indicated in the survey of R&D staff in the North West).
- 3.3.16 Average expenditure on electronic resources is lower in the North West than in many other regions (Barton, 1997). Within the region expenditure also varies considerably. One health authority library has no funding for electronic resources; their subscription to Medline was cancelled as 'too expensive'.

Figure 5 - Availability of databases



Accreditation

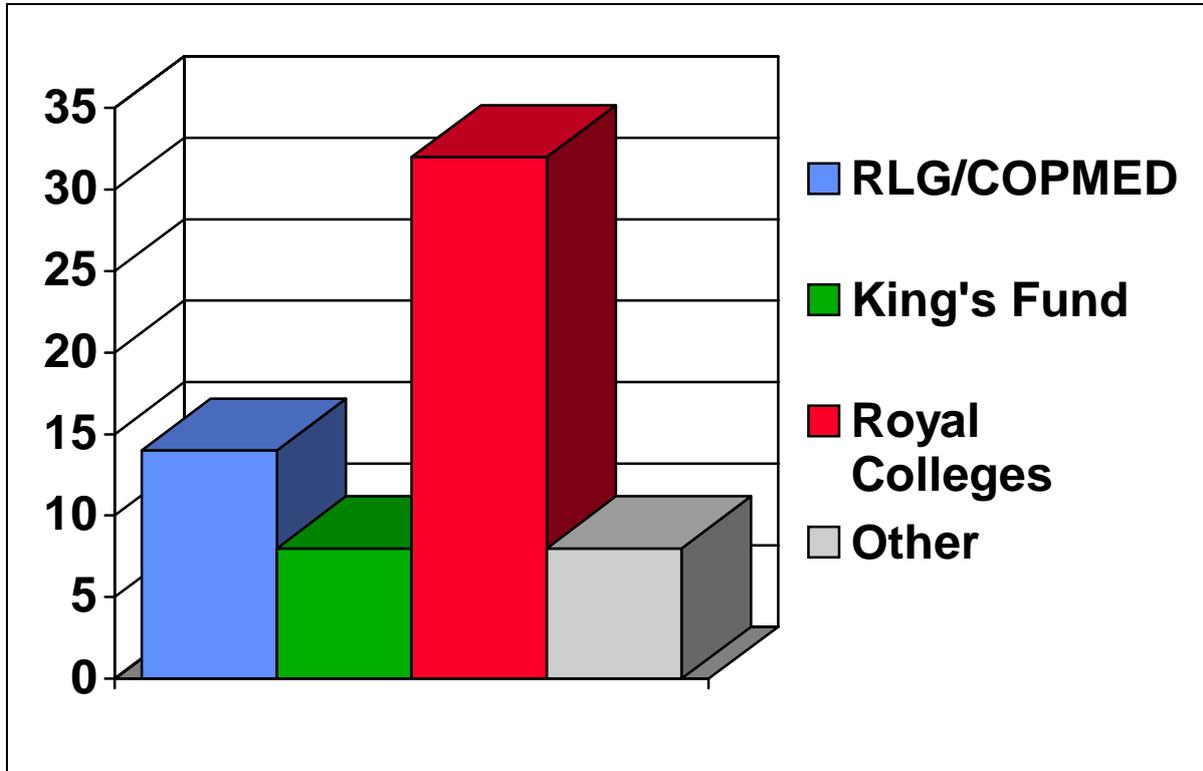
- 3.3.17 Question C8 asked about involvement in accreditation activities
- 3.3.18 PGME libraries assessed by the RLG/COPMED accreditation scheme are located in the former North Western region, where the PG Libraries Adviser is conducting a rolling programme of assessment visits. One library has conducted a self-assessment using the Value toolkit (Urquhart,1995).
- 3.3.19 Figures given include academic libraries which are assessed under the University sector Subject Review.

Out-of-hours service

- 3.3.20 The survey asked about library opening hours and access arrangements out-of-hours. Only six NHS funded libraries remain open after 6pm each weekday and a further

seven are open after 6pm for at least one or two days a week. Three NHS libraries open Saturday mornings.

Figure 6 - Accreditations



3.3.21 37 NHS libraries are available out-of-hours, with users gaining access by digital code, swipecard or key. Nine of the 37 permit out-of-hours access to medical staff only. 14 PGME libraries cannot be accessed outside normal working hours; 2 permit access to a study room rather than to the main collection.

Collection coverage

3.3.22 Respondents were asked about the subjects covered by their library collection. Figure 7 and Figure 8 illustrate the responses.

Figure 7 - PGME libraries (40 returns)

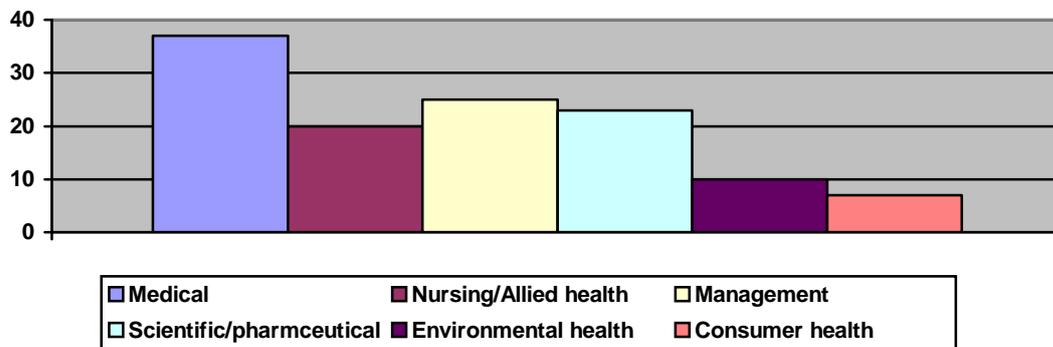
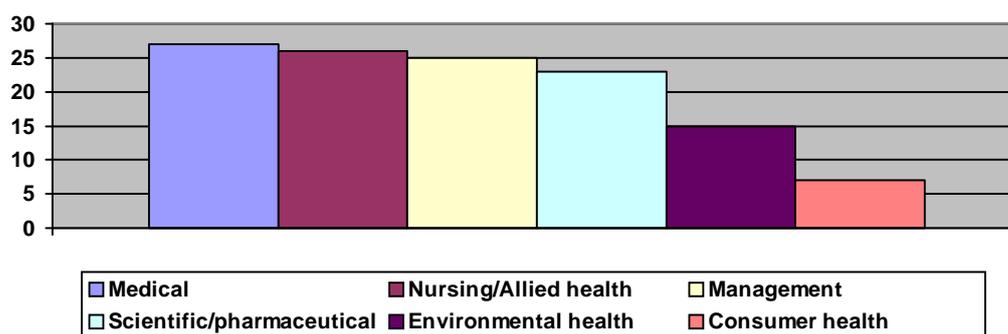


Figure 8 - Other NHS, academic and independent libraries (28 returns)

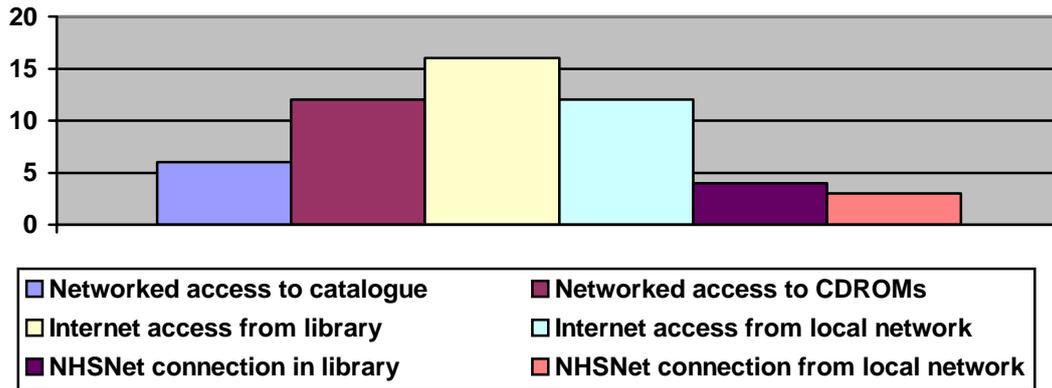
- 3.3.23 The high level of nursing/allied health coverage in the ‘other’ libraries category is of particular interest. Much of this is in the academic sector and results from the transfer of nurse education into higher education (the figures would also have been higher had the Universities of Manchester and Central Lancashire made individual returns for their hospital-based nursing libraries). When these resources were held in school of nursing libraries, trained nurses could usually access the collections; as part of University library services trained nurses no longer have automatic access rights.
- 3.3.24 The survey also asked about particular strengths of the collection. A number of medical/surgical subjects were noted by the PGME libraries, for example paediatrics, anaesthesia, obstetrics and gynaecology. Only three noted general practice and mental health as particular strengths.
- 3.3.25 Only the HA/RO libraries list evidence-based health care, primary care or public health amongst their subjects covered.
- 3.3.26 The North West Region is particularly active in terms of inter-library document supply. Out of some 60,000 documents (photocopied articles) supplied to NHS libraries in the region, 40,000 were supplied within region. The 1995/96 RLG statistics similarly show the North West to be more effective than most regions in exploiting the resources available locally.

Facilities and services

- 3.3.27 The libraries of the Universities of Manchester and Liverpool also offer document supply services to hospital libraries in the respective parts of the region. Several librarians commented that the service provided by Manchester is expensive, and a system of quarterly invoicing made it difficult to pass the costs onto the end user. Librarians in the west of the region were in general not aware of the service at Liverpool University.
- 3.3.28 Charges to the user for inter-library loan (ILL) requests and self-service photocopying vary considerably from site to site. In some hospital libraries ILL services are available to medical staff only.
- 3.3.29 Reading/study facilities also vary, from 0 seats (in a HA library) to 50 study seats. The average size library has around 17 reader spaces.

- 3.3.30 Several librarians commented on the lack of space and the poor quality of accommodation and library security systems.
- 3.3.31 35 NHS libraries have computerised library management systems and 19 have computerised issue systems. There is a move toward standardising library management systems in the former North Western region.

Figure 9 - Access to electronic resources



3.3.32 As shown in Figure 9, six NHS libraries support networked access to the library catalogue for users outside the library; 12 provide remote access to CDROMs. (a further 28 NHS libraries provide CDROM access within the library). 16 libraries have Internet access in the library; staff of 12 NHS organisations have access to the Internet through the hospital/HA network. Only four libraries have access to NHSNet; three NHS organisations have networked access to NHSNet.

3.3.33 Respondents were asked about updating (current awareness) services. Although many NHS libraries produce recent acquisitions lists a significant proportion (54%) do not. 3 PGME and 4 HA libraries issue recent acquisitions information electronically. 30 NHS libraries circulate journal contents information (1 electronically). 15 libraries produce regular current awareness bulletins (CAB); 5 libraries disseminate CAB electronically.

3.3.34 Respondents were also asked about document delivery services. A high proportion of libraries do offer a postal service for article photocopies and book loans. It is unclear whether this service is available to library users, however, or to other libraries as part of inter-library document supply.

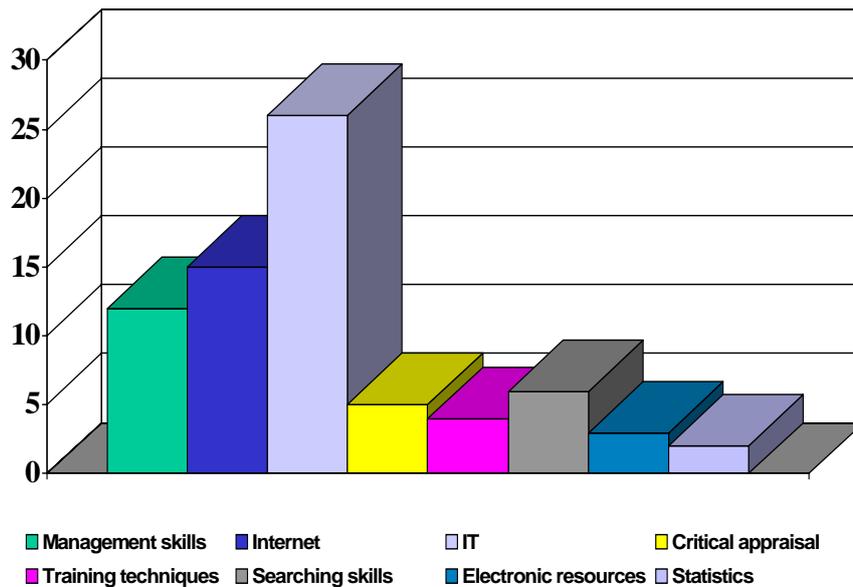
Support skills

3.3.35 Whilst many librarians offer training in database searching only two have been involved in research skills and critical appraisal training for users (although a number of librarians have attended critical appraisal training events). Some are involved in R&D and clinical effectiveness developments through membership of organisation committees and working groups.

3.3.36 Question I6 asked respondents about their own training needs.

3.3.37 Figure 10 illustrates that expertise in the use of IT and the Internet were identified as particular training needs, along with management skills (including financial management) and critical appraisal. Respondents also identified a need to update their database searching skills.

Figure 10 - Training Needs



Issues identified by librarians

3.3.38 Other issues identified by the librarians in the survey of library and information providers include the following:

- a) grading of NHS library posts and inconsistencies of grading within the Region (the average grade of NHS librarian is lower in the former Mersey Region than in the former North Western region);
- b) access to the Internet and NHSNet. Where Trusts have opted for access to NHSnet, libraries have often been excluded. Delays in equipping NHS libraries with Internet access through NOWNet is also a cause for concern;
- c) the lack of funding generally or for certain user groups. The complexity of funding streams is also an issue;
- d) library services for trained nurses. The higher education/NHS relationship generally is seen as potentially difficult. Problems encountered in the joint management of libraries funded by higher education and the NHS are cited, as is the issue of staff working within the same hospital library, but to different terms and conditions as NHS or University employees;

- e) the Librarian/PGME Centre Manager relationship is an issue particularly in the former Mersey region, where some librarians report to the manager rather than to the clinical tutor. This has been a cause of some friction across the region and in some cases there is still lack of clarity on the respective roles and responsibilities of the librarian and manager;
- f) many librarians feel the need for greater IT support; and
- g) some librarians perceive differences in access to the postgraduate deans and to funds available for PGME libraries. Some feel greater transparency in the annual budgeting process is required.

3.3.39 A sample of comments from the LIS provider questionnaire returns is given in Table 1

Table 1 - Librarians quotes

‘As a result of the review I would like to see more integration between the ‘old’ Mersey and North West Regions. In name it is the North West Region, in reality there are still two quite separate regions’

‘Withdrawal of nursing libraries from NHS sites has left a huge gap in provision which the postgraduate libraries are trying to fill without resources’

‘Services to trained nurses/other PAMS should be properly costed and purchased at regional level and not by individual Trusts who may or may not wish to participate’

‘I would like to see purchasing and Health Authority library staff given more attention. They are under-valued, under-resourced and under-represented at the moment. If there cannot be intelligence staff in all Health Authorities, then district or regional centres should be established to provide library services’

‘The true value of a quality Library and Information Service has never been recognised in the NHS, as it has within industry. A formal regional funding policy to enable a service provision to all employees needs to be established, ideally with the funding coming from one central source (or at least regional guidelines for Trusts to adhere to)’

Access and eligibility

3.3.40 The review of service providers identified that staff working within primary and community care settings have significantly greater difficulty in accessing library and information services than those working within hospital settings. The existing provision of services is largely focused on acute hospital sites, universities and colleges. Few community Trusts maintain “formal” libraries, although some have agreed access arrangements with acute hospital based postgraduate medical centres, principally for doctors. Unless specifically involved in formal training courses, nurses and other clinical professionals are often not eligible to be full users of these facilities. They are also relatively remote from the normal place of work of these staff. The infrastructure to provide electronic access and the skills to use this type of access are also almost non-existent.

- 3.3.41 The libraries survey asked about eligibility to use the libraries. 3 PGME libraries do not permit non-medical staff to use the library. A further 4⁴ allow non-medical staff access for reference purposes only (the actual figure may be higher; the question did not differentiate between reference only and borrowing access).
- 3.3.42 Primary and community health care staff have particular problems in accessing libraries. Although GPs do, in general, have access to PGME libraries, only 4 libraries list practice nurses as eligible users. This particular finding is echoed in a 1996 survey of practice nurse access to libraries in 3 HAs in the North West (Godina, 1997). 11 libraries are open to community trusts, one to medical staff only. 7 libraries have service level agreements with local health care providers, including community trusts.
- 3.3.43 Academic libraries do not in general permit use by NHS staff except by agreement. Members of the Manchester Medical Society (c.2000) have full access to the John Rylands University Library of Manchester by historical agreement. Medical staff of the Royal Liverpool University Hospital have access to the library of the University of Liverpool. Medical staff in the region also have access to the Liverpool Medical Institution as members of the Institution. The Institution has also received funding from the Regional Office to extend access and services to nurses and PAMs. The limited eligibility of graduates from other medical schools to use the library services of the University of Liverpool was raised as an issue on several occasions.
- 3.3.44 Trained nurses in Lancashire have access to the 8 hospital-based nursing library sites of the University of Central Lancashire. This informal arrangement is currently under review; services will continue to be provided by the University only by formal and costed agreement.
- 3.3.45 University College Chester has service level agreements with Wirral NHS Trust, Wirral Community NHS Trust and the Countess of Chester NHS Trust which enable certain groups of nursing staff to use the University's main library and nursing libraries. Edge Hill University College has agreements with Aintree Hospitals, Southport & Formby Trust and Southport & Formby Community Trust giving staff of the Trusts access to the College libraries.
- 3.3.46 Liverpool John Moores University has no service level agreements in place to allow nursing staff to use their main campus library or the site library at Whiston Hospital.
- 3.3.47 Although over 60% of General Practices have libraries, these are small and are principally designed to support general practitioners and have limited relevance to nurses and other clinical professions attached to practices. Very few practices have access to on line or CD-ROM based evidence sources.
- 3.3.48 As well as feedback from the service providers, the evidence of these difficulties in accessing the existing library services provision is drawn from:
- a) discussions and workshops undertaken in "case study" Trusts providing community based services;

⁴ Possibly 5 – reference is made to 'authorised' users and 'supervised' users

- b) surveys of General Practices and Care Pathways Developers; and,
- c) wider discussions and interviews with Education Consortia, providers of Higher Education and Researchers.

- 3.3.49 Over a third (34%) of all practice based staff who responded to the survey indicated that they had problems with the opening times of libraries and accessing material. These problems were greatest for practice based nurses. 47 % of nurses indicated they had access problems and 50% had experienced problems with eligibility.
- 3.3.50 Some 70% of those involved in developing Care Pathways indicated that they experienced difficulties in accessing library services and over 50% also experienced eligibility problems. This reflects the high proportion of nurses and other clinical professions involved in coordinating the development and use of pathways.
- 3.3.51 Generally medical staff did not experience problems as a result of their ineligibility to use existing library services, but the Trust surveys indicated a significant proportion of responding users felt that access to services needed to be improved. Over 40% of responding medical staff had experienced some difficulties.
- 3.3.52 Although each of these sources provides illustrative, rather than statistically representative evidence, the Review's initial recommendations are that a high priority should be given to initiatives to address these problems

3.4 The use of libraries to support clinical developments

- 3.4.1 The surveys of care pathways developers, general practice and medical staff provide illustrative evidence of the extent to which the existing library services and the resources that are available are used to support evidence based service developments. All of those responding to the care pathways developers survey were by definition involved in such developments; almost 50% of respondents in the medical staff surveys also indicated that they were involved in developing pathways or protocols and almost 70% in systematic programmes of clinical audit. The corresponding responses to the general practice staff survey were 60% and 50%
- 3.4.2 The Care Pathways developers survey highlighted the importance of professional guidelines as a basis for developing pathways; over 80% of respondents indicated that this was a key source of evidence for their organisation. Although external R&D and audit are considered important sources by the majority of organisations, a significant minority did not appear to use these sources. The survey asked about the processes for reviewing pathways when implemented. Although almost all respondents had formal review procedures, these generally did not involve a systematic review of external evidence. They were mostly based on periodic or continual audit.
- 3.4.3 The surveys asked about regularly used sources of information and where these were accessed. The responses to these questions within the care pathways survey highlighted the importance of professional guidelines, and the continued emphasis on "paper" sources of evidence (books and journals) rather than electronic sources (CDROM or online databases). Less than 40% of respondents regularly used these electronic sources. The results of the medical staff surveys suggested that less than a quarter of respondents regularly used these sources. Over a quarter of respondents

indicated that they never used these sources. Only 12% of practice based staff used CDROMs and online databases. The most frequently used electronic source was Medline. This was used, at least occasionally, by over 80% of pathways developers and over 50% of medical staff.

- 3.4.4 The use of R&D sources appears to be much lower. Only 50% of pathways developers and 20% of medical staff used the Cochrane Library, and less than 10% NHS CRD.
- 3.4.5 Both care pathways developers and medical staff indicated that evidence was most often accessed in the immediate workplace and at home. Around a half of care pathways developers and medical staff used NHS Libraries (largely PGME libraries) as a location for accessing evidence (in any media) regularly. This was perhaps lower than might be expected.

3.5 The use of libraries to support Research and Development

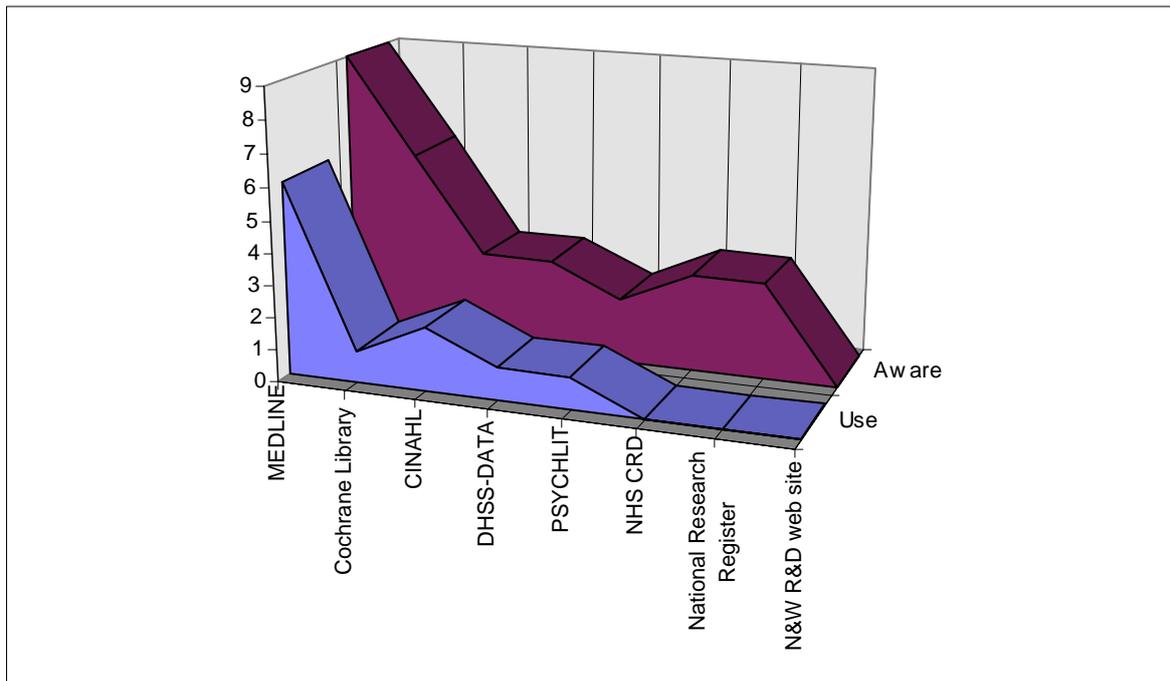
- 3.5.1 One of the three themes of the study was to assess how the research and development community utilises library and information resources. This element of work highlighted some important findings that are discussed in some details here.
- 3.5.2 The Regional Office identified some 120 R&D projects being undertaken within the Region covering a huge range of clinical issues. These were grouped into several classes:
- a) Development and Implementation Fund (20 projects)
 - b) Biomedical research funding (11 projects)
 - c) Reactive funding scheme (68 projects)
 - d) Liaison group projects (21 projects)
- 3.5.3 The results presented here ‘paint a picture’ of the way in which staff involved in R&D use the NHS knowledge base. They are based on a small sample and are not necessarily representative. More information on the projects contacted are given in Appendix C.

Specifying R&D Projects

- 3.5.4 When developing R&D projects, paper journals were the most popular sources of information used as initial preparation. Most projects had also done a literature search using an electronic source such as Medline, although they had not necessarily carried out the search themselves but called on library services to help. All interviewees used grey literature, both from within their organisation and from other organisations.
- 3.5.5 In terms of electronic sources, all interviewees were aware of Medline and most had used it, but there were very low levels of awareness or use of any other databases. In particular, there was little awareness of key national R&D sources such as the Cochrane Centre, the NHS CRD or the National Research Register. The levels of awareness and use are illustrated in Figure 11.

3.5.6 Lower levels of awareness and use of CINAHL and PSYCHLIT might be expected since they are used by researchers with different professional backgrounds, i.e. nursing and mental health. But no one had used key national sources such as the NHS CRD or the National Research Register. This suggests a basic lack of understanding about the structure of the evidence base, although this does not imply that, as experts in their own fields, the interviewees were not cognisant of all relevant literature. The role of local resources might also be reviewed, as no one had used the North West Regional Office R&D web site as a potential source.

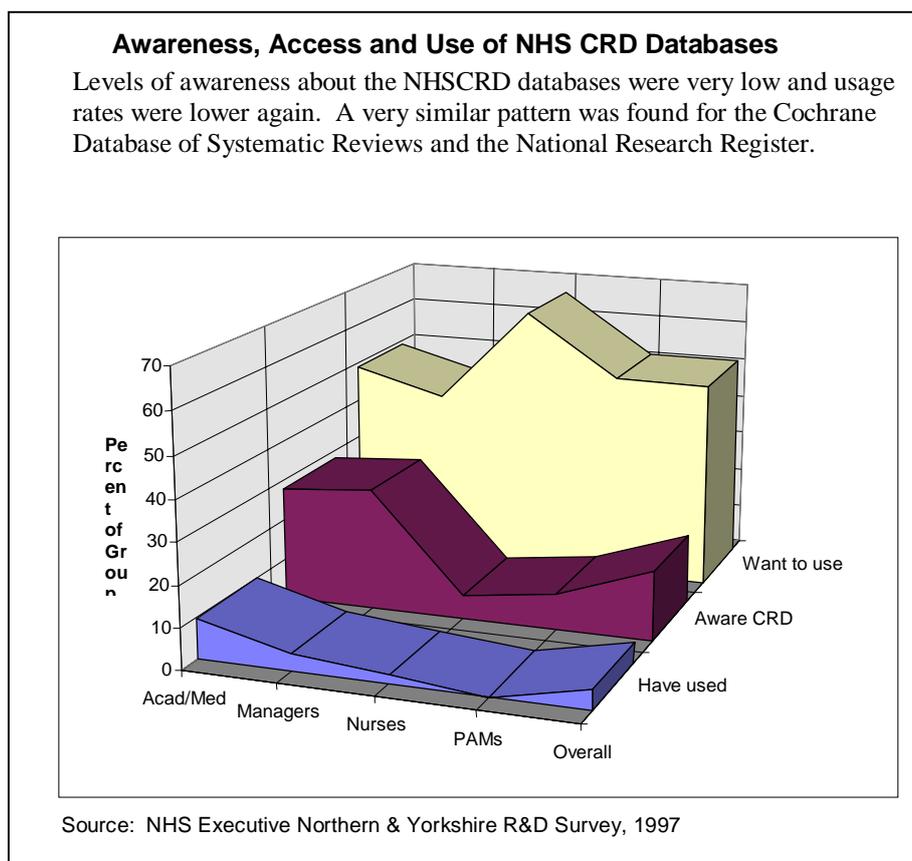
Figure 11 - R&D awareness and use of sources



3.5.7 Medline was generally regarded as the most useful source and the most frequently used, although the limitations were summed up by one respondent as '*electronic searches are good for currency but no substitute for real discussion of the issue*'.

3.5.8 The prime way for tracking developments in the research area was through conferences, backed up by scanning journals and informal contacts with colleagues. Most interviewees took all the responsibility for this themselves but using informal methods, perhaps taking key specialist journals on personal or departmental subscription. No one used the library staff to search regularly on their behalf or shared the task between an organised grouping of colleagues. The most help offered by some libraries was to circulate the contents pages of named journals.

3.5.9 Within the R&D community the sample for this study consisted mainly of senior clinicians who, in common with findings elsewhere (see Figure 12), were unaware of some of the major R&D information resources but did not perceive that they required training. Awareness and use of sources varies considerably between different groups of staff.

Figure 12 - Awareness of NHSCRD

3.5.10 None of the interviewees felt that they had too little information available, most believing the amounts of information to be 'adequate'.

Disseminating The Results of Research

3.5.11 None of the interviewees had any formal dissemination plan for their research. This is of some concern, since the projects were selected particularly because of their cross sectoral interest. Nearly all interviewees thought they would publish the results in papers and make presentations at conferences, but had not thought formally through how results would be disseminated to give value back to North West Region. Nearly half suggested that local value would be gained through the network of contacts linked to the project steering group.

Opinion and Use of Library Services

3.5.12 All interviewees had some form of library in their organisation although they varied considerably in terms of the services offered. All those with access to the university libraries acclaimed the service, while comments on Trust libraries were generally positive but more mixed. Nearly all were satisfied with the opening hours but had some requests for improvements. Example of researcher's quotes are given in Table 2.

Table 2 - Researchers quotes

'reduced resources mean a reduced range of journals which is frustrating because loans are slow'

'hit and miss content'

'frustrating to have to book to use the CD-ROM terminal'

'not having expert staff is a drawback'

'they do well with the funds they have'

'I would like help with Internet, e.g. finding valuable sites'

'we should have better journal coverage'

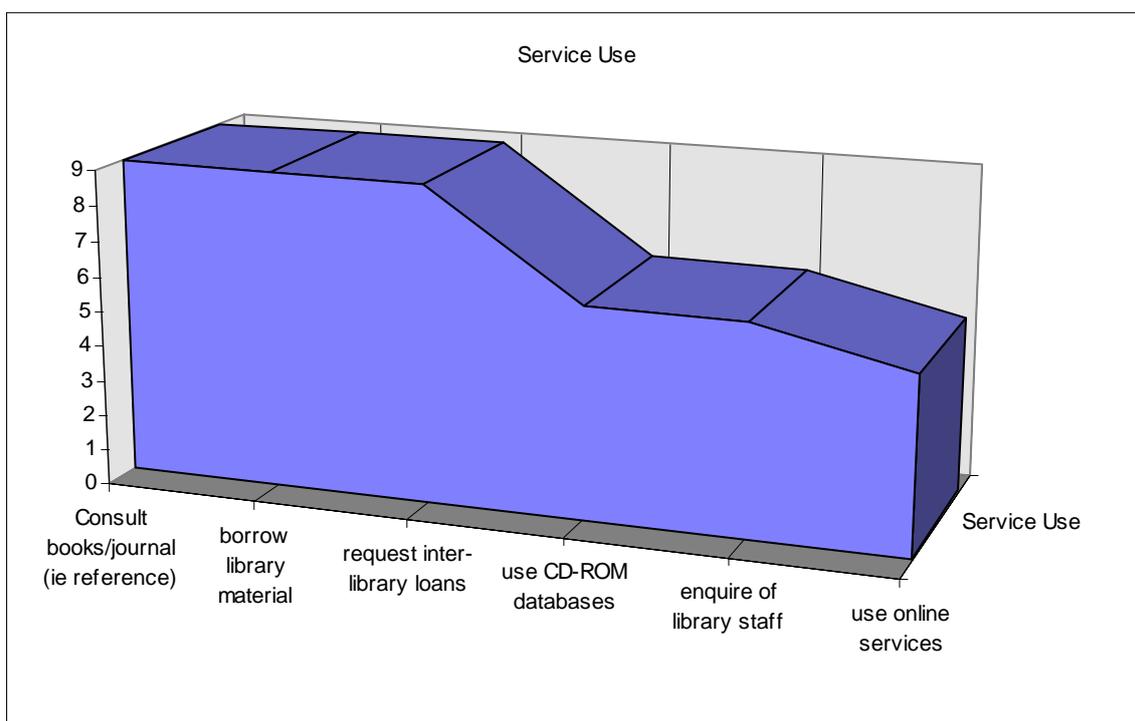
'there should be more terminals for electronic access'

'we should reduce the need for Inter Library Loans which are slow and not cheap at £1 per request'

3.5.13 All interviewees used the library at least monthly, and most weekly. The types of library service used are shown in Figure 13. All used the library for making reference to books and journals, borrowing library material and making Inter Library Loans. There was a more partial use of library staff, although about half did not use electronic sources directly but asked library staff to carry out the searches. Those who had the best access, usually accessing electronic sources but from their own desktop, seemed to have least need of library staff.

3.5.14 About half of the sample also used a PC at home to access electronic sources.

Figure 13 - Use of library services



‘Training

3.5.15 All but three of the interviewees were self taught users of CD or on line databases. Two did not like using the databases, with ‘lack of time’ being quoted as the main reason, and used the library staff to access them on their behalf.

3.5.16 None of the interviewees had received any formal training in using information resources. Three had received informal training from library staff in the use of Medline or other database and had found the training valuable. All except one were content that they had sufficient skills and did not require training at the start of the interview:

- a) ‘I’m happy with my ability, ad hoc though it may be’;
- b) ‘I’m self taught and experience is key - I honestly don’t think you can be trained’;
- c) Formal training and structured searches don’t always give you what you want’;
- d) ‘I’ve learnt about critical appraisal from experience’;
- e) ‘I know more about Medline than the library staff!’;
- f) ‘If I need help I can always go to the library staff’.

3.5.17 These views contrast with the general lack of awareness or understanding about key national resources such as the Cochrane Library and the NHS CRD. About half of the

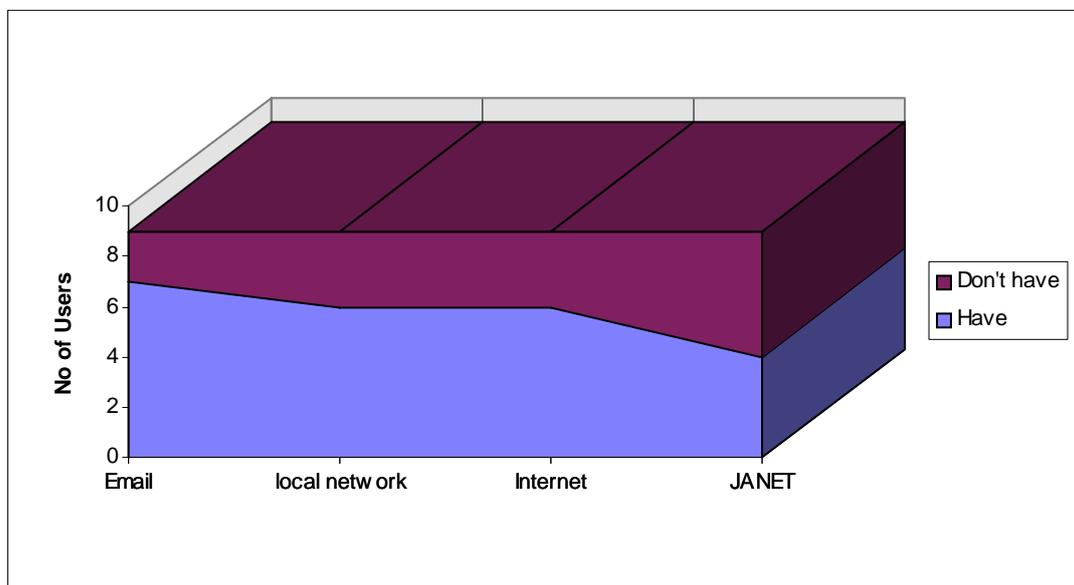
interviewees had their perceptions changed by the interview, when they realised that there was a structure to sources that they had not understood. As one put it, *'I feel like a driver without instruction'*.

3.5.18 All interviewees were responsible for identifying their own training needs, and where these were reviewed by a senior member of staff information training or skills courses had not been identified as a potential gap.

Equipment

3.5.19 All interviewees had access to a computer and all but one used them daily. Figure 14 shows that most used e-mail and were connected to other local users by a Local Area Network, but desktop access to Internet was more limited.

Figure 14 - Use of networking facilities



Newsgroups

3.5.20 Only two interviewees used formal (i.e. ones subscribed to) e-mail newsgroups, and these tended to be scientific or technical or outside health. *'I would use newsgroups, but most of the NHS is not on e-mail'* was a telling comment. Most relied on an informal network of contacts, a small number of which they might maintain contact with via email. The lack of use of newsgroups seemed to reflect several factors:

- a) fears of being swamped by large numbers of messages of marginal relevance;
- b) some interviewees lacking desk top access to e-mail;
- c) many interviewees outside academic institutions lacking network connections to external networks;
- d) a lack of central stimuli by professional bodies or DH.

Nature of R&D projects

3.5.21 The specialist nature of R&D projects is immediately apparent from the North West R&D Programme. The sample interviewed used a wide range of sources to track development in their area including:-

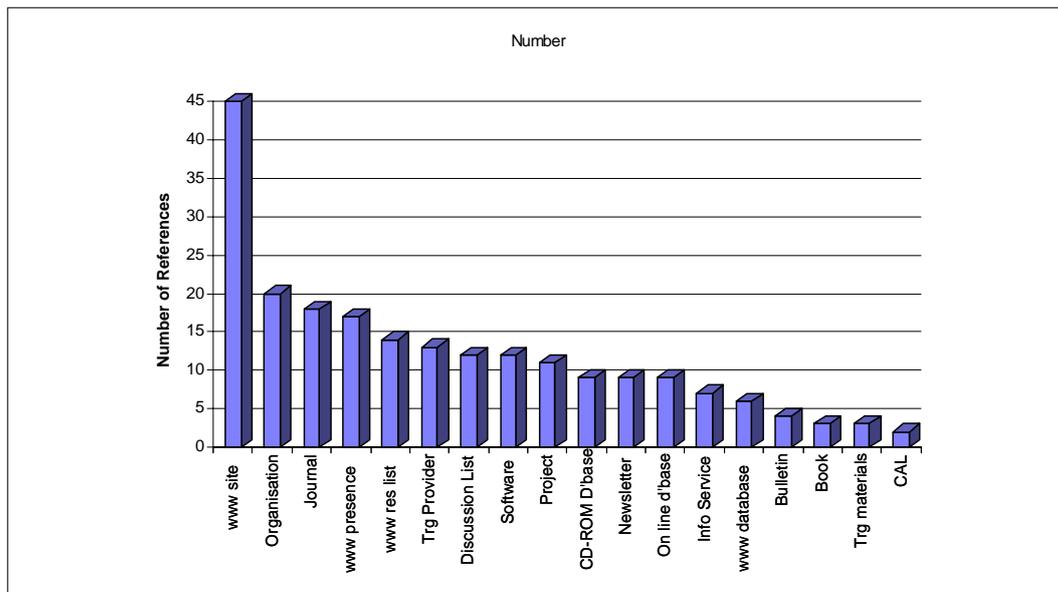
- a) paper journals;
- b) CD-ROM or on line databases, with Medline being by far the most popular;
- c) informal contacts with colleagues;
- d) special interest groups.

3.5.22 The specialist nature of work had a number of implications for these sources:

- a) specialist paper journals were often not available from local libraries, leading to personal or departmental subscriptions or delays in getting relevant articles;
- b) library staff found it difficult to advise on appropriate search strategies or use of electronic sources in very specialist areas;
- c) contacts with specialist colleagues were a very important way of keeping up to date, but there was little structure to sharing or development of shared resources.

3.5.23 A development in the NHS knowledge base in response to these issues is the increasing importance of shared electronic resources between specialist groups. The emerging role of shared electronic resources such as web databases and discussion lists⁵ is shown in Figure 15.

Figure 15 - Emerging role of electronic resources



⁵ Source: Resource breakdown and numbers of sources in each category derived from Booth, A. 1997 The SchARR Guide to Evidence Based Practice. Occasional Paper 97/2 University of Sheffield, 64-106.

3.5.24 There could be considerable value in accelerating this natural trend as a means of ensuring better use of information resources. Encouraging potential users requires:-

- a) convenient access to Internet and e-mail (preferably from the users desktop);
- b) a perception of the value and willingness to use and share electronic resources;
- c) a clear lead from respected colleagues in the relevant field.

3.6 User skills and competencies

3.6.1 The various surveys illustrate the level of training and skills that the library services user community has across the Region. The surveys particularly focused on the training users had received in accessing and using computer based sources and in searching for and appraising evidence.

3.6.2 Encouragingly, 60% of responding care pathways developers had been trained in critical reappraisal, although the corresponding proportion of responding medical staff was less than 40%. Although access to computers among respondents was relatively high - over 90% of responding practice staff and care pathways developers and almost 70% of medical staff, the ability to use these as a gateway to sources of evidence was limited. This reflects both the skills of users and the connectivity and range of applications available via these computers. Connectivity is discussed below.

3.6.3 The majority of respondents in each survey (70% - 95%) recognised a need to be able to use computer based information and library services. However, in each instance a significant proportion of respondents felt they did not have the knowledge to do this (44% - 56%) and wanted to acquire the appropriate skills. The proportions of staff who indicated that they had received some training in using computer based library and information services varied from under 15% among general practice staff to 53% in the medical staff surveys. (Although the latter was contradicted by the proportion of respondents who regarded themselves as self taught - over 60%). The vast majority of care pathways developers (over 80%) were self taught users and had had no training.

3.6.4 It is worth noting that significant proportions of respondents in the general practice and medical staff surveys expected library support staff to access computer based sources on their behalf (39% - 51%).

3.7 Availability of electronic networks

3.7.1 At present, the deployment of network technologies to support access to library information is varied. The NHS strategy is based on the use of the NHS network, a private managed network for use by NHS organisations with managed gateways to the Internet. Access to the NHS network is controlled by means of a series of Codes of Connection which define the commitments which must be made by organisations wishing to connect their local computer equipment to the NHS network.

3.7.2 Use of the NHS network is varied across the Region. Some organisations have full connections and are moving towards the provision of desk-top access for all staff to NHSnet and - through the gateway - Internet resources. Other organisations still have

a single connection that is not integrated with their own internal systems. Although a very high percentage of computerised GP practices have network links to Health Authorities, these are not generally through the standard NHSnet connections

- 3.7.3 In parallel with the implementation of the NHS network, the academic sector is moving forwards with the development of its strategy for future national Higher Education Institution network provision. Such future national network provision is expected to operate by connecting a number of regionally operated metropolitan-area-networks (MANs) to each other rather than a single sector-specific network.
- 3.7.4 Part of the plans for these academic networking developments is the provision of interconnectivity into NHS sites, to support delivery of distance-based training services and access to academic knowledge bases. This is leading to the situation where there are problems of integration of various services at the desk-top for clinical staff.

3.8 Current Funding Arrangements

Overview

- 3.8.1 The majority of library services within the Region are not commissioned and funded directly. Library services form a component of a range of “contracts”, which are primarily concerned with securing the education and training of medical and non-medical staff within NHS organisations. Individual local NHS and Higher Education Organisations who provide this education and training may allocate resources from other sources to the library services they provide, but the extent of this and the sources involved varies from organisation to organisation.
- 3.8.2 There is no co-ordination of, or consistency in, these funding arrangements. In almost all instances the level of funding for a particular library appears to be related to the historic pattern of supply of services.
- 3.8.3 The Project Team have found it extremely difficult to identify accurately overall levels of funding and the contributions from the various potential sources.

Funding by category of library

- 3.8.4 It is possible to identify 4 broad categories of libraries:
- a) Postgraduate Medical or Education Centre Libraries
 - b) Higher Education Institution Libraries
 - c) Health Authority Libraries
 - d) Specialist Libraries
- 3.8.5 It is estimated that almost £1.75 million is spent annually within the Postgraduate or Education Centre based libraries. The most significant source of funding for these libraries is MADEL.

- 3.8.6 It is not possible to produce similar comprehensive budgetary figures for the libraries provided by Higher Education Institutions. These organisations operate corporate libraries budgets covering services to all students and do not specifically identify separate budgets for services provided to “NHS Students”. However, from the information available, it seems likely that NHS related expenditure on library provision in the Higher Education Institutions (excluding undergraduate medical students) is of the order of £1.5 - £1.75 million.
- 3.8.7 The survey of libraries suggested the annual expenditure on Health Authority libraries is likely to be of the order of £200,000. This estimate is likely to be an underestimate. Only 7 out of 16 Health Authorities were identified as having formal libraries with dedicated staff resources, the others may well maintain some collections of texts, journals and electronic sources.
- 3.8.8 The survey identified around £200,000 (of which £100,000 was staff costs) of expenditure in other specialist services, located in both NHS organisations and in related research agencies.

Total Funding

- 3.8.9 The various sources suggest that currently the annual revenue expenditure on library services across the Region is of the order of £2.2 million, excluding that included within nursing and other professions training contracts with Higher Education Institutions. If NHS related expenditure by Higher Education Institutions is taken into account, this is likely to rise to £3.7 - £4.0 million. These figures also exclude expenditure on general practice libraries.
- 3.8.10 The NHS Regional Libraries Group statistics for 1995/96 suggest that current levels of expenditure in the North West appear to be among the lowest in the NHS (9th out of 13, with expenditure per potential user less than half that of the highest former RHA). Although these figures need to be treated with some caution, normative expenditure standards developed in other Regions suggest that services targeted at hospital based staff in the North West are under funded.

MADDEL Funding

- 3.8.11 Funding for library services is identified specifically within the contracts between the two Deaneries and individual Trusts for postgraduate medical education. The nature of the contracts and the library funding varies between the two Deaneries.
- 3.8.12 In the Mersey Deanery, the individual Trust contracts identify specific budgets for library staff salaries and textbooks and journals. In addition, MADDEL funds have been allocated to the Liverpool Medical Institution for textbooks and journals. These arrangements allow for virement between non-staff specific items.
- 3.8.13 In the North West Deanery, only library staff salaries are identified as specific budgets within the annual allocations to Trusts. A proportion of the overall non-pay allocation to Trusts for the running of Postgraduate Medical Centres is spent on library services, but this proportion is at the discretion of individual Trusts.

3.8.14 In addition, the North West Deanery has funded a three year support contract from June 1996 for 23 libraries (at 31 locations) within Trusts from the John Rylands University Library of Manchester. MADEL funding accounts for almost £1.5 million or around 40% of the overall expenditure on libraries within the Region.

NMET Funding

3.8.15 NMET funding of library services is subsumed within the overall contracts for the pre and post registration education and training of nurses and other clinical professions. All of the contracts include general clauses covering the *maintenance* of library services provided by former Nursing Colleges, however the majority of these contracts do not clearly identify:

- a) the proportion (or a fixed sum within) of the contract value that should be invested in library services, or a target level of expenditure per student wte. ;
- b) which NHS employees will be eligible to fully use the services provided by the Higher Education Institutions.

3.8.16 It is important to recognise:

- a) no evaluation of the adequacy of existing library facilities was undertaken prior to the contracts being awarded and no allowance was built into the contract values for development of these services;
- b) the Higher Education Institutions provide corporate library services to all their *students* and *staff*.
- c) the contracts do not appear to require the Higher Education Institutions to provide full services to all NHS staff (within a particular discipline), even though these staff may have had access to the former NHS nursing and other college facilities. If HE Institutions are required to provide library services for other staff, who are not students or clinical supervisors, these should form the basis of a separate service specification and contract. This is one of the consequences of not previously recognising the provision of library and information services as a separate corporate requirement within the NHS, supporting the core business of evidence patient care.

SIFT Funding

3.8.17 The majority of SIFT expenditure on library services for undergraduate medical students is retained within the corporate library services of the Universities involved. However, in recognition of the importance of student placements in the undergraduate curriculum, £25,000 is currently top-sliced from the SIFT contract with Liverpool University and allocated to libraries based in Postgraduate Medical Education Centres where there is undergraduate teaching. This funding has been on a non recurrent basis.

3.8.18 A similar specific arrangement is not operated in conjunction with Manchester University, although there is an expectation that teaching Trusts will invest some of their SIFT allocations in library facilities and the provision of these facilities forms an explicit component of the monitoring of their “SIFT contracts”.

R&D Funding

3.8.19 Only 4 of the libraries surveyed identified R&D resources as a source of funding. There is little evidence that R&D funding is used by Trusts or Health Authorities for investment in support services such as libraries.

HCHS and GMS Funding

3.8.20 The identification of the extent of HCHS funding of library services was undertaken through a “process of elimination”. The survey returns suggested that those completing the survey found it difficult to distinguish between funding streams. This suggests that across the Region less than £200,000 of HCHS resources is “allocated” to library revenue expenditure. The extent of HCHS funding appears to vary significantly across Trusts.

3.8.21 The survey suggests that £60,000 of HCHS resources is invested directly in Health Authority based services, although this is likely to be an underestimate.

3.8.22 These estimates only cover the expenditure funded from HCHS resources in “formal” library services. There is clearly additional expenditure on information sources, and training and support for their use within local NHS Organisations which has not been identified through the surveys. This partly reflects its uncoordinated, single initiative or department basis and emphasises the importance of developing corporate investment strategies to avoid duplication of effort and realise benefits on a local NHS “community wide” basis.

3.8.23 GMS resources are not explicitly used to fund library services. Indirectly, GMS resources can be considered as funding individual general practice libraries. The overwhelming majority of practices responding to the questionnaire indicated that they did not operate a specific “library” budget. Specific expenditure on libraries within general practice across the Region may be of the order of £75,000 - £110,000.

3.8.24 HCHS and GMS funding forms less than 10% of the annual expenditure on libraries.

Other Sources

3.8.25 The survey suggests that between £75,000 and £100,000 expenditure is funded from other sources, principally:

- a) Trust Funds and Charities
- b) Income from Charges

Funding conclusions

3.8.26 The vast majority of expenditure on existing library services is funded from the two Education and Training Levies. There is very little R&D or HCHS / GMS investment in library and information services to support the general development of clinical and management practice, despite the clear policy drive towards evidence based service delivery.

3.8.27 These funding arrangements and levels have given rise to inequalities in access to services across staff groups and working environments. Understandably, the focus of those responsible for managing the Education and Training Levies is on the particular staff groups at which these are targeted, and on libraries support for formal education and training, rather than on the creation of a corporate support service.

3.8.28 The creation of corporate support services which meet the requirements of all staff groups, both within and outside the formal education and training processes, and which support the development of effective evidence based patient care services, integrated across primary, community and secondary care environments will require greater co-ordination of the funding streams, and almost certainly an increase in the investment from HCHS resources.

3.9 Current non-staff expenditure

3.9.1 Appendix E analyses the current non-staff expenditure within libraries. This focuses on libraries located within acute and integrated trusts.

3.9.2 The key points that emerge from this analysis are:

- a) not all of the librarians were able to supply information on their budgets. This appeared to reflect the lack of separately identifiable budgets for library services. This is of concern and is inconsistent with the strategic objective of creating a comprehensive and responsive corporate service. 3 out of the 25 libraries responding within the acute trusts did not have designated library budgets. This was the case in 2 of the 7 integrated trusts who responded, and 1 of the 4 specialist hospital trusts.
- b) differences in overall non staff budgets within different sizes and types of trusts suggest inequalities in the level of provision across the Region. The analysis shows that average expenditure on books and journals increases with the size of Trust, but this is not the case for CD ROMs. Less than half the libraries in acute and integrated trusts indicated that their non staff budgets allowed for expenditure on CD ROMs.
- c) there is very limited expenditure on on-line information sources, only five out of 29 of the libraries had budgeted for expenditure on these sources.
- d) there is a lack of funding for training of librarians. Only five out of 29 libraries had staff training allocations within their budgets and the average amount was less than £500. These small dedicated amounts are of concern as there is a clear requirement for librarians to adapt to new sources of information and changing technology.

3.9.3 The discussions with librarians and clinical tutors highlighted the increasing costs of journal subscriptions and the impact of this on the availability of resources for other media, and in particular texts.

3.10 Current contractual and management arrangements

3.10.1 The current arrangements for the management of library services within the Region is directly related to the existing funding streams and in particular, the contracts for Education and Training.

Management of Postgraduate Centre Based Libraries

3.10.2 Within each Deanery, contracts are agreed with Trusts for the provision of Postgraduate Medical Education and associated facilities including libraries. The Postgraduate Clinical Tutors have overall management responsibility for these libraries. This management responsibility is implemented in different ways, within the two Deaneries and across Trusts.

3.10.3 Within the North West Deanery, librarians are directly accountable to the Clinical Tutors. This is not the case within the Mersey Deanery, where the majority of librarians are accountable to Postgraduate Centre Managers. The implications of this for library standards and professionalism are discussed elsewhere in the report. This is highlighted here to emphasise that the library service falls outside the corporate management structures and processes of most Trusts.

3.10.4 In some Trusts, within the Postgraduate Centre management arrangements, library policies may be taken forward through a committee (user) structure or by a designated “library tutor”. The management arrangements for joint or multidisciplinary education centre libraries are discussed below.

Contracts with Higher Education Providers

3.10.5 The responsibility for management of the services funded through the NMET contracts falls clearly on the HE Institutions involved. The HE corporate library services also need to comply with the requirements of their other (more important potentially in income terms) funding sources.

3.10.6 This clearly creates tensions and issues, particularly where local integration of the two sets of contractual arrangements are required to create multi-disciplinary facilities.

Current Arrangements for Co-ordination

3.10.7 At present, the arrangements for achieving integration are almost entirely locally defined, involving local working agreements between the Trust PGMC and HE Institution. These local arrangements can be made to work, but in almost all instances there are difficulties arising out of the alignment of budgets and financial reporting standards, staff line management and the resourcing of developments.

3.10.8 The proposed future funding arrangements need to provide a framework in which these difficulties can be more easily resolved and collaboration encouraged.

4 Requirements for change

4.1 Introduction

- 4.1.1 This section highlights the key areas in which change needs to take place. Detailed proposals are contained in the Section 5 of the report.
- 4.1.2 It looks first at the emerging policy requirements within the NHS, and then considers the way in which libraries are developing more generally, before highlighting the specific requirements for change that were identified during the review of existing services.

4.2 Future Requirements

Policy Context

- 4.2.1 As indicated in Section 1, the White Paper, *A New NHS*, together with the Green Paper, *Our Healthier Nation*, has set out the government's vision of the development of the NHS in both the short and long term.
- 4.2.2 Any future library and information service needs to ensure that it is positioned to support the implementation of these policies, and that it fits in within both the general principles and the specific organisational models being proposed.
- 4.2.3 Some of the key elements of the government's vision - and the impact they will have for library services, are outlined below:
 - a) **Primary Care Groups** - a fundamental theme of the White Paper is concerned with devolving responsibility for local planning of services down to clinically-led primary care groups (PCG's). These groups will be responsible for contributing to the Health Authority Health Improvement Programmes, commissioning health services through service agreements with Trusts, and monitoring performance of those agreements. This emphasis on locally determined action means that those involved in PCG's will need to have access to information and knowledge bases that allow them to make those decisions. This may cover not only qualitative information about best practice but also the quantitative statistical comparative data about the relevant performance of their own PCG with other similar PCG's and also their local Trusts with other similar Trusts elsewhere in the country.
 - b) **Primary Care Act Pilots** - in parallel with the development of PCG's there will soon be a series of Primary Care Act Pilot projects underway. Virtually all PCAPs pilots have an underlying objective of achieving greater co-ordination of care being delivered by the various members of the primary healthcare team in order to achieve both better outcomes for patients and greater efficiency. This suggests that one element of the pilots should be to provide improved access for all primary healthcare team members to shared "bibliographic" sources of evidence.

- c) **Health Action Zones** - HAZ's are seen to be one of the key agents of change in developing the new NHS. An initial tranche of HAZ's - possibly up to ten - will be established from April 1998 with the aim of bringing together all those within a Health Authority area or wider to improve health of the local population. As such they will offer the opportunity to develop and utilise a base of knowledge drawn from a variety of sources - as well as NHS and Higher education there is likely to be input from many other elements of public and private sector organisations. The guidance for Health Authorities submitting bids stresses the importance of taking a "holistic, person centred approach to the delivery of care", which "may result in the development of a protocol based approach for different disease groups, setting out clearly the expected treatment courses for particular conditions, including the contribution of primary and secondary care and of social care agencies". Clearly such protocols will need to be based on a shared understanding of the evidence base, which may need to be accessible on a multi-agency as well as multi-disciplinary basis
- d) **National Service Frameworks** - The aim of this initiative will be to establish evidence based frameworks for major care areas and disease groups with the aim of ensuring that patients get greater consistency in the availability and quality of services throughout the NHS. Examples already underway relate to cancer services and children's intensive care. In each case the best evidence of clinical and cost effectiveness will be taken together with the views of users to establish principles for the pattern and level of services required. Access to information about national service frameworks will be a key requirement for those involved in implementing the New NHS, and in particular in informing Health Authorities and Primary Care Groups in the development of local service agreements and Health Improvement Programmes.
- e) **National Institute for Clinical Excellence** - The White Paper proposes the establishment of a new National Institute for Clinical Excellence (NICE) to act as a focal point and give coherence and prominence to information about clinical and cost effectiveness. It will produce and disseminate clinical guidelines, clinical audit methodologies and good practice. The intention is for the National Institute to bring together representatives from the health professions, the NHS, academics and health economists as well as patient interests. As such the NICE will act as one of the core resources for the NHS in the future.

4.2.4 There is also a strong emphasis in the White and Green Papers on engaging the public, both as members of the community, and also at an individual level when they are patients. This will involve the greater provision of information to the public both at a "macro-level" when encouraging changes in lifestyle and in explaining the development and implementation of policy, and also at a "micro-level" as individual patients. The library service needs to be able to prepare itself so that the healthcare professionals working within the NHS have equal access to the information which their patients may get in these cases.

4.2.5 HSG(97)47 identifies the key role that library provision plays in ensuring clinical effectiveness and supporting research and education and training. This sets out the

principle that NHS library provision should be multi-disciplinary and meet the needs of all staff groups for access to the information they require to carry out their work effectively. The guidance indicates that Health Authorities and Trusts should develop local service strategies addressing the needs of all staff by Autumn 1998. These lead strategies will clearly need to address the access problems identified within the overall Region-wide Review.

4.2.6 The need to address the problems experienced by those providing care in primary and community settings in accessing information and evidence has been recognised elsewhere, particularly in the Anglia and Oxford Region. The benefits that should be realised from providing improved access should fall within each of the three areas the review has considered:

- a) Direct patient care - support for the development of evidence based practice (protocols / guidelines etc.) within Primary Health Care Teams and improved clinical audit;
- b) Education and Training - support for the continued professional development of all staff groups working within primary and community care settings, and improved support for undergraduate and postgraduate medical and other clinical students undertaking placements in these settings;
- c) Research and Development - improved support to encourage primary and community care based research initiatives and a vehicle for the dissemination of research findings.

4.2.7 The whole thrust of policy can be characterised as one which encourages partnerships between all those organisations with an interest in improving health and healthcare and in which collaboration and co-ordination are required to ensure the most effective use of resources. There is an increasing emphasis on devolving decision making down local levels, and in engaging the public to a much greater extent in influencing the way in which healthcare is planned and delivered at both individual and community level.

4.2.8 The opportunity for the library service is that all those involved in the library and information services will need to more actively collaborate both within their organisations and the wider NHS, but also in partnerships between the NHS and other agencies.

The NHS library of the future

4.2.9 The launch of HSG 97(47) in December 1997 constituted the first national guidance on NHS provision of library and information services to health care professionals since 1970. The lack of national policy in this area is in sharp contrast to NHS IT (IM&T Strategy) and research and development, with the R&D Information Strategy supporting information dissemination through the development of national information resources and promotion of evidence-based practice.

4.2.10 Regional initiatives have implemented the R&D Information Strategy at local level, for example the CLINIK project in Anglia and Oxford, the Aggressive Research Intelligence Facility (ARIF) in the West Midlands and the South Thames ACE

(Assisting Clinical Effectiveness) programme, an initiative to support the implementation of clinical guidelines into practice.

- 4.2.11 The major developments in NHS library and information services have been led by representatives of the library and information profession working within or on behalf of the NHS.
- 4.2.12 Anglia and Oxford Region's 'Librarian of the 21st Century' programme was an innovative exercise in equipping NHS librarians in the region for their new role in information collation and evaluation. The Sheffield School for Health and Related Research (SCHARR) has developed training programmes on the development of quality filters for information retrieval, aimed at information professionals. The 'How to teach EBM' programme of the NHS R&D Centre for Evidence-based Medicine has attracted librarians as well as health professionals. Professional LIS groups such as the Health Libraries Group and IFM Healthcare have offered critical appraisal skills training for librarians.
- 4.2.13 Librarians themselves have begun to equip themselves for the NHS library of the future. In the absence of national guidance for NHS libraries, recent policy documents for the academic and public library sectors offer some pointers as to the nature of the NHS library and the librarian of the future. The Follett review of academic library funding identified two areas of future library development in particular:
- a) the role of librarian as facilitator, assisting the user to locate the required information; and
 - b) the increasing availability and accessibility of electronic information resources.
- 4.2.14 Programmes to develop the training skills of librarians have been established, and a number of electronic information projects funded. In the public library sector the recent strategy statement from the Library and Information Commission (LIC, 1997) has similarly highlighted the need for skills training as the librarian takes on new roles of 'net navigator, IT gatekeeper, information consultant, information manager, the educator'.
- 4.2.15 In the context of evidence-based practice, the role of facilitator takes on added importance. The need to direct users to reliable information sources, increasingly electronic rather than paper-based, to alert users to the inadequacies of a given research report, and to train them in the effective use of information is paramount. It is not expected that all librarians will take on such roles – the requirement to organise, classify and retrieve information remains – but the need for this role in the NHS is evident and is appropriate to NHS librarians with the requisite skills and training
- 4.2.16 So the vision of the library of the future and the direction in which the NHS needs to move will be one in which the purpose is to improve the knowledge, skills and competencies of NHS staff both in support of direct patient care, and also in education and training, research and development.

Opportunities for change

4.3 The Effectiveness of Existing Services in the North West

- 4.3.1 The review of existing services and library users requirements (detailed in section 3) highlights a number of important issues which need to be addressed and changes in provision that are required.

Effectiveness and relevance of existing services

- 4.3.2 Library services are, for the most part, outside of the mainstream of NHS activity within the Region. They are not integrated with other information services and appear often to be marginal to service and clinical development activities. In some instances, parallel support services have been established to support these activities.
- 4.3.3 Staff working in primary and community care settings, who are likely to increasingly require access to evidence sources within the new NHS, have very limited access to existing services, because of both the hospital based configuration of services and eligibility restrictions. The requirements of these staff are not reflected in existing levels of funding and management arrangements.
- 4.3.4 The current provision in some Trusts does not meet the requirements of hospital based qualified nurses and other health care professionals who are not involved in formal post registration training courses or the supervision of students. To fully meet these requirements will need additional investment and the removal of eligibility restrictions.
- 4.3.5 Current services appear most effective at meeting the requirements of post graduate medical education, basic and post registration training of nurses and other professions. This is not surprising as existing funding mechanisms are principally designed to achieve this. However, even in these areas there is scope for improving effectiveness by addressing differences in standards across the Region.

Funding, value for money and exploitation of existing resources

- 4.3.6 The review has not identified major areas of inefficiency. Indeed the co-operation between libraries for inter library document supply within the Region appears to have led to better exploitation of existing book and journal stocks than in other Regions. However, the potential of electronic sources and communications technology to increase access to evidence for all staff groups is not being fully exploited and there are significant variations in the provision of such resources across the Region.
- 4.3.7 The review suggests that at present staff within the Region recognise the need to exploit improved access to electronic sources and the use of communications technology, but have inadequate skills and training to do so.
- 4.3.8 Increased funding will be required to create a corporate library service which meets the needs of all staff groups and not just those involved in formal education and training. This funding is required to:

- a) provide services for staff groups who are currently disadvantaged
- b) address inequalities in existing standards of provision
- c) equip users to realise the benefits of improved access to evidence and knowledge

4.3.9 A significant proportion of the increase in funding will need to be met from sources not currently used to fund library provision, HCHS, GMS and R&D. Any increase in funding needs to be accompanied by greater co-ordination of the various funding streams on a Region wide basis and local integration of library and other information support services.

4.4 Changes required

4.4.1 In order to ensure that library services within the North West play an effective role in achieving the objectives of The new NHS and meet the requirements of those developing services and clinical practice and undertaking R&D, there is a need to:

- a) introduce management and co-ordination procedures that bring library services into the mainstream NHS policy agenda, and integrate them with other information and support services.
- b) simplify and co-ordinate funding arrangements for libraries to enable long term strategic planning to take place;
- c) increase the levels of funding available for library services, within the context of detailed local strategies and performance management arrangements to address the weaknesses outlined above;
- d) focus the development of local strategies and the planning and commissioning of library services as an integral part of local multi agency Health Improvement Programmes;
- e) develop and implement specific proposals, within local strategies, to improve the access to services for all primary and community based staff groups, and hospital based nurses and other healthcare professionals not involved in formal training.
- f) ensure that the potential of electronic sources and communications technology, in particular NHSnet, are exploited fully to improve access, and that librarians and information staff have the appropriate skills to support their use;
- g) ensure that users are able to make effective use of improved access to evidence, through both training in the use of sources and appraisal, and by providing support for “putting evidence into practice” through changes in working arrangements and operational systems support;
- h) develop the librarian function to be one of a more active problem solver and knowledge broker

- 4.4.2 Section 5 of the report considers how these actions should be taken forward
- 4.4.3 The benefits from adopting these sorts of opportunity will be in the much better exploitation of existing and future investments in knowledge and information both through efficiency improvements - not replicating work throughout the Region - and effectiveness improvements - by ensuring that through collaboration the library service delivers its services to end users in a way which is seen to be increasingly valuable.
- 4.4.4 There may be some small cash releasing benefits which can be achieved through removal of duplication of effort, but the major benefits should be seen in terms of a major qualitative improvement in the use of knowledge in support of health service planning, research & development, education & training and operational delivery of care.

5 Strategy and Recommendations

5.1 Introduction

5.1.1 This section introduces the overall strategy and the specific recommendations. The strategy is expressed in terms of a set of principles, relating back to the overall principles being adopted in the development of the NHS more generally. The specific recommendations highlight areas where specific focused action can be taken to bring about change and improvement to the library services in the Region.

5.2 Strategy

5.2.1 The overall strategy proposed is to ensure that the library and information services are geared up to play their part as a key support service in the NHS of the future, and that the service that they provide conforms to the general principles laid down by the Secretary of State for Health, translated into the appropriate local context. These principles, and our assessment of their interpretation in the context of the library service are described below

Fairness

5.2.2 This principle suggests that future funding and management arrangements for the library service should ensure greater equity in access to services for all staff groups, across all working environments within the Region. This implies arrangements which facilitate:

- the creation of “corporate” services, which all staff are eligible to use, which provide access to a comprehensive, consistent set of resources irrespective of the working environment of the staff and which meet the requirements of these staff not only when involved in formal education and training, but when undertaking research and development, and implementing local service (clinical) developments and audit programmes.
- the implementation of consistent standards of services and support across the Region; and
- the harmonisation of service charging policies across local service providers within the Region

Efficiency

5.2.3 The funding and management arrangements must ensure that services provided represent “value for money”. This suggests that a single service “commissioning” process should be established to achieve greater co-ordination and avoid unnecessary duplication in provision, together with the development of an appropriate performance management framework which allows comparison of service costs and quality both within the Region and with services elsewhere

Effectiveness

- 5.2.4 The funding and management arrangements for library services should form an integrated component of overall commissioning and service development policies. The benefits to be realised from improvements in coordination of and increased investment in library and information services should be seen in higher quality, more efficient and effective patient care (which is delivered by a better informed and educated workforce). Improvements in access to information will not in themselves give rise to these benefits; such improvements should be an integral component of overall Health Improvement (and Service Development) Programmes with accompanying investment in developments in clinical practice, clinical support systems etc. This suggests that Health Authorities should have a key role in the future commissioning of library services.

Responsiveness

- 5.2.5 The funding and management arrangements should enable those providing services to respond to the needs of users in different staff groups. The implementation of the recommendations of this Review should be seen as the commencement of an iterative cycle. This implies that regular monitoring and review procedures should be put in place collaboratively by library service commissioners and providers, identifying changes in service usage and user requirements, developments in information sources, their format and the opportunities for using technology to improve access arrangements etc.

Integration

- 5.2.6 This principle reinforces the need for funding and management arrangements to facilitate the provision of a multi-disciplinary service that meets the requirements of staff treating patients and planning services across all care settings. The aim should be to develop a range of services accessed through a “seamless” user interface, even though there may be separate suppliers.

Flexibility

- 5.2.7 This principle emphasises the requirement for funding and management arrangements to facilitate different solutions within different local communities of NHS organisations, recognizing the differences in the current service infrastructure that is available, and the differing access requirements of staff groups in various locations. The needs of those working in a rurally dispersed community will be different to those working in a dense compact urban area.

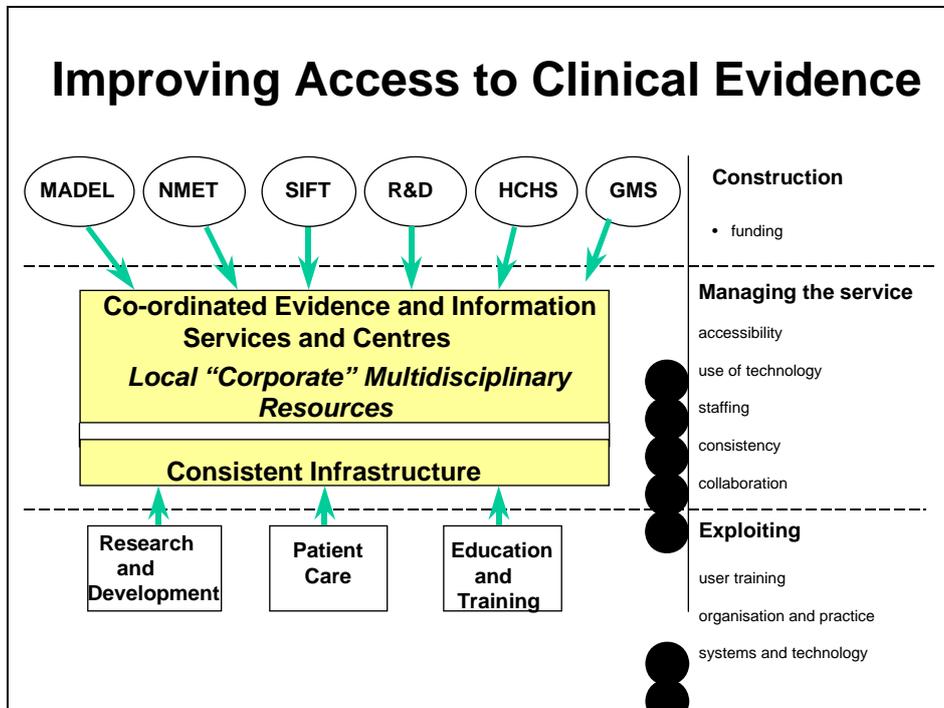
Accountability

- 5.2.8 The final principle highlights the need to put in place clear accountability and review processes for safeguarding standards, reviewing quality and managing performance of the service.

5.3 Recommendations

5.3.1 The framework for presentation of recommendations is based around the model set out in Figure 16 below.

Figure 16 - Recommendation Framework



5.3.2 There are three main components to this framework:

- Construction of the service - this concerns itself with enabling the provision of the service, with the right resources in the right place - how should the library and health information service be funded and through what means?
- Managing the service - once funded, how should the service be organised, delivered and managed in the most appropriate way ?; and
- Exploiting the service - how to ensure that maximum benefit is gained from the service by end-users by equipping people to use the service and it's outputs?.

5.3.3 We have specific recommendations for each of these three areas as described below.

5.4 Constructing the service

Recommendation 1 - Redefine the basis for funding of library services

5.4.1 The current means of funding the library services prevents good strategic planning and acts as a major barrier to the development of an effective and efficient service. As indicated in HSG(97)47, there is a general need for better co-ordination of funding, and it is recommended that the basis for funding library services across the NHS in the North West be redefined in line with the proposals contained in Appendix G namely:

- a) the creation of a common library services resource pool;
- b) agreement over the source and long-term commitment of funds to this resource pool;
- c) an increase in total funding terms up to the levels proposed in Appendix G, namely an additional £1.6M per annum;
- d) agreement as to an allocation methodology which enables the resource to be used to best effect across the Region, raising the level of service for all staff groups, and in all care delivery settings. Appendix E outlines the components of such an approach

Recommendation 2 - Establish a Regional Library and Information Advisory Unit

5.4.2 The second recommendation relates to the establishment of a Regional Library and Information Advisory Unit (RLIAU) to act as the focal point of co-ordination for all future library development activity in the North West.

5.4.3 The RLIAU should have a Head of Service⁶ appointed, together with two posts to support Health Authority liaison⁷, plus some limited administration support.

5.4.4 The Head of the RLIAU will be a key post in the development of library and information services in the region, requiring a senior librarian with a proven track record in managing library and information services through a process of change, and with credibility across a number of professional disciplines. The post will require skills of strategic development and leadership, and the vision to develop services to meet the information needs of the NHS of the future.

⁶ The actual title will need discussion and final agreement.

⁷ The two posts are in place of the current Deanary-based Library Advisor posts

- 5.4.5 The RLIAU Head will have overall responsibility for library and information services for NHS staff in the Region through the management of the contracting process. The lead contracting agencies - which we propose should be Health Authorities - will be accountable to the RLIAU Head for the performance of local LIS contracts.
- 5.4.6 Specific responsibilities of the RLIAU Head and their Unit include:
- a) Strategic development of NHS library and information services (LIS) in the region;
 - b) Development of service specifications for LIS contracts, to include service requirements, service level agreement template for use with each contracting library and assessment criteria;
 - c) Develop and implement a monitoring and assessment programme for all contracting libraries and information services in the region;
 - d) Provide additional professional advice to the contracting agencies as required;
 - e) Monitoring and evaluation of the contracting process to ensure consistent performance;
 - f) Providing professional leadership to staff of NHS LIS in the region;
 - g) Developing a continuing professional education and training programme for NHS LIS staff in the region;
 - h) Manage the staff and budget of the regional library and information unit; and
 - i) Develop joint purchasing arrangements for library resources and facilities.
- 5.4.7 Establishing the RLIAU is an urgent requirement. The Unit should be fully operational by the end of the 98/99 financial year, and the Head should be in post by the end of summer 1998. This will require recurrent funding and the funding should be seen as part of the use of the Region-wide resource pool set described elsewhere.
- 5.4.8 There will need to be a transitional period through 1998/99 allowing for the RLIAU to complete detailed plans and begin implementation of those plans.
- 5.4.9 The RLIAU should be seen as a corporate resource for the NHS in the North West, reporting through a Regional Office Director in terms of accountability, but with the RLIAU Head working closely with the zonal directors in relation to the performance management framework.
- 5.4.10 The RLIAU Head will also need to work closely with the Regional Head of Information (Lesley Hannam) and the Head of the North Western NHS Telecommunications Branch (Colin Pye) to ensure liaison with other information initiatives and the effective use of network infrastructure
- 5.4.11 A clear statement should be made about the role and responsibilities of the Regional Office in facilitating the implementation of the strategy and in monitoring performance of local organisations in implementing the strategy. It is recommended

that the Head of the RLIAU be tasked to lead on the monitoring of local plans through close working with the zonal heads of performance management.

Recommendation 3 - Co-ordinate activity within the Region in the context of national initiatives

5.4.12 Much of what is important to the NHS in North West is of importance nationally and the agenda for change is too large to allow the unnecessary duplication of effort at a national as well as Regional level. The RLIAU Head should ensure that the LIS within the Region plays its part in supporting national initiatives, in some cases undertaking work locally for and on behalf of the whole national LIS, and ensuring that work done within the Region is made readily available for others to utilise.

5.4.13 For example, a common requirement in *The New NHS* will be the need to ensure that libraries services have access to the knowledge base which will be created by the National Institute for Clinical Excellence (NICE). It may be the most efficient use of scarce resources if one library service takes on the responsibility of working with the NICE to define and implement this, rather than each Region - or worse still each individual library - attempting to do that independently.

5.4.14 It is therefore recommended that the RLIAU actively contributes and participates in the development and implementation of the national framework for library services, and in particular those elements of the forthcoming national Information Strategy that relate to library-related services.

5.5 Providing the service

5.5.1 The second set of recommendations are concerned with the organisation and operational management of the library and information service.

Recommendation 4 - Commissioning a corporate multi-disciplinary library and information service

5.5.2 The Project Team believe that, in order to achieve effective and efficient library services, a single organisation should have responsibility for commissioning services which support all staff groups in:

- a) delivering evidence based patient care;
- b) their ongoing education and training; and,
- c) undertaking research and development.

- 5.5.3 Currently, library services are commissioned by the two Deaneries and the Education and Training Consortia. Health Authorities and Trusts make variable contributions to supplement the provision available through these contracts, either in a coordinated integrated fashion or as a separate service. The principal concerns of the Deaneries and the Education and Training consortia are with for those staff in involved in formal education and training. Library services are a key support service required by these staff. However, this review has highlighted the wider role libraries should have in supporting the ongoing development of services and clinical practice.
- 5.5.4 In this context, it is proposed that in the future Health Authorities should have responsibility for commissioning library and information services to meet the needs of all staff groups working within their area. This appears to be consistent with their responsibilities, as set out in *The New NHS : Modern Dependable*, to:
- a) “ensure the local NHS works in partnership to co-ordinate plans for the local workforce”
 - b) “co-ordinate information and information technology plans across primary care, community health services and secondary care”.
- 5.5.5 This will be a new responsibility and Health Authorities will need active support from the new RLIAU and to work in close collaboration with the Deaneries and Education and Training Consortia. In commissioning corporate library services, Health Authorities should ensure that existing services, particularly those to doctors and dentists in training, are not reduced. The aim of the proposed changes is to improve services for all staff groups.
- 5.5.6 The library service should move from being structured around fixed institutional providers to a more flexible and mobile service, providing a service which meets the needs of all professional groups and in all working environments.
- 5.5.7 It is recommended that Health Authorities are responsible for commissioning corporate library services to support all staff working within their area. This is outlined in more detail in Appendix G.

Local Commissioning Strategies

- 5.5.8 This will require Health Authorities to develop local commissioning strategies by autumn 1998. This is in line with national policy set out in HSG(97)47. These strategies should be developed as an integral component of Health Improvement Plans, involving all local partners and in collaboration with Education and Training Consortia. The strategies should also be closely aligned with the local collaborative IM&T Strategies that Health Authorities are responsible for co-ordinating.
- 5.5.9 The strategies should set out clear plans for:
- a) implementing full multi-disciplinary services and facilities for all hospital based staff

- b) meeting the requirements of all staff working within primary and community settings, possibly through the creation of new local multidisciplinary evidence centres (see recommendation 5)
- c) achieving increased efficiency and effectiveness through the use of information and communications technology.
- d) monitoring and reviewing the effectiveness and efficiency of the services that are commissioned, including processes for identifying user satisfaction.

5.5.10 The strategies should be dynamic and updated regularly to reflect both national developments and local reviews, and the results of trials, such as the piloting of local multidisciplinary evidence centres outlined below.

Service Level Agreements

5.5.11 Health Authorities should receive annual allocations from the Region wide library services resource pool in line with the agreed allocation methodology in order to implement these plans through service level agreements with Trusts and other service providers. These allocations will comprise combined MADEL, R&D, SIFT and NMET funds. Health Authorities will be expected to allocate further HCHS and GMS resources to secure the required provision. The allocation methodology should provide a clear indication of the level of additional HCHS / GMS funding assumed.

5.5.12 It is envisaged that Health Authorities will negotiate medium to long term arrangements with Trusts and other service providers, in particular the higher education sector, to facilitate collaborative service developments. There appears to be considerable scope for collaboration between Trusts and external service providers in providing multidisciplinary services and the commissioning process should encourage service providers to review existing management arrangements. The new service level agreements should be in place to run from April 1999.

5.5.13 A short term priority for 1998/99 should be to ensure that contracts are in place to enable NHS nurses and other qualified staff, who are not involved in formal training or as clinical supervisors, to have access to Higher Education managed libraries on NHS sites.

Regionwide Support

5.5.14 In order to support Health Authorities in the commissioning process, the RLIAU should develop guidance in a number of areas. A key element should be the development of a common and consistent set of service frameworks, defining the nature of the services that should be delivered. This will include consistent standards across the Region in areas such as stock policies, charging policies, access policies based on the requirements of HSG(97)47 and the LINC Health Panel accreditation scheme for health libraries (see Appendix H). As the accompanying guidance for HA libraries will not be available for some time, work may need to be carried out within the Region to develop standards appropriate to libraries for commissioning organisations based on the LINC accreditation scheme.

- 5.5.15 These service level frameworks should reflect the requirements of outside bodies such as the Medical Royal Colleges.
- 5.5.16 A key issue that will need to be addressed in local strategies and through service level agreements is the scope for rationalisation of journal subscriptions across physical library sites and the improvement of electronic access to, ordering of and distribution of articles. There are copyright issues and costs associated with such an approach, and it is acknowledged that the libraries within the Region are already relatively efficient in “sharing stock”. However, this is an area of potential collaboration between Trusts and Higher Education service providers which may have an impact on increasing costs and where the cost effectiveness of external services such as the British Library’s “Inside” service should be investigated further.
- 5.5.17 The RLIAU should also work in partnership with the Regional Head of Information and the Head of the North West NHS Telecommunications Branch to support Health Authorities in developing an appropriate information technology infrastructure to support remote access to library resources and more effective communication between information service providers.

Performance Management

- 5.5.18 It is important that library services are reviewed alongside other services within the context of the new performance management framework developed within the Region in response to **The new NHS**. In particular, it will be important that the Head of RLIAU works closely with the Zonal Performance Management Directors within the Regional Office to monitor the achievement of the improvements in access to services for all staff groups set out in local commissioning strategies and to hold Health Authorities to account if these are not achieved and the service provision commissioned falls below required standards.

Local Multi Disciplinary Evidence Centres

- 5.5.19 A key component of local strategies should be proposals to improve access to a wide range of information and evidence for all staff groups working within a primary and community care setting. It is recommended that the creation local multidisciplinary evidence centres should be piloted and evaluated as a way of achieving this. These centres would be “dedicated” to particular local communities, based around either localities or groups of general practices. The results of the pilot evaluation should be reflected in Health Authorities local strategies over time.
- 5.5.20 The implementation of the centres should be a collaborative initiative across Health Authorities, Trusts and Primary Care Groups. It should also be “corporate”, involving co-ordination and integration of the Education and Training, Clinical Development and Audit, R&D and Information Services interests.
- 5.5.21 The objectives of these centres should be to:
- a) provide all members of Primary Health Care Teams (this may include staff employed by non NHS agencies and should include NHS Dentists) caring for patients within a local community with access to information and evidence to facilitate developments in more effective clinical / professional practice;

- b) support the continuing professional development and education and training of Primary Health Care Team members by providing them with access to appropriate bibliographic and evidence sources;
- c) provide a mechanism for disseminating the results of relevant research and development and to support researchers within the local community; and,
- d) provide support and training for PHCT based staff in the use of various sources and the appraisal of evidence.

5.5.22 The Local Multidisciplinary Evidence Centres should provide these staff with access to the following range of sources:

- a) CDROMs, such as Medline, Cochrane, CINAHL, Sociofile - etc.
- b) Online sources and the World Wide Web (Internet based etc.)
- c) Professional Guidance
- d) a limited number of appropriate Journals and Texts
- e) relevant Grey Literature

5.5.23 In addition, the centres should provide access to quantitative sources of information on the characteristics of local populations, their need and expressed demand for services, and the environment in which they live. Such material would include national and local censuses and surveys; local and national “minimum” datasets, environmental surveys and databases etc.

5.5.24 Much of this latter material is currently assembled by health and local authorities, but may not be accessible to those planning and delivering services at a more local level. It is important to bring together this type of information which informs assessments of local populations needs for services with the evidence base on the most effective ways of delivering these services.

5.5.25 The local centres should include arrangements to enable users to obtain documents (or copies thereof) identified as relevant. A further key feature of the evidence centres should be the availability of skilled staff to support clinicians and others within the local PHCTs in accessing relevant sources, and potentially in appraising and interpreting materials.

5.5.26 The objective of piloting should be to evaluate alternative approaches to providing these services and a formal evaluation programme should be established. There appear to be a number of alternative options for developing local evidence centres. These include:

- a) The creation of local “physical” resources with network links to individual practices / clinics. These centres may provide other training resources. They may be based around totally “new facilities”, the recently developed Primary Care Resource Centres, existing Health Authority libraries / education centres or existing Trust based postgraduate or joint education centres

- b) The provision of “virtual” services, based on a single or multiple service supplier(s). Again, these suppliers may be existing postgraduate or joint education centres, Universities or Health Authorities

5.5.27 None of these options are mutually exclusive and the most appropriate approach is likely to vary across the Region. In some areas, a combination of a local physical resource based on an existing Primary Healthcare Resource Centre, with effective communications links to existing specialist library support services within a postgraduate education centre or University may be the most cost effective solution; in others, where there is no appropriate local physical resource, the most cost effective solution may be provided through improved practice communications links with existing postgraduate education centre or University libraries.

5.5.28 The evaluation of the pilots should seek to establish which approach is likely to be most effective and offer best value for money in the particular local circumstances concerned.

Recommendation 5 - Improve the effective use of networking technology

5.5.29 Discussions in the course of the study highlighted some of the difficulties that were emerging around the provision of interconnection to both NHS and non-NHS information systems. This was exemplified in situations where clinicians had to access two physically separate systems, one supporting their direct patient information and another to access "external" databases.

5.5.30 *The New NHS* reinforces the theme of the NHS working in partnership with an increasing number of agencies. There is a crucial need to identify how the NHSnet networking initiative and other academic and public networks can be efficiently and effectively linked together to provide clinicians - and others requiring the use of library services - with a single point of access to the knowledge resources which they require to access, regardless of their location. To avoid fragmentation and duplication of approaches it is essential that these problems are resolved in a simple cost-effective manner, whilst ensuring appropriate levels of security of access to systems.

5.5.31 It is therefore recommended that work is undertaken locally by the Regional NHS Telecommunications Branch in conjunction with the Head of the RLIAU and Regional Head of Information to identify practical means of achieving the required level of integration of library information resources to support those healthcare professionals involved in the direct care of patients, those engaged in professional training and those undertaking research and development. This work should be taken forwards within the context of the forthcoming national Information Strategy in respect of any strategic change to the current policy regarding the NHS network and the Codes of Connection.

5.5.32 Where there are examples of working solutions, then these should be shared widely.

Recommendation 6 - Develop skills of librarians and knowledge workers.

- 5.5.33 The Library and Information Commission recognised the need for librarians to develop and broaden their skill base by taking on new roles of “net navigator, IT gatekeeper, information consultant, knowledge manager, user educator”.
- 5.5.34 The Head of the RLIAU should have a responsibility to ensure that the training and development needs of librarians working within the Region are recognised by their local management, and that advice is given to local management as to the skills and competencies that will be needed by library staff in the future, and the nature of professional development which is available and which may be used.
- 5.5.35 This should largely be achieved through the service frameworks. The performance management arrangements should ensure that Health Authorities commissioning strategies and contracts secure appropriate levels of skilled support for library users. This process should lead to equity in the grading of staff posts across the region, and staffing levels which reflect the size of the user base.
- 5.5.36 To support Health Authorities, Trusts and other service providers in achieving the required staffing levels, skills and competencies, the RLIAU should provide advice and support on the recruitment and retention of staff. It is also proposed that a proportion of the region wide library services resources pool is retained at Regional level to develop a programme to equip NHS librarians with the skills necessary to support evidence-based health care. This should include:
- a) advanced searching skills;
 - b) critical appraisal skills;
 - c) developing user training skills (‘training the trainer’).
- 5.5.37 In planning this programme the Head of the RLIAU should liaise with the Regional Information Management and Technology Training Development Advisor (Dave Miller).
- 5.5.38 For some staff, and dependent on their own personal career development plans, there may be a requirement for additional training in the use of more generic facilitation and internal consultancy skills, to help them develop a more active knowledge management function.

5.6 Exploiting the service

- 5.6.1 The final theme of recommendations relates to the exploitation of the service. Provision of access to information is worthless unless end-users are able to utilise that knowledge to change behaviours.
- 5.6.2 In terms of the benefit areas, these embrace:

- more effective care - leading to better outcomes for patients as a result of more appropriate interventions or preventative programmes;
- more efficient care - perhaps by a reduction in the number of inappropriate interventions, and allowing the same amount of care to be provided at a lower cost through better use of resources; and
- better quality of care - ensuring that the process of care delivery is more satisfying for patients, carers, and professionals.

5.6.3 In bringing about change, organisations need time and space to plan and implement changes. For example changing clinical practice in line with the publication of new guidelines or protocols will not happen “just like that”. Given that achieving change is - in these terms - a group activity rather than an individual one, then there will be a need for change agents with skills around group facilitation and change management. (See Appendix I) This is a role not usually associated with the library services, but one in which information can play a major catalytic role.

Recommendation 7 - Ensure that the development of working practice is linked to the provision of information and library services.

5.6.4 There is an urgent need for library services to move away from the margins and be seen as an integral part of the NHS’s infrastructure services supporting the planning and delivery of patient care. In this context there is a need to break down the preconceptions about the separation between libraries - which are often seen as the repository of textual and audio-visual resources - and information and IT departments - which are often seen as the repository of numerical data. Locally the provision of information should be seen as an integrated knowledge management service, geared to providing healthcare professionals and other staff with the information they need, in the form they need it, at the time and place they need it.

5.6.5 The development and implementation of care pathways, clinical protocols and the application of routine systematic clinical audit will work best if those involved in the development of such working practices have access to information and services which support them. Conversely making best use of the library service and its information assets requires the use of those resources to be tied in closely to working practice.

5.6.6 There is further opportunity for the integration of library information base with other important knowledge resources - e.g. patient information through the North Western’s Healthwise service. Such information can be treated as another knowledge resource to be made accessible to healthcare professionals as well as to patients.

5.6.7 It is therefore recommended that the RLIAU should be tasked with actively promoting and raising awareness of the library services throughout the Region, explaining the role which they can play, the resources and services which they have to offer and how they are being developed. This awareness raising should include practical case study examples of how library services have been used successfully.

The need to communicate the findings of this review and the strategy should act as the initial catalyst for awareness raising.

- 5.6.8 The promotion activity should be targeted not only at potential end users of library services but through collaboration between the Head of the RLIAU and the Regional Head of Information to encourage the development of more integrated knowledge management services within local organisations.
- 5.6.9 Furthermore the RLIAU should seek to promote the application of research and knowledge into practice through a programme building on the examples of good practice outlined in Appendix I.

Recommendation 8 - Supporting the development of clinical systems

- 5.6.10 Ensuring that clinical staff have easy access to knowledge bases will require investment in clinical systems which not only provide clinicians with access to the operational functions which they need to plan, and management the care of patients, but also allow them to easily access knowledge resources to allow them to investigate problems.
- 5.6.11 This may be likened to the distinction between information needed directly at the point of consultation as against the information that may be required to be available somewhere within the workplace environment for seminars and study etc.
- 5.6.12 Furthermore enforcing changes in behaviour and monitoring compliance with agreed protocols will require the implementation of clinical management systems that are closely linked to support the use of pathways and protocols.
- 5.6.13 To this end we recommend that the RLIAU strategy should establish links with the work of the national Clinical Systems Group⁸ to ensure that any clinical systems developmental work - whether initiated by the library and information community or the information management and technology community⁹ - takes full account of the need to support healthcare professionals with access to appropriate library and information knowledge resources from the most appropriate place, whether that be at the point of contact between healthcare professional and patients and carers, or subsequently.
- 5.6.14 Examples of decision-making systems which may need to be covered by this include Mentor, Prodigy, and patient leaflet systems such as EMIS-PILS.
- 5.6.15 It may also involve making available software tools such as Reference Manager to enable end-users to compile a customised database of references as part of their research and investigations.

⁸ <http://www1c.btwebworld.com/imt4nhs/general/csg/index.htm>

⁹ An example being the emerging national Cancer Information Strategy which recognises the need for providing clinical staff with information not only about resources which are available to support treatment, but also to ensure that agreed clinical protocols are adhered to and also to ensure that clinical staff can provide high quality information to patients about their condition and treatments.

5.6.16 This should be taken forward within the context of the forthcoming national IM&T strategy and its statements about the future direction for clinical systems.

Recommendation 9 - Development of end-user skills

5.6.17 The final recommendation concerns the need to provide effective methods of training for end-users to ensure that they know how to most effectively utilise the library service.

5.6.18 Training is a key mechanism to improve awareness and the way in which sources are used. It needs to be:

- a) sensitive to the different cultures and approaches of the different groups;
- b) planned in terms of a skills development programme for a set of target groups, but also supportive and responsive, providing help when required;
- c) seen as an integral part of Continual Professional Development, with explicit responsibility for its planning, perhaps by Local Education and Training Consortia.

5.6.19 Delivering this training will involve a combination of on-site training and/or distance leaning materials to provide end-users (in all disciplines) with the skills to enable them to ask the right questions of the right people within the library services and to access knowledge resources effectively when that is appropriate.

5.6.20 The RLIAU should be tasked to plan and run a number of open-access courses for staff within the Region using the Regional development allocation referred to in Appendix G.

5.6.21 A further action would be for the RLIAU to ensure that there is appropriate training in the use of knowledge resources as part of the mainstream education and training curricula for all staff groups, again building of the good practice examples outlined in Appendix I.

Developing R&D staff

5.6.22 There is a specific need to raise the expertise of those involved in R&D activities and address the problem of developing better use of the information services that are currently available.

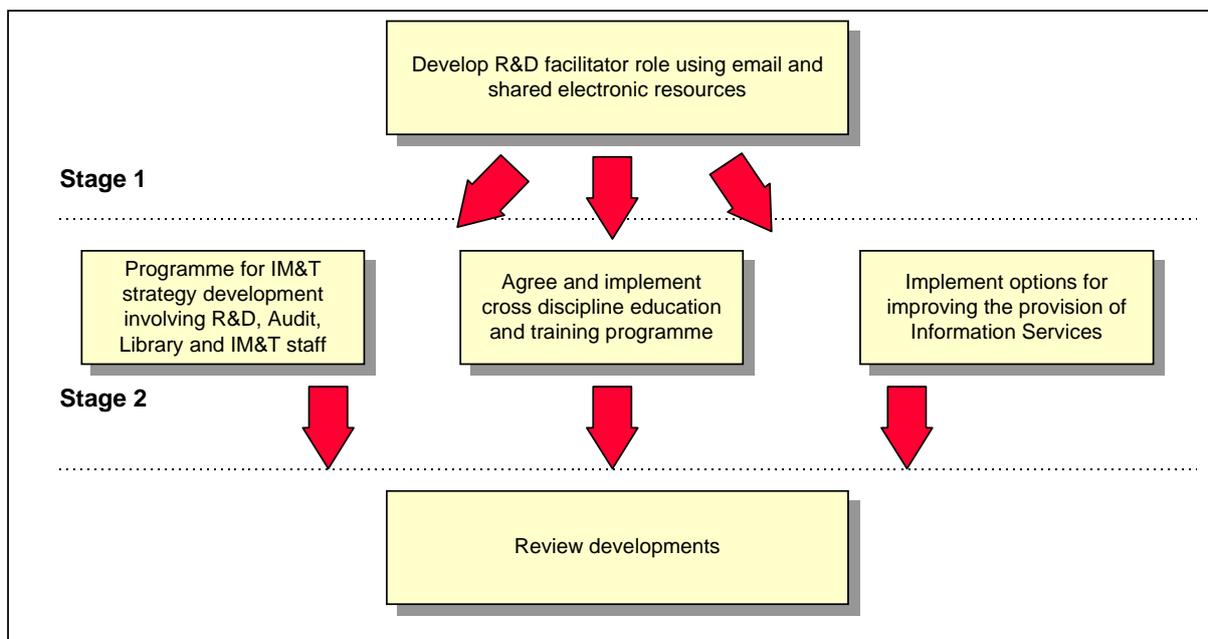
5.6.23 An overview of a staged end-user training programme for R&D staff is shown in Figure 17.

Stage 1

5.6.24 The first stage aims to improve the co-ordination and facilitation capabilities of R&D facilitators through:-

- improving communication between facilitators through the use of email;
- improving the information resources available to facilitators through developing a shared information resource, possibly as an extension of the North West R&D web site;
- improving the information service to NHS users by disseminating highlights or summaries of information, with fuller information available on demand from the web site;
- possible assistance to groups of clinical users in setting up shared information groups, perhaps concentrating on the Dental programme where the Region has a national lead or on areas where there is natural enthusiasm for the idea.

Figure 17 - Developing R&D staff



5.6.25 The understanding of electronic information dissemination gained by facilitators during Stage 1 will be directly relevant for the next stage. In some ways Stage 1 can be seen as complementary to existing initiatives, such as the R&D Support Network for undertaking R&D.

5.6.26 The shared electronic resource for R&D facilitators should be developed as part of a consistent 'virtual library', with linked support services, available to users throughout the North West.¹⁰

¹⁰ This also needs to be taken forward in the light of the forthcoming national information strategy.

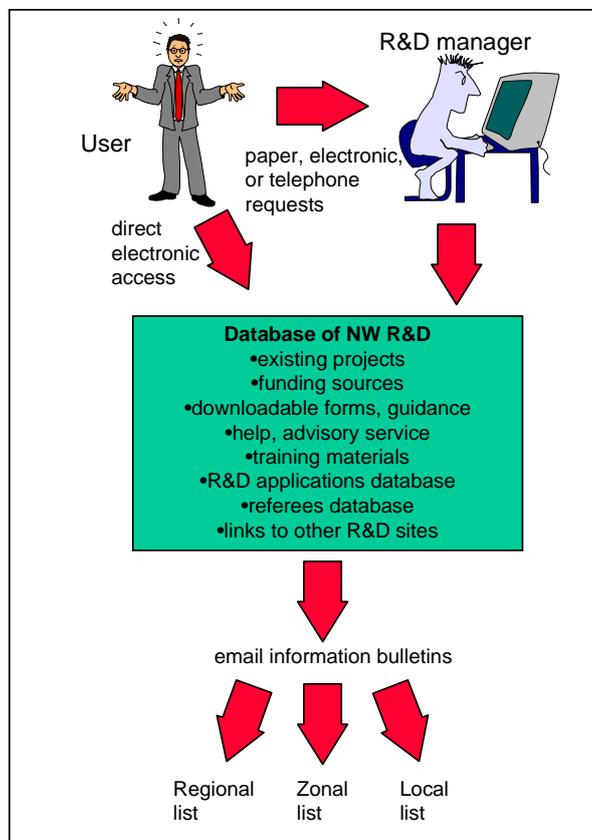
5.6.27 An illustration of the way in which a central electronic resource might support a network of R&D managers, in turn networked to a series of local leads, is illustrated in Figure 18. This way of working is an expansion of the ideas being proposed in areas such as Greater Manchester in the Salford Royal Hospitals NHS Trust bid to support the administration and development of applications to the North West Regional R&D Support Fund (RDSF).

Stage 2

5.6.28 The second stage of development has two components:

- strategy development to help organisations undertaking R&D to improve the ways in which they plan to access and use the knowledge base;
- a training programme to improve awareness and use of sources.

Figure 18 - Electronic network for R&D managers



Strategy Development

5.6.29 The involvement of R&D facilitators in helping their organisations to develop relevant business and IM&T strategies aimed at improving evidence based practice is in its infancy. This is a key step in ensuring the wider availability and use of the knowledge base. Addressing this would require:-

- the development of a framework of key strategic issues for R&D facilitators to take forward in their organisation;

- agreement to a co-ordinated programme of strategy development across commissioners and providers, probably through a lead from the Regional Office.

Training Programme in the Use of Sources.

5.6.30 A further end-user training requirement is in relation to the use of sources. This work might be addressed by a cross disciplinary group, building on existing local training initiatives and material, to prepare a training plan with Region-wide consistency which:

- a) identified the needs of target groups, including planned and ad hoc support.
- b) identified ways of delivering the training, e.g.
 - bringing together 'self help' training materials, linked to high quality information sources, on a single electronically accessible site
 - developing the role of library and information staff in formal and informal training.
- c) Considered how to raise the awareness of the need for training (possibly through lateral means such as requiring a documented literature search strategy to support R&D bids, while offering training to support this, as well as more direct means such as making the training a recognised part of Continuous Professional Development).
- d) Incorporated feedback measures so that the success of the programme could be evaluated.

Appendix A - Terms of Reference

A.1 The Terms of Reference for the assignment were described as:

“to review the current situation for the purposes of:-

- **education and training** - to consider the needs of both basic and undergraduate education and continuing professional development. Looking at access to information sources and libraries for those both undertaking and delivering education;
- **research and development** - to consider the needs of both existing researchers and those working in areas in which it has been decided to encourage an R&D culture, including consideration of access to information with which to evaluate existing practice; and
- **patient care** - to consider whether staff have access to information to assist them in determining the right treatment for the right patient at the right time.

A.2 The study is to consider all those engaged in healthcare, namely:

- practitioners in acute and primary care at all levels and in all professions;
- NHS management;
- students in all disciplines; and
- those engaged in the training of NHS staff.

A.3 The study is to address several areas specifically, namely:

- a review of the library and information services currently used by NHS staff within the region, including eligibility for access, hours and times of access, numbers and types of user, quality of the library accommodation;
- current level and sources of funding of NHS libraries;
- information retrieval skills, of both library staff and users;
- any planned training programmes and any identified skills gaps for library staff and users of the services, identification of any barriers to training;
- means of access to information sources i.e. physical, electronic, telephone; identification of common barriers to accessing information such as distances to information sources, hours of availability;
- who are the non-users of current services and why;
- perceptions of current provision of services and of the barriers to improvements;
- identification of gaps in provision due to changes in NHS;
- existing IT networks;
- means of building on existing networks;
- new and developing systems of information retrieval; and
- the possibility of a central enabling function to ensure equity of access across the region and across professions.

- A.4 The NHS Executive has appointed a “national coordinator” with responsibility for setting a strategic direction for the development of library services. It is important that the Review reflects emerging national standards and guidelines. In addition, the implementation of the NHS wide information systems infrastructure, and in particular the NHSnet, offers an opportunity to exploit electronic communications more effectively to provide improved access to information. It is essential that the Review identifies these opportunities.
- A.5 Other parts of the NHS have also taken forwards thinking in this area. For example the Clinical Immediate Knowledge Project – CLINIK – in Anglia and Oxford Region has considered some of the functions which fall to the Research and Development programme in the area of knowledge generation and dissemination.
- A.6 Amongst other ideas emerging out of CLINIK are things such as the importance of the role of a Chief Knowledge Officer, and identifying the key tasks involved with knowledge management. The CLINIK project also considered the nature of a role of the Clinical Effectiveness Co-originator working alongside the Chief Knowledge Officer to ensure that knowledge brought about improvements in effectiveness. It is important that the Review takes the results of these earlier initiatives into account, particularly when considering options for meeting requirements.
- A.7 In order to maximize its robustness, the Review must address the requirements associated with specific care, education and business activities for access to information and knowledge, rather than adopt an organisational perspective. In developing implementation plans, it will be important to fully assess the risks of alternative options.
- A.8 The full involvement of users and providers of library and information services throughout the Review process is essential. Any proposals for change and development must reflect their requirements and have their support and commitment. The approach adopted must therefore involve widespread consultation. Given the large number of staff affected within the full range of NHS organisations within the Region, this requirement will have a significant impact on elapsed times for completion of the Review.

Appendix B - References

- ASHCROFT M (1993) **Provision of library and information service services to nursing professionals - NURLIS Phase II: management guidelines** ENB
- BARTON J (1997) **Statistics from the NHS Regional Librarians Group 1995-96** Department of Information and Library Studies, Loughborough University
- British Library Consultancy Services (1997) **Strategy for the Identification of R&D information and the promotion of the uptake of accredited research findings: relevant to the HPSS in Northern Ireland** British Library Consultancy Services
- CAPEL S (1997) **Library and information services for the nursing profession: methods of funding and delivery** LINC Health Panel
- COGGINS J, JONES L and VAN LOO, J (1997) **A review of MADEL funded library services: funding, resources and priorities for development: report to the Trent Postgraduate Deans** Trent Region Library Services
- CRIDDLE G (1995) **A discussion paper on a way forward for library and information services in the Mersey Regional Health Authority** Mersey RHA
- DAVIES R *et al* (1997) **Establishing the value of information to nursing continuing education: report of the EVINCE project** British Library
- Department of Health (1997) **The new NHS: modern dependable** Cm 3807 The Stationery Office
- Department of Health (1998) **Our healthier nation: a contract for health: consultation paper** Cm 3852 The Stationery Office
- Department of Health (1989) **Accommodation for education and training** Health Building Note 42 HMSO
- ELLIS D and NORTON B (1993) **Implementing BS5750/ISO9000 in libraries** Aslib
- EVE R *et al* (1997) **Learning from FACTS - Lessons from the Framework for Appropriate Care Throughout Sheffield (FACTS) project** SchARR, University of Sheffield
- FEENEY M ed (1994) **Managing the knowledge base of healthcare: report of a seminar held on 22 October 1993 at the King's Fund Centre** British Library Report; 6133
- FREEDMAN H (1985) **A survey of the use of Withington Hospital Medical Library** Health Libraries Review vol 2 no 2, pp69-78

GODBOLT S, WILLIAMSON J and WILSON A (1997) **From vision to reality - managing change in the provision of library and information services to nurses, midwives and health visitors and PAMs: a case study of the North Thames experience with the Inner London Consortium Health Libraries Review** vol 14 no 2, pp73-95

GODINA E (1997) **Practice nurses in West Pennine Health Authority district: a needs assessment for a nursing library ?**

HAINES A AND JONES R (1994) Implementing findings of research **BMJ** **308** pp1488-1492

HAINES TAYLOR M and WILSON T (1990) **Quality assurance in libraries: the health care sector** Canadian Library Association/Library Association

HAINES M (1995) **Health library provision in the UK** in Carmel M (ed) **Health care librarianship and information work** 2nd ed Library Association pp270-287

HAINES M **Issues in accessing the knowledge base of healthcare via NHS libraries** (unpublished paper to the NHS Executive)

John Fielden Consultancy (1993) **A report on human resource management in academic libraries** for the Joint Funding Councils' Libraries review Group HEFCE

KANOUSE DE *et al* (1995) Dissemination of effectiveness and outcomes research **Health Policy** **34** pp167-192

KING'S FUND (1994) **Organisational audit (accreditation UK): standards for an acute hospital 3rd edition** King's Fund Centre

LANCASTER J AND PRIOR PK (1992) **Accreditation of libraries in support of postgraduate medical and dental education** COPMED (Council for Postgraduate Medical Deans) and NHS Regional Librarians' Group

Library and Information Commission (1997) **The new library: the people's network** Library and Information Commission

Library and Information Services Standing Group (1997) **Improving NHS library and information services: plans for a regional library advisory service** NHSE Northern and Yorkshire

LINC (forthcoming) **Accreditation of library and information services in the health sector - a checklist to support assessment** Library and Information Co-operation Council

MACDOUGALL J (1995) **Information for health: access to healthcare information services in Ireland** Library Association of Ireland

NHS Executive (1997) **Library and information services** HSG(97)47

NHS Executive (1998) **The new NHS: modern and dependable: a national framework for assessing performance: consultation document**

NHS Executive Northern and Yorkshire Research and Development Directorate (1997) **Information needs assessment: revised report** NHSE Northern and Yorkshire

NHS Executive South and West Public Health Department (1997) **Access to the knowledge base: a review of libraries** NHSE South and West

NHS/DHSS Health Information Steering Group (1995) **Providing a district library service** King's Fund Centre

Nursing Standard (1997) **Are you a knowledgeable doer?: the Library Access Campaign** Nursing Standard vol 12 no 6

OFFICE OF TECHNOLOGY ASSESSMENT (1983) **The impact of randomised clinical trials on health policy and medical practice** Washington DC, US Congress

PALMER J (1997) Skills for a virtual future : paper presented to the Canadian Health libraries Association Conference **Bibliotheca Medica Canadiana** (1997) 19 (2) 62-65

SAWERS C (1997) **Getting clinical effectiveness into practice and the role of the library service** South Thames Library and Information Service

STOCKING B (1992) Promoting change in clinical care **Quality in Health Care** 1 pp56-60

URQUHART CJ (1995) **The value of information services to clinicians: a toolkit for measurement** Department of Information and Library Studies, University of Wales



Health Service Guidelines

HSG(97)47

Date 6 November 1997

Library and Information Services

HM(70)23 **Library Services in Hospitals** is withdrawn

Executive summary

Libraries are a key resource for clinical effectiveness, for research and for education and training, all of which are crucial to the delivery of high quality health care. The lack of recent national guidance on library and information services and the complex funding arrangements for library services has led to the fragmentation of information provision within the NHS and not all NHS staff have access to the health knowledge base. This Guideline sets out key principles and actions for improving access to information via the development of multi-professional library and information services.

1. Action

1.1 NHS Trusts and Health Authorities

All NHS Trusts and Health Authorities should draw up a library and information strategy covering **all** staff groups.⁽¹¹⁾ This strategy should demonstrate how they plan to achieve access to library and information services for all their staff, by directly provided services, contracts or service level agreements, and the funding flows which support this. Such strategies should be in place by Autumn 1998 and should include arrangements to monitor progress.

An increasing amount of information is disseminated via electronic networks. Library and information services should be included in NHS Trust/Health Authority information management and technology strategies.

1.2 Regional Education and Development Groups (REDGs)/Education Consortia

Education contracts and strategic plans for multi-professional education, training and workforce planning should include access to library support. Consortia should encourage partnerships between NHS libraries and higher education providers and look flexibly and innovatively at the scope for using funds to deliver improved library and information services.

1.3 Deans of Postgraduate Medical and Dental Education

The postgraduate medical and dental Deans have an important role to play in ensuring that Medical and Dental Education Levy (MADEL) contracts support the development of planned, high quality multi-professional library services and in monitoring the quality of services to doctors in training grades and for continuing medical education.

1.4 Regional Offices

¹¹NHS Staff includes all hospital, primary care and community health staff, relevant trainees, general medical and dental practitioners and their staff

Regional Offices will need to ensure that regionwide development of library and information services is in line with national strategies for information management and communication and that NHS Trust and Health Authorities develop action plans for effective library and information services for all staff groups. In addition, Regional Directors of Research and Development will need to be satisfied that NHS Trusts and other providers receiving support funding from the R&D levy have access to the library services and resources needed to support the R&D work.

2. Background

2.1 The Role of Library and Information Services in the NHS

Access to the health knowledge base is essential to the delivery of high quality health care. Decision-making by staff and patients and carers needs to be evidence-based and health professionals need to be able to continue to develop and update their own skills. High quality libraries, and skilled library staff, are central to knowledge base access as they:

- provide information to enable NHS staff to carry out their work;
- support the education, training and professional development of all NHS staff;
- support postgraduate and continuing medical and dental education;
- support high quality evidence-based clinical practice and management decision making;
- support research and development undertaken by NHS staff and the dissemination of research findings;
- assist quality assurance and medical audit;
- provide health promotion and other information for patients.

Many NHS libraries function as multi-disciplinary units able to offer a wide range of services including enquiry services, online searching, journal and book loans, current awareness services, information retrieval and critical appraisal skills training. NHS library staff are familiar with a wide range of printed and electronic materials, have skills in information retrieval and management, and are experienced in training others to search for literature.

2.2 Issues to be tackled

The concept of a knowledge based service has resulted in increased demand for library and information services and a greater need for such services to be planned and co-ordinated across sectoral boundaries. However, the effective development of libraries has been hampered by several factors. These include:

- The lack of a national policy for library and information services or clear national links to R&D, Education and Training, or IM&T strategies;
- Complex funding. Trust libraries receive funding from multiple sources and funding streams for libraries can be difficult to identify.
- Uncertainty about capital funding for developing library and information services.
- A legacy of libraries established to serve separate professional groups.
- Uncertainty about the range of staff groups which library services are funded to support, which can lead to inadequate services for nursing and other non-medical professional staff and community-based staff.
- The transfer of nursing and midwifery education into Higher Education and the consequent closure or absorption of College of Health Libraries.

3. Key principles

3.1 Access

NHS libraries should be multi-disciplinary and meet the needs of all staff groups. NHS Trusts and Health Authorities have a responsibility as good employers, and as providers and commissioners of high quality evidence based care, to ensure that all staff have access to the information needed to carry out their work effectively. Access policies should consider the information needs of contractors, those undertaking career breaks and others.

3.2 Resources

Resources required to support an effective library service will vary according to local needs but will include a mix of professional and clerical library staff, an appropriate range of books and journals, electronic information resources, computers and networks.

3.3 Funding

There is a need for better co-ordination of funding streams for library services and clarity about the purposes and staff groups for which different funding streams are provided. Access to library services should be free at the point of use although charges may be levied for certain services, for example photocopying, where the library incurs a cost. Such charges should be levied on a common basis from all users. Current funding arrangements are summarised in Annex 1.

3.4 Region-wide co-ordination

There should be regionwide co-ordination of library services based on the key national principles of equity of access for all groups of staff, a multi-disciplinary approach to library provision and transparency in library funding. Regional Library Advisers will have a key role to play in this and in supporting NHS Trusts and HAs in developing local strategies encouraging co-operation and value for money services via partnerships, contracts and service level agreements.

4. Relevant Guidance

4.1 Further good practice guidance on library services will be drawn up and disseminated

4.2 The role of library services in supporting education and training, research and development and other strategies is referred to in a range of Executive Letters and other publications:

- Education and Training Planning Guidance EL(97)39, Department of Health, 1997
- Promoting Clinical Effectiveness, Department of Health, 1996
- Planning and Priorities Guidance EL(97)19, Department of Health, 1997
- R&D Support Funding for NHS Providers from 1998/99: invitation to bid, Department of Health, 1997

Also of relevance

- Getting NHS Trusts Connected to NHSNet Services (EL(97)19) Department of Health, 1997
- Provision of the National Freephone Health Information Service (HSG(95)44) Department of Health, 1995.

Addressees

For action:

Chief Executives HAs
Chief Executives NHS Trusts
Directors of Education and Training/Regional Office Education Leads
Consortia Chairs, for distribution to members
Post Graduate Deans
Regional Directors of R & D
Regional Directors of Public Health
Regional Directors of Planning and Performance Management
Regional Nurse Directors

For information:

Directors of Post Graduate General Practice Education
Standing Committee on Postgraduate Medical and Dental Education
Council of Nursing Deans
English National Board for Nursing, Midwifery and Health Visiting
NHS Regional Library Advisers
National Association of Clinical Tutors
Committee of Vice-Chancellors and Principals (CVCP)
LINC Health Panel
Standing Conference of National and University Librarians (SCONUL)

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C=GB; O=Department of Health; OU1=ISD4; OU2=DHMTA020

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or by calling the NHS **Response**line on 0541 555 455

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FUNDING LIBRARY AND INFORMATION SERVICES

It is the responsibility of NHS Trusts and Health Authorities to ensure that suitable library and information services are available for their staff, for general medical and dental practitioners and their staff and for trainees. Funding for most staff will come from mainstream allocations and contractual arrangements between HAs and NHS Trusts, funding for some staff groups will come from other sources. In particular:

- a. The costs of providing library resources to support undergraduate medical and dental education is the responsibility of the education providers. Costs of library support for medical students on clinical placement is covered by the SIFT levy. Local guidelines on costing SIFT funding for library support are recommended.

Service increment for teaching : Operational guidance HSG(95)59, and, Guidance to NHS Trusts on costing for SIFT contracts HSG(95)60.

- b. The costs of providing library resources to support programmes of education commissioned by the NHS from higher education institutions is included in education contracts. It is the responsibility of those education providers to cover the costs of any library support to students on clinical placement in NHS Trusts.

Non-medical education and training : Planning guidance for 1996/97 education commissioning EL(95)96.

- c. The costs of providing library resources to support postgraduate medical and dental education is included in the education contracts between NHS Trusts and the Postgraduate Medical and Dental Education Dean and funded through the MADEL levy. In some cases this levy is enhanced to provide support for multi-professional library services.

Post-graduate and continuing medical and dental education EL(90)179.

- d. The provision of library services to support research and development should be costed into bids for Research and Development Support Funding (costs associated with contributing to the environment in which health and health services R&D can flourish, e.g. library provision).

R&D Support Funding for NHS providers from 1998/99 : invitation to bid 1997

Appendix C - Assessing Existing Services and Identifying Requirements

Approach

- C.1 The first two stages of the review which were designed to establish the extent, strengths and weaknesses of existing services and the future requirements for services involved five parallel work programmes covering:
- a) the identification of the scope, use and resourcing of existing library services;
 - b) the identification of general practice based facilities and the use of services by general practice based staff;
 - c) the use of existing services and the future requirements of those involved in Research and Development;
 - d) the requirements for services to support Education and Training of all NHS staff; and
 - e) the requirements for services to support evidence based changes in clinical practice and service developments.
- C.2 At the outset of the detailed planning, it was recognised that it would not be feasible to undertake statistically representative surveys of all user groups. Apart from technical problems in establishing sample populations and controlling for non-response bias, this was likely to consume too much of the review effort. It was decided to attempt to achieve 100% coverage in the survey of existing libraries, but to undertake illustrative surveys and interviews in the other areas. The results of the surveys would be used alongside other evidence (from literature reviews and interviews) to develop proposals.

Programme 1 - Existing Services

- C.3 In order to determine the existing library services, the activities involved with this programme of work included:
- a) a detailed survey of existing libraries and other information services providers, covering:
 - budgets and sources of funding;
 - management arrangements;
 - staff resources and skills;
 - stock, equipment and information technology;
 - scope of service; and

- users, usage and eligibility
 - b) an accompanying questionnaire survey of librarians to identify their views on the strengths and weaknesses of existing services;
 - c) interviews with 13 selected librarians and other information “brokers”;
 - d) two workshops involving librarians, which were used to verify the results and conclusions of the surveys, questionnaires and interviews, and to explore librarians views of the future direction of service provision, its management and funding.
- C.4 The framework for the survey of existing libraries and librarians was compiled by the North West Regional Office. The full list of those who participated is given in Table 3 below.

Table 3 - Participating libraries

Questionnaires were sent out to over 100 NHS, academic and other libraries throughout the North West. Libraries responding to the questionnaire included:

The John Rylands University Library University of Manchester Oxford Road Manchester M13 9PP	Nursing & Midwifery Countess of Chester Health Park Liverpool Road Chester CH2 1UL
Central Manchester Healthcare Trust Medical Library Research floor St Mary's Hospital Hathersage Road Manchester M13 0JH	Aintree Hospitals Postgraduate Medical Library Fazakerley Hospital Longmoor Lane Liverpool L9 7AL
John Aitkin Library Wirral Postgraduate Medical Centre Clatterbridge Road Bebington Merseyside L63 4JY	Postgraduate Medical Centre Halton General Hospital NHS Trust Hospital Way Runcorn Cheshire WA7 2DA
Royal Liverpool & Broadgreen University Hospitals NHS Trust Thomas Drive Liverpool	Liverpool Medical Institution 114 Mount Pleasant Liverpool L3 5SR
Library/Education Centre Alder Hey Royal Liverpool Children's Hospital Eaton Road Liverpool L12 2AP	Postgraduate Medical Centre Macclesfield District General Hospital Victoria Road Macclesfield Cheshire SK10 3BL
Postgraduate Education Centre Arrowe Park Hospital Upton Wirral L49 5PE	Staff Library 1st Floor Royal Liverpool University Hospital NHS Trust Prescot Street Liverpool L7 8XP
Ashworth Hospital Parkbourn Maghull Liverpool L31 1HW	Liverpool John Moores University The Library School of Health Whiston Hospital Prescot L35 5DR
Postgraduate Medical Centre Countess of Chester NHS Trust Liverpool Road Chester CH1 2BQ University College Chester School of	St Helens & Knowsley NHS Trust Postgraduate Medical Centre Whiston Hospital Prescot L35 5DR
	Library

St Helens and Knowsley Health
Cowley Hill Lane
St Helens WA10 2AP

930-932 Birchwood Boulevard
Millennium Park
Birchwood WA3 7QN

University College Chester School of
Nursing and Midwifery
Arrowe Park Hospital
Upton
Wirral L49 5PE

Drug Information/Pharmacy Practice Unit
The Infirmary
70 Pembroke Place
Liverpool L69 3GF

JET Library
Leighton Hospital
Middlewich Road
Crewe
Cheshire CW1 4QJ

Marie Curie Cancer Care
Liverpool Marie Curie Centre
Speke Road
Liverpool L25 8QA

Edge Hill University College
School of Health Studies Library
Aintree Complex
Fazakerley Hospital
Longmore Lane
Liverpool L9 7AL

Glaxo Neurological Centre
Norton Street
Liverpool L3 8LR

Hanley Library and Information Centre
Southport & Formby NHS Trust
Town Lane
Southport PR8 6PN

Health Professional Education Centre
Education Centre Library
Victoria Hospital
Whinney Heys Road
Blackpool FY3 8NR

Postgraduate Centre
Warrington Hospital (NHS) Trust
Lovely Lane
Warrington WA5 1QG

Postgraduate Medical Centre
Booth Hall Children's Hospital
Charlestown Road
Blackley
Manchester M9 2AA

Liverpool John Moores University
Avril Roberts Learning Resource Centre
79 Tithebarn Street
Liverpool L2 2ER

Postgraduate Medical Centre
North Manchester General Hospital
Central Drive
Crumpsall
Manchester M8 6RH

NW Health Library and Information
Service
Liverpool Health Authority
Hamilton House
24 Pall Mall
Liverpool L3 6AL

Mackenzie Postgraduate Medical Centre
Burnley General Hospital
Casterton Avenue
Burnley
Lancashire BB10 2PQ

NHS Executive North West

Postgraduate Medical Centre
Bury General Hospital
Walmersley Road
Bury BL9 6PG

Postgraduate Education Centre

Chorley and District Hospital
Preston Road
Chorley
Lancashire PR7 1PP

Christie Hospital NHS Trust
Wilmslow Road
Withington
Manchester M20 4BX

East Lancashire Health Authority
31-33 Kenyon Road
Lomeshaye Estate
Nelson
Lancashire BB9 5SZ

Education Centre Library
Furness General Hospital
Dalton Lane
Barrow-in-Furness
Cumbria LA14 4LF

Frank Rifkin PGM
Hope Hospital
Stott Lane
Salford M6 8HD

Lancaster Postgraduate Medical Centre
Royal Lancaster Infirmary
Ashton Road
Lancaster LA1 4RR

Harold Bridges Library
University College of St Martin
Bowerham Road
Lancaster LA1 3JD

Lister House Library
Manchester Royal Eye Hospital
Oxford Road
Manchester M13 9WH

Manchester Health Authority
Gateway House
Picadilly South
Manchester M60 7LP

Jefferson Medical Library

Manchester Royal Infirmary
Oxford Road
Manchester M13 9WL

School of Physiotherapy Library
Manchester Royal Infirmary
Oxford Road
Manchester M13 9WL

The Education Centre Library
Royal Oldham Hospital
Rochdale Road
Oldham OL1 2JH

Postgraduate Centre Library
Ormskirk & District General Hospital
Wigan Road
Ormskirk L39 2AZ

Guild Academic Centre
Royal Preston Hospital
Sharoe Green Lane
Preston PR2 9HT

University of Central Lancashire
St Peters Square
Preston PR1 2HE

Professional Library
Prestwich Hospital
Bury New Road
Manchester M25 7BL

Bateman Centre for Postgraduate
Education
Birch Hill Hospital
Rochdale OL12 9QB

Medical Library
Research Centre
Royal Manchester Childrens Hospital
Pendlebury
Manchester M27 4HA

Salford & Trafford Health Authority

4th Floor
Peel House
Albert Street
Eccles M30 0NJ

South Lancashire Health Authority
Grove House
The Green
Eccleston
Lancs PR7 5PD

Postgraduate Medical Centre
Tameside General Hospital
Fountain Street
Ashton-under-Lyne OL6 9RW

Westmorland General Hospital
Burton Road
Kendal
Cumbria LA9 7RG

Wigan and Bolton Health Authority
Bryan House
61 Standishgate
Wigan WN1 1AH

Medical Library
Wigan & Leigh Medical Institute
Thomas Linacre House
Royal Albert Edward Infirmary
Wigan Lane
Wigan WN1 2NN

The Library
Warrington Community Health Care NHS
Trust
Winwick Hospital
Winwick
Warrington WA2 8RR

Postgraduate Medical Library
South Manchester University Hospitals
NHS Trust
Withington Hospital
Nell Lane
West Didsbury
Manchester M20 2LR

Pharmacy Department

Chorley & South Ribble District General
Hospital
Preston Road
Chorley PR7 1PP

National Primary Care Research &
Development Centre
5th Floor
Williamson Building
University of Manchester
Oxford Road
Manchester M13 9PL

Stroke Association Therapy Research Unit
Department of Geriatric Medicine
Clinical Sciences
Hope Hospital
Salford M6 8HD

University College Chester
Cheyney Road
Chester CH1 4BJ

Harold Cohen Library
University of Liverpool
PO Box 123
Liverpool L69 3DA

Library
Wrightington Hospital
Hall Lane
Appleby Bridge
Wigan WN6 9EP

Nursing/Medical Centre Library
Southport & Formby Community Health
Services NHS Trust
The Hesketh Centre
51-55 Albert Road
Southport PR9 0LT

Education Centre
The Royal Bolton Hospital
Minerva Road
Farnworth
Bolton BL4 0JR

Acute Trust Library

Royal Preston Hospital
Sharoe Green Lane
Fullwood
Preston PR2 9HT

Education Centre Library
Blackburn Hyndburn and Ribble Valley
Health Care NHS Trust
Royal Infirmary
Bolton Road
Blackburn BB2 3LR

Postgraduate Medical Library
South Manchester University Hospitals
Trust
Wythenshawe Hospital
Southmoor Road
Manchester M23 9LT

Programme 2 - General Practice Use and Requirements

- C.5 The second programme of fact finding involved a sample survey of general practice library provision and the use of libraries by practice attached staff. The survey asked for details of:
- a) practice library facilities and stock;
 - b) funding arrangements;
 - c) use of external library facilities and sources of information.
- C.6 The survey was of a 25% sample of practices within the North West and was simply stratified by Health Authority. The survey was supported by Health Authorities who provided - to varying degrees of detail - information on practice staffing, information systems and networking.
- C.7 The survey of general practices involved two separate questionnaires, one which related to the practice as a whole and another which related to the individual staff members working within the practice. Although care was taken to make the questionnaires as easy to complete as possible, while gathering useful data, the overall quality of responses was somewhat disappointing. Some questionnaires were partly completed, with certain key questions unanswered.

Practice responses

- C.8 Out of a total of 352 practices who had the questionnaire sent out to them, a total of 87 practices (25%) responded. Of those 87 responding, 64 (74%) claimed to have a practice library.
- C.9 Of those 64 with a library, 63 (98%) held journals, all (100%) held books 12 (19%) had CD-ROM's, 41 (64%) held grey literature and 55 (86%) had Department of Health and Health Authority circulars etc
- C.10 Access to databases was much rarer. 10 respondents (16%) had online access to MEDLINE with a further 1 having a CD-ROM version. For the other databases there were no more than three respondents who had on-line access to each of CINAHL, DHSS-DATA, PSYCHLIT, Cochrane or the NHS Centre for Reviews and Dissemination. None had CD-ROM access to any of these.
- C.11 12 of the 64 respondents (19%) with a library said they had a specific budget. Where figures were given they generally ranged from between £100 and £1,200, with one quoting £2,700.
- C.12 There was no strong evidence to suggest that access to practice libraries was restricted to certain staff groups.
- C.13 In terms of on-line clinical support systems, 3 (5%) of respondents used Prodigy and 13 (20%) used MENTOR.

Practice staff responses

- C.14 Turning now to practice staff responses, a total of 184 staff responded, an average of 2.11 staff per practice. The actual distribution ranged from 1 to the maximum of 10. Only 121 (66%) of those responding answered the question about job titles. Of those who did give their titles, 69 were GP's, 40 practice managers, 2 were practice nurses and 1 was a receptionist.
- C.15 47 (26%) respondents claimed to be students on a formal training course, although very few completed the supplementary question regarding the type of course and training provider. Exactly the same number 47 (26%) were supervisors or tutor's for trainees.
- C.16 25 respondents (14%) claimed to be on a formal research and development project with 90 (49%) being involved in some form of systematic programme of clinical audit and 108 (59%) being involved in the development of protocols of practice guidelines on effectiveness evidence.
- C.17 In terms of use of information resources, respondents were asked to indicate which of 7 different forms of information resource they used, where they obtained them from and whether they used them regularly or occasionally.
- C.18 Books, bulletins and journals were major information resources, mostly in hard-copy format.
- C.19 Use of grey literature was less important although 35% used it regularly or occasionally from the practices and 18% from other libraries, and 27% at home.
- C.20 Training materials - in contrast to most of the other information resources, more respondents used training materials in the practice than at home
- C.21 Although use of computers in general practice was high, with 92% of practice staff saying that they had access to computers at work, there was little use of CD-ROM's and on-line databases. Of those staff who did use CD-ROM's or on-line databases, MEDLINE was by far the most widely used, with 35 respondents using it, and then 12 respondents using the Cochrane Library. Only 1 respondent had used the NHS Centre for Reviews and Dissemination and 1 used the National Research Register, indicating almost no penetration of key elements of the national R&D strategy into primary care.
- C.22 Question B7 asked about some specific problems:
- a) 34% respondents has problems in terms of opening house and ease of access to material;
 - b) 23% have problems about restriction on eligible users
 - c) 30% have problems in terms of support to help use sources.
- C.23 Interestingly only 16% said that they had problems on accessing specific facilities or sources although this may be as a result on not appreciating the full range of resources and sources available

C.24 The key conclusions are:

- a) 67% recognised the need to use computer-based information and library services but 44% did not know how to access and use library services;
- b) 72% said that they had not been trained to use services and 45% of users claim to be self-taught; and
- c) 38% currently expect library support staff to access such services on their behalf.

Programme 3 - Education and Training Requirements

C.25 This programme involved:

- a) interviews with key education and training commissioners and providers
- b) questionnaire surveys of "student" views including postgraduate medical staff and their use of libraries

C.26 As part of this programme of work interviews and discussions took place with the "stakeholders" as shown in Table 4 and Table 5 below.

Table 4 - Medical Education and Training

<ul style="list-style-type: none">• Postgraduate Deans and Business Managers in both deaneries• Postgraduate Dental Deans and Deputies• Directors of Postgraduate General Practice Education• University Liaison Officers - Manchester and Liverpool• Clinical Tutors<ul style="list-style-type: none">Mid Cheshire Hospitals NHS TrustRoyal Liverpool & Broadgreen University Hospitals NHS TrustWirral Hospitals NHS TrustSouthport and Formby NHS TrustFurness Hospitals NHS TrustCentral Manchester NHS TrustBlackpool Victoria Hospital NHS Trust
--

Table 5 - Non Medical Education and Training

- Education and Training Consortia Managers and Members
- Universities providing nursing and other professions basic and post registration / graduate training:
 - Manchester
 - Salford
 - John Moores University, Liverpool
 - University College Chester
 - University College Edge Hill
 - Central Lancashire
 - University College St. Martins

C.27 Questionnaire surveys were undertaken of Medical Staff within each of the Trusts, where Clinical Tutors were interviewed, except in the case of Central Manchester. These covered all grades, including consultants and covered the use of existing services and information sources, user skills and training and perceived problems and issues. As indicated above, these surveys were intended to be illustrative rather than representative. In this context for practical reasons, the survey methodology (sample frame and distribution) varied across the Trusts.

C.28 Similar questionnaires were issued to students on basic and post registration training courses run by the Universities above. Again as the intention was to provide illustrative rather than truly representative material to inform the review, the survey methodologies varied.

Programme 4 - Research and Development Requirements

The Aims of the R&D Programme

C.29 The national aim of the R&D programme, which is taken forward by all Regional Offices, is to

‘...create a knowledge based health service in which clinical, managerial and policy decisions are based on sound information about research findings and scientific developments’.

C.30 The North West Regional Office R&D Directorate manages nationally and regionally funded R&D programmes and has the lead for the dentistry national priority programme.

Information to Support R&D

C.31 There are many questions of importance to the NHS which, whilst they may be addressed by individual R&D studies of good quality, can only be answered clearly when those studies are brought together and systematically reviewed. As part of the Information Systems Strategy two major centres have been established:

- a) The UK Cochrane Centre.
 - b) The NHS Centre for Reviews and Dissemination (NHS CRD).
- C.32 The Cochrane Library is a regularly updated electronic library published by the BMJ Publishing Group on CD-ROM and contains four databases:
- a) The Cochrane Database of Systematic Reviews.
 - b) The Database of Abstracts of Reviews of Effectiveness (DARE).
 - c) The Cochrane Controlled Trials Register.
 - d) The Cochrane Review Methodology Database.
- C.33 DARE and the NHS Economic Evaluation Database (NEED) are also available as online databases through the NHS CRD.
- C.34 Information about R&D activity is available from the National Research Register and includes:-
- a) R&D projects funded by the Department of Health and the NHS Executive;
 - b) R&D funded by other bodies;
 - c) NHS providers obtaining funding from the NHS R&D levy;
 - d) R&D Programmes Managed by North West Regional Office.
- C.35 Funding from the R&D levy is divided into two parts:
- a) support for NHS providers for the R&D activity;
 - b) support for R&D priorities identified by the NHS Executive and the Department of Health.
- C.36 The funds for NHS Providers are used to support:
- a) ***Reactive Funding Scheme***; This scheme aims to support research which is of relevance to day to day clinical and/or managerial decision-making in the Health Service and must be academically rigorous. It allows existing or aspiring researchers in the Region to put forward their own ideas for health services research. The maximum funding limit per project is £30,000 per annum for up to 2 years.
 - b) ***A Development and Implementation Fund***; This scheme is intended to facilitate the experimental introduction into the service of promising research-based service, practice or organisational developments which could make an important contribution to improving the health of the population of the Region. Priority is given to proposals which relate to the management of the introduction of health technologies which have proven efficacy and will lead

to considerable health gain. The maximum funding limit per project is £50,000 per annum for up to 2 years; and

- c) **Biomedical Research Funding.** The role of the Biomedical Research Group is to identify R&D priorities emerging from basic/clinical science and which promise health services value now or in the future, but have not yet been shown to be clinically useful. The aim is to bring to maturity appropriate biomedical and clinical research projects and to evaluate their potential NHS significance. It is intended that researchers in the North West will help to identify priorities and skills and that this will contribute to a clinical research base which focuses on the needs of the NHS.

R&D Liaison Groups

C.37 Seven R&D Liaison Groups have been established within the Region. The role of the Groups is:

- a) To facilitate the use of results of R&D in practice through, taking forward local R&D initiatives.
- b) To build on existing networks and communication channels to ensure that local GPs and organisations including Trusts and CHCs are involved with local R&D activities and have a mechanism which builds on existing networks for contributing to the process of setting priorities for R&D.

C.38 Each local group identifies local priorities relating to the following three areas:

- a) Implementation of an existing health technology of proven efficacy.
- b) Development of a research-based idea leading to service/organisational/practice improvements.
- c) Research to generate new knowledge needed locally.

Training and Support Schemes

C.39 There are a number of training and support schemes within the Region including:

- a) **Critical Appraisal** - A series of Critical Appraisal Skills Workshops are being run throughout the Region by a team of NHS professionals who have been trained in running the workshops.
- b) **Training Fellowships** - This scheme aims to provide directed training which gives staff the chance to develop R&D skills that are currently in short supply in the Health Service, particularly statistics, health services research methodology and health economics. Some of the trainees will be based at the Health Services R&D Support Units via training placements. In return for the time spent in supervision the trainee will assist with the work of the unit. Trainees will be drawn, wherever possible, from existing health service employees in the Region.

- c) **Bursary Scheme** - This scheme is intended to support health services personnel in the North West Region who wish to undertake a taught course in research methodologies. The scheme will support attendance on taught courses at institutions within the North West Region. Study can be full time, part-time or by distance learning and covering any aspect of research methodology.
- d) **Primary Care R&D Networks** - The scheme aims to establish a support network of primary health care providers to expand research and development within the Region. Individuals in the network will be expected to develop and carry out high quality research and development in primary care. In undertaking this the network will also:
- develop a framework for multi-practice research;
 - provide a network to disseminate information, evidence based practice and clinical guidelines.
- Through support and training, and by encouraging further local groupings with an interest in research, critical appraisal and evidence based practice, the networks will foster primary care led research and development.
- e) **Research Practices** - The scheme aims to encourage and support general practitioners and other members of the primary healthcare team to conduct high quality research and development with relevance to improving health and health care. It is designed to support general practices in which there are one or more general practitioners who are already experienced in conducting health services research. It will enable one or more of the practice staff to have some time away from clinical and other duties to conduct research and development and to ensure resources are available to support this R&D work.
- f) **Primary Dental Care - Priority Research Programme** - The North West Regional Office manages this programme which is funded from national resources. The programme is currently inviting proposals for:
- systematic reviews of existing evidence;
 - outline development projects;
 - outline proposals for research projects.

Constraints on Sample Selection

- C.40 The 120 projects provided by NWRO covered a wide range of clinical issues. Only an illustrative cross section of 9 projects and staff (plus three R&D facilitators) were interviewed. The findings from the interviews have been interpreted in the light of other studies to give an indication of the validity of conclusions that have been drawn.
- C.41 An illustrative sample was taken from a variety of the R&D strands and structured interviews were conducted with a person responsible for specifying, managing and disseminating the findings from each project. The aim of the interviews was to assess

how different participants in the R&D programme used the knowledge base provided in the North West to support their projects. The interviews sought to:-

- a) understand the range of knowledge sources used to specify the work;
- b) test the awareness and use of key evidence based medicine sources;
- c) gain users' views on the effectiveness of information services and suggested improvements;
- d) understand levels of training in the use of information sources;
- e) gauge how users intended to disseminate the findings of their research.

C.42 The questions used in the structured interview were complementary to the questionnaires issued by the project to other users and providers of information services so that comparisons could be drawn.

C.43 The results of the survey were then discussed with three staff involved in facilitating R&D to:

- a) gain subjective validation of the results;
- b) discuss the potential paths for improvement.

C.44 The R&D facilitators chosen were Bob Loblely at Royal Liverpool University Hospital, and Stephen O'Neill and Andrew Maines at Hope Hospital, Salford. They covered different geographical areas and had different levels of technology support.

Sample selection criteria

C.45 The overall criteria used to select projects were:

- a) cross section of primary, community and acute topics;
- b) cross section of university, teaching hospital, DGH and Health Authority organisations undertaking work;
- c) variety of R&D topics across different specialties;
- d) variety of involvement from clinical professions;
- e) work of relevance to different healthcare sectors.

The selection of projects is listed in Table 6 overleaf.

Table 6 - R&D Projects sampled

Contact	Project details	Comment
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<p><i>Development and Implementation Fund - 20 projects</i></p> <p>This programme covers very specific clinical projects covering all aspects of care from screening to A&E. The sample selected illustrates geographical spread, cross sector and cross professional review.</p>		
Dr P V Harrison (DIF4) Queen Victoria Hospital, Morcambe	<i>Dermatological screening by digital telediagnosis a clinical and technical evaluation of two ISDN distributed image based systems.</i>	Crosses clinical and technical boundaries
Dr Robert Poole, North Mersey Community	<i>An evaluation of intensive case finding and assertive outreach in order to improve uptake of medical and psychiatric services amongst the homeless with mental health problems.</i>	Community focus in complex information area
<p><i>Biomedical Research Funding - 11 projects</i></p> <p>The projects selected illustrate topics of commissioner and provider interest across different health sectors.</p>		
Dr Catherine Jack, Royal Liverpool University Hospital	<i>The role of copper and zinc in osteoporosis.</i>	Chronic condition of cross sector interest
Dr Elizabeth Anderson, Christie Hospital NHS Trust	<i>Relationship between oestrogen inactivation and breast cancer susceptibility.</i>	Cross sector relevance
<p><i>Reactive Funding Scheme 68 projects</i></p> <p>The projects selected illustrate topics relevant to primary and acute care providers and commissioners, as well as representing a cross section of organisations.</p>		
Dr R Griffiths, Whiston Hospital	<i>Supplementary feed following surgery and severe illness.</i>	Two year project, non teaching hospital
Pirohamed and Walley, University of Liverpool	<i>Adverse drug reaction reporting by practice nurses.</i>	Two year project, university based, primary care focused.
Lloyd, Manchester Royal Infirmary	<i>Analysis of SPET images of brain function.</i>	Acute care topic in teaching hospital.
Regan, Liverpool Health Authority	<i>Use of DNA fingerprinting to control tuberculosis.</i>	Public Health and commissioner interest.
<p><i>Liaison Group Projects (21 Projects)</i></p> <p>A single project was selected from this programme, adding to the overall cross section of organisations to be interviewed.</p>		
Dr Colin Pooley, Lancaster University (Morecambe Bay and East Lancashire Liaison Group)	<i>The impact of changing out of hours provision</i>	Wide relevance to the development of primary care services throughout the Region as well as in the Liaison Group area.

Programme 5 - Direct Patient Care

Initial Proposals

C.46 The intended approach was based on planned workshops organised around a number of specific service review, planning and development case studies. It was envisaged that these would cover:

- a) maternity services
- b) mental health services
- c) a number of disease or condition based integrated acute and community based services, e.g. cancer, strokes etc.

It was envisaged that these would start with Health Authority service reviews and follow the collaborative implementation of these involving both planners with service providers and clinicians.

Problems Encountered

- C.47 After initial exploratory meetings with a small number of Health Authorities, it appeared that this approach was unlikely to produce the breadth of views on and evidence of the effectiveness of existing library and information services required. This was largely because:
- a) many of the service review exercises were driven by financial as much as clinical effectiveness issues;
 - b) the extent of collaborative planning involving both Trusts and HAs was often limited in the first stages and reviews have not always progressed sufficiently for operational clinical practice issues to have been addressed.
- C.48 The approach was therefore revised to focus on specific clinical developments and audit activities.

Clinical Developments - Care Pathways, Care Packages / Profiles and Protocols

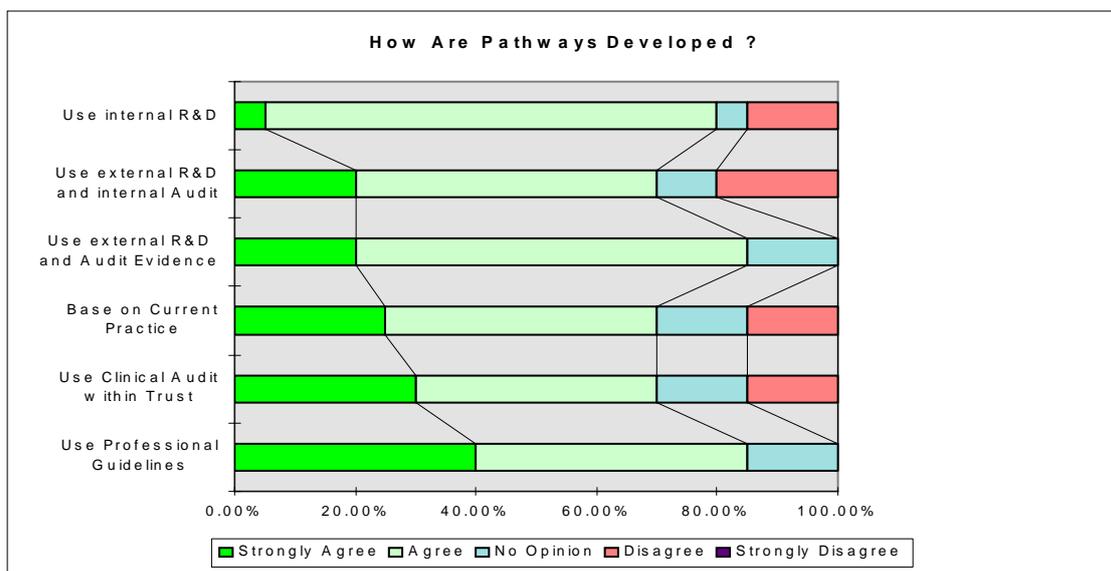
- C.49 The review focused on how far library and bibliographic sources of clinical evidence are being used in the development of operational pathways, package and protocols across all condition groups, and attempted to identify the issues and problems experienced by those working within Acute and Community Trusts and in General Practice. This involved:
- a) Discussions with, and questionnaire survey administered by the North West Branch of the national care / clinical pathways user group. This involved over 50 representatives in Acute and Community Trusts and Health Authorities.
 - b) Specific discussions with clinical and service managers in Trusts involved in the development and use of care pathways or care packages, in particular Tameside and Glossop Community NHS Trust and Chester and Halton Community NHS Trust. Questionnaire surveys were also undertaken in these Trusts
 - c) Discussions with MAAGs in Cheshire and East Lancashire
 - d) Discussions with Health Authorities.
- C.50 The results of the Care Pathways Developers Survey are summarised below.

The Basis for Developing Pathways

C.51 Figure 19 shows:

- a) the importance of professional guidelines as a source of “evidence” when pathways are being developed - over 80% of respondents either strongly agreed or agreed that this source was used within their Trust;
- b) that although external R&D and Audit Evidence are important sources in the majority of “Trusts”, a significant minority did not appear to be using these sources.

Figure 19 - How Pathways are developed

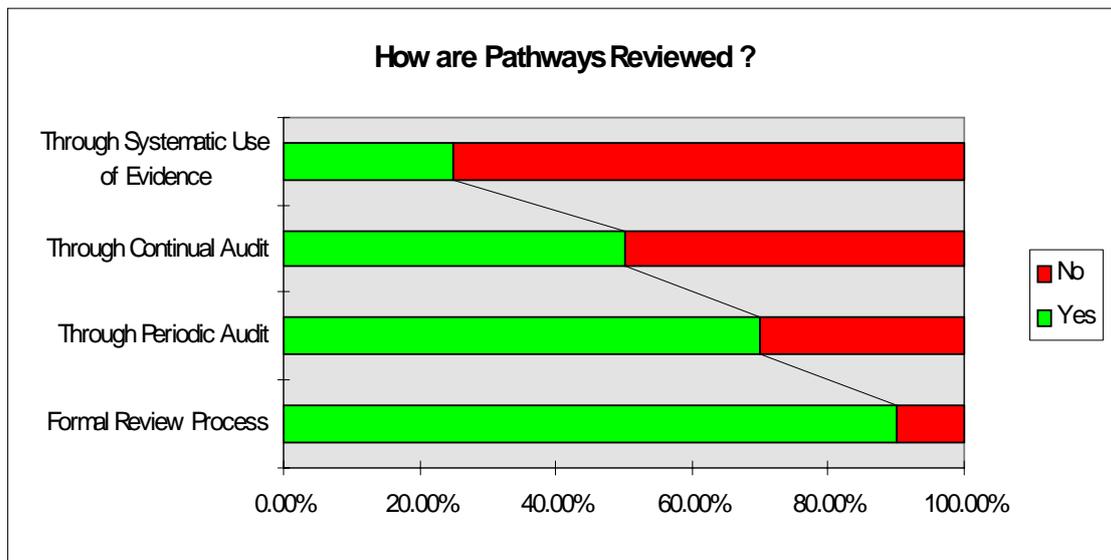


Reviewing Pathways

C.52 Figure 20 shows that

- a) almost all respondents had a formal review process;
- b) most review procedures are based on a mix of periodic and continual audit;
- c) few respondents appear to have systematic procedures for reviewing external evidence once pathways are developed.

Figure 20 - How are Pathways Reviewed ?

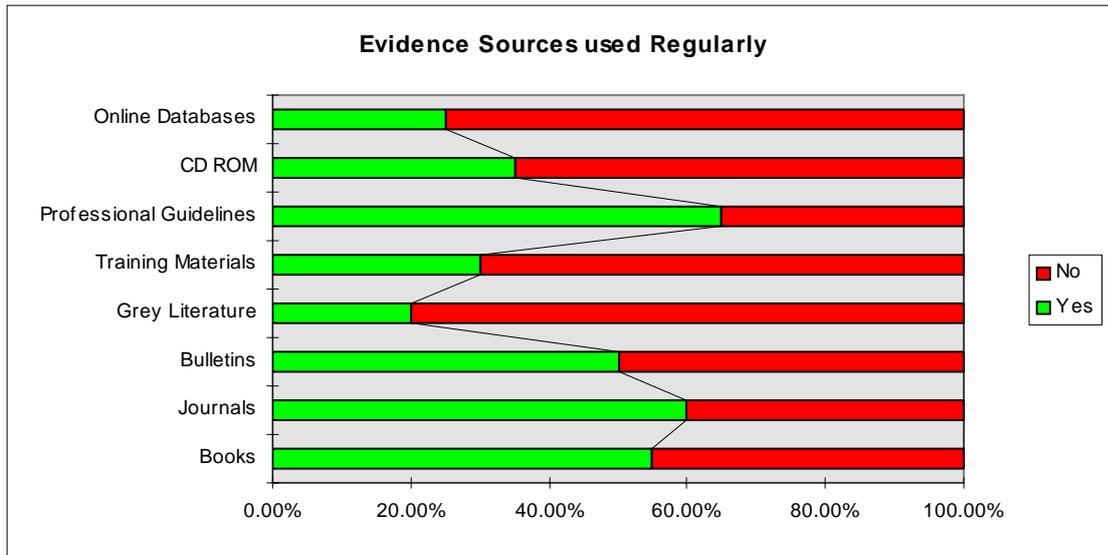


Sources of Evidence

C.53 Figure 21 shows the principal sources of evidence used by respondents. It illustrates:

- a) the importance of professional guidelines
- b) there is little use of grey literature;
- c) the continued importance of paper services as opposed to “electronic” - CDROM or online databases.

Figure 21 - Evidence Sources

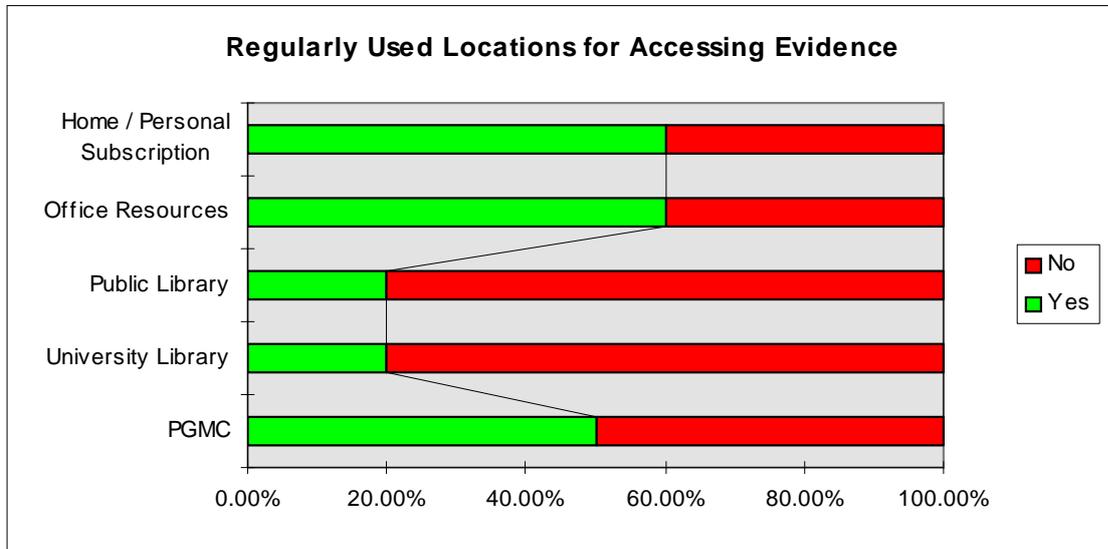


Locations

C.54 Figure 22 indicates where developers are most likely to use evidence.

- a) The most important locations are the immediate workplace and home and this may indicate locations where access to electronic services and user support are required;
- b) Only 50% of developers used PGMC libraries regularly;
- c) there is little use of University libraries.

Figure 22 - Access Locations

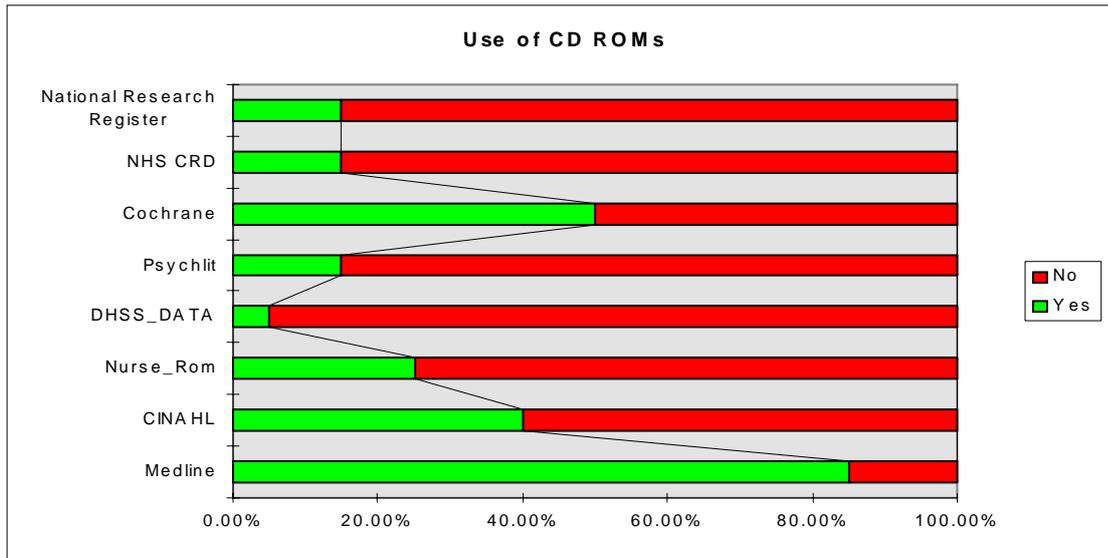


Use of CDROMS

C.55 Figure 23 shows the usage of different CDROMS

- a) The responses will reflect “clinical interests” of respondents and this accounts for the low use of some sources, particularly Psychlit.
- b) There is still surprisingly little use of NHSCRD / National Research Register;

Figure 23 - Use of CD-ROM's

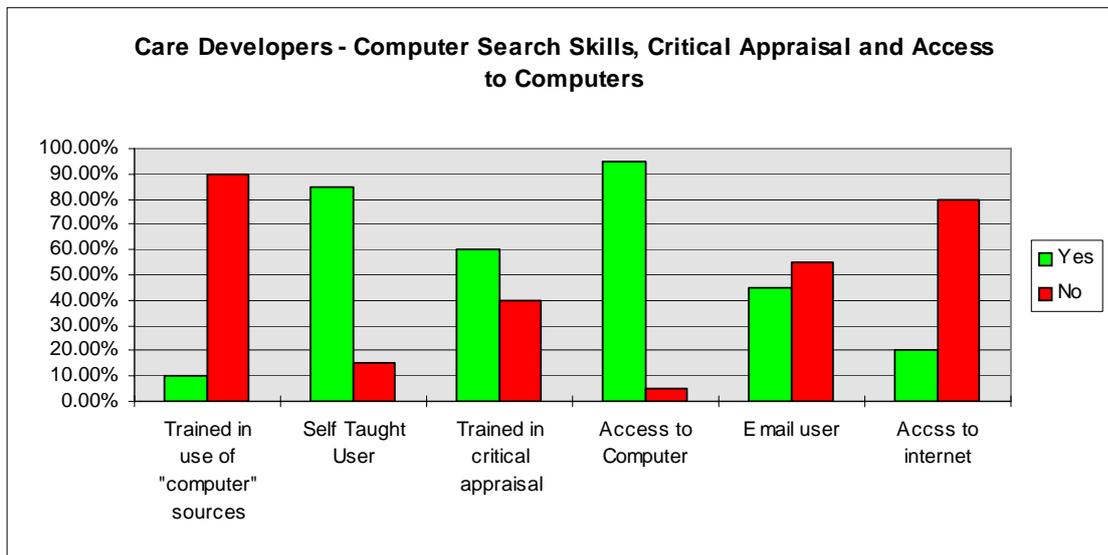


Skills and Computers

C.56 Figure 24 shows that:

- a) Respondents have had very little training in use of computer services / records, the vast majority are self taught;
- b) The majority of developers have access to a computer, which there is a good chance is linked to others within their organisation;
- c) However, very few developers have external communications links;
- d) There is evidence of training in critical appraisal (60%);

Figure 24 - Skills and Computers

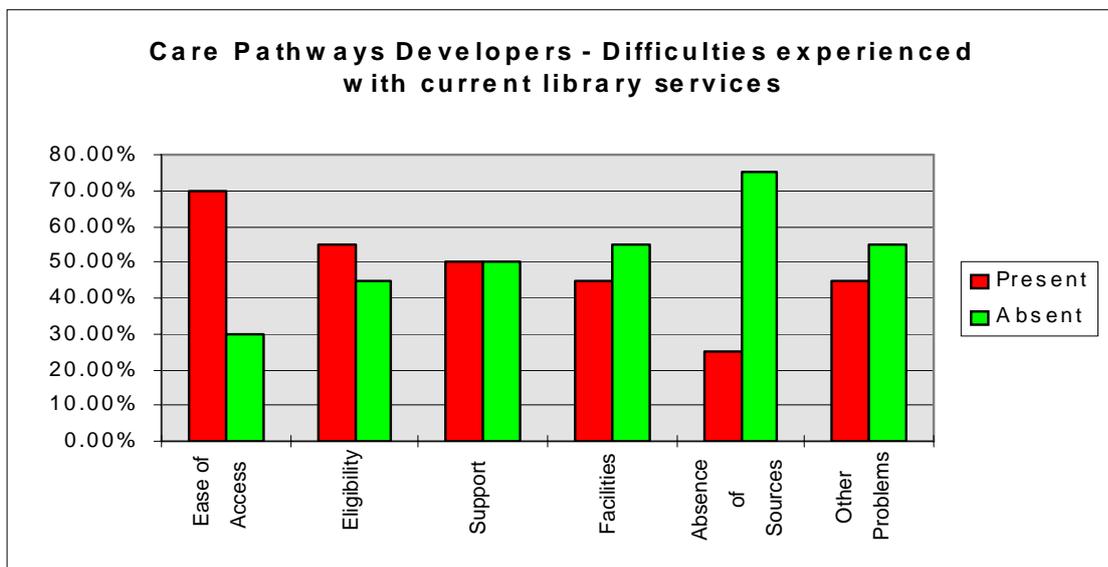


Problems with Library Services

C.57 The survey asked about any problems developers felt existed with existing library services. Figure 25 shows that:

- a) access is the main problem;
- b) eligibility is a significant problem for non medics;
- c) the absence of sources is not as great a problem, although this may reflect a lack of “awareness” of potential sources, which was identified in other user surveys.

Figure 25 - Difficulties



Appendix D - Details of current funding arrangements

- D.1 This Appendix considers the scale and sources of funding for the existing library services principally intended for NHS use within the North West. It is important to recognise that the majority of library services within the Region are not commissioned and funded directly. Library services form a component of a range of “contracts”, which are primarily concerned with securing the education and training of medical and non-medical staff within NHS organisations. Individual local NHS and Higher Education Organisations who provide this education and training may allocate resources from other sources to the library services they provide, but the extent of this and the sources involved varies from organisation to organisation.
- D.2 There is no co-ordination of, or consistency in, these funding arrangements. In almost all instances the level of funding for a particular library appears to be related to the historic pattern of supply of services.

Sources of Information

- D.3 The analysis of existing levels and sources of funding is based on information provided by:
- a) the libraries themselves, in response to specific questions included within the detailed survey undertaken;
 - b) the two deaneries within the Region; and,
 - c) a review of the contracts with Higher Education Institutions for the education and training of nursing and other clinical professions.
- D.4 The Project Team found it extremely difficult to identify accurately overall levels of funding and the contributions from the various potential sources. The analysis has identified a number of inconsistencies in the information provided, in particular between that provided by the librarians and that provided by the deaneries. This often appears to have arisen out of the marginal role of librarians in the overall management of the Postgraduate Education Centres, and their lack of involvement in budget setting and financial arrangements. The financial information provided in the returns from some libraries was incomplete, and subsequent inquiries have failed to provide additional information.
- D.5 Although the information provided by the deaneries was clear, information on the local use of the allocations made to individual organisations and the contributions from other sources has to be derived from the responses of individual organisations and their librarians. Higher Education Institutions have indicated that it is difficult to identify specific funding associated with services provided to “NHS related” students within their corporate library and information services budgets, given their current accounting procedures.

Overall Funding

D.6 It is possible to identify 4 broad categories of libraries:

- a) **Postgraduate Medical or Education Centre Libraries** - The first category can be subdivided into those within the Mersey Deanery and those within the North West Deanery. Table 7 provides an estimate of the overall funding for these libraries. This is based on a reconciliation of the information provided by the two deaneries and the survey returns from individual libraries. The figures should be considered as illustrative given the incomplete nature of a number of the library survey returns. The numbers of libraries represent the number of allocations to individual organisations made by the deaneries.

Table 7 - Postgraduate Centre Library Budgets

	Number of Libraries	Pay	Textbooks / Journals	Other Non Pay
Mersey	20	£200,000	£220,000	£60,000
North West	28	£ 650,000	£400,000	£200,000

The figures do not include the North West Deanery contract with JRUML or Mersey funding of the Liverpool Medical Institution.

The most significant source of funding for these libraries is MADEL and the arrangements for MADEL funding are discussed in more detail below.

- b) **Higher Education Institution Libraries** - It is not possible to produce similar comprehensive budgetary figures for the libraries provided by Higher Education Institutions. These organisations operate corporate libraries budgets covering services to all students and do not specifically identify separate budgets for services provided to “NHS Students”. Although, some attempt was made by the institutions to estimate expenditure on “health related services” in their responses to the libraries survey, this was not undertaken consistently. In addition the majority of the contracts for the education and training of nursing and other clinical professions did not identify specific monetary values associated with library services. From the information available, it seems likely that NHS related expenditure on library provision in the Higher Education Institutions (excluding undergraduate medical students) is likely to be of the order of £1.5 - £1.75 million.

The NMET funding is associated with:

- library provision for nurses and other disciplines within Trust based multidisciplinary education centres (6?)
- discipline specific library provision on NHS Trust sites (12?)
- HE Institution based libraries accessed by “NHS related” students and their clinical supervisors

- c) **Health Authority Libraries** - The survey of libraries suggested the following current levels of expenditure on Health Authority libraries.

Table 8 - Health Authority Library Budgets

	Number of Libraries	Pay	Textbooks / Journals	Other Non Pay
Region Wide	6 (out of possible 16)	£ 100,000	£50,000	£45,000

These estimates are likely to be an underestimate. Only 7 (6 responded) out of 16 Health Authorities were identified as having formal libraries with dedicated staff resources, the others may well maintain some collections of texts, journals and electronic sources. A significant proportion (50-60%) of the expenditure estimated in Table 8 is associated with the Liverpool HA / Regional Office Library which is intended for use by all HA's without a formal library and to provide back-up support to existing HA librarians.

- d) *Specialist Libraries* - The survey identified around £200,000 (around £100,000 on staff costs) of expenditure in other specialist services (both located in NHS Organisations and in related research agencies)

- D.7 The various sources suggest that currently the annual revenue expenditure on library services across the region is of the order of £2.2 million (excluding that included within nursing and other professions training contracts with Higher Education Institutions). If NHS related expenditure by Higher Education Institutions is taken into account, this is likely to rise to £3.7 - £4.0 million. These figures also exclude expenditure on general practice libraries.

Funding sources

- D.8 There are a number of different sources of funding for libraries. These sources - and the issues associated with these sources - are described in turn below.

MADEL Funding

- D.9 Funding for library services is identified specifically within the contracts between the two Deaneries and individual trusts for postgraduate medical education. The nature of the contracts and the library funding varies between the two deaneries.
- D.10 In the Mersey Deanery, the individual Trust contracts identify specific budgets for:
- library staff salaries;
 - textbooks and journals - in total £218,925 in 1997/98
- D.11 In addition, MADEL funds have been allocated to the Liverpool Medical Institution for textbooks and journals - £24,500. In the absence of a Postgraduate Medical Centre at RLUH, the Institution has provided additional libraries support to Liverpool based medical staff.
- D.12 In the North West Deanery, only library staff salaries are identified as specific budgets within the annual allocations to trusts. These amounted to £482,597 in 1997/98. A proportion of the overall non pay allocations to Trusts for the running of Postgraduate Medical Centres (£536,356 in 1997/98) will be spent on library services,

but this proportion is at the discretion of individual Trusts. The Deanery estimate that around 75 % (£400,000) of this non pay allocation is spent on library services.

- D.13 In addition, the North West Deanery has funded a three year support contract from June 1996 for 23 libraries (at 31 locations) within Trusts from the John Rylands University Library of Manchester. This support covers certain operational and advisory services. The annual value of this contract is £65,715.

NMET Funding

- D.14 NMET funding of library services is subsumed within the overall contracts for the pre and post registration education and training of nurses and other clinical professions. The nursing and other libraries maintained by the former NHS colleges were taken over and integrated into the overall library provision of the Higher Education Institutions when contracts were awarded for Education and Training. This process of integration has varied across the Region and is still ongoing.

- D.15 All of the contracts include general clauses covering the *maintenance* of library services provided by former Nursing Colleges, however the majority of these contracts do not clearly identify:

- a) the proportion (or a fixed sum within) of the contract value that should be invested in library services, or a target level of expenditure per student wte. ;
- b) which NHS employees will be eligible to use (fully) the services provided by the Higher Education Institutions.

- D.16 The later contracts contain more detail on the nature and costs of the library services to be provided to support students. However, it is important to recognise:

- a) No evaluation of the adequacy of existing library facilities was undertaken prior to the contracts being awarded. In some instances, it seems likely that the service which the Higher Education Institutions were required to maintain was inadequate to meet the then current requirements. In addition, no allowance was built into the contract values for development of these services.
- b) The Higher Education Institutions provide corporate library services to all their *students* and *staff*. It was inevitable that the former NHS provision would need to be adapted to be integrated into these wider services (and to benefit from the opportunities offered by existing / future corporate investment in these services) and to physically change in line with agreed changes in teaching locations.
- c) The contracts do not appear to require the Higher Education Institutions to provide full services to all NHS staff (within a particular discipline), even though these staff may have had access to the former NHS nursing and other college facilities. This is entirely consistent with the corporate policies of the Higher Education Institutions and the nature of what are essentially education and training contracts. Clinical supervisors within NHS Trusts could be regarded as acting as “agents” of the HE Institutions during clinical placements (a necessary component of the courses provided) and it appears appropriate that they should have full access to library facilities. Where such

arrangements have not been implemented, this should be addressed within the short term.

- D.17 However, where HE Institutions are required to provide library services for other staff, who are not students or clinical supervisors, these should form the basis of a separate service specification and contract. This is one of the consequences of not previously recognising the provision of library and information services as a separate corporate requirement within the NHS, supporting the core business of evidence-based patient care.
- D.18 As indicated above, because of the nature of the contracts with HE Institutions, it is difficult to identify precisely the scale of NMET resources used in expenditure on NHS related library facilities, but it appears that this is annually of the order of £1.5 - £1.75 million.

SIFT Funding

- D.19 The majority of SIFT expenditure on library services for undergraduate medical students is retained within the corporate library services of the Universities involved. However in recognition of the importance of student placements in the undergraduate curriculum, £25,000 is currently top-sliced from the SIFT contract with Liverpool University and allocated to libraries based in Postgraduate Medical Education Centres where there is undergraduate teaching. This is allocated on the basis of the number of student teaching weeks involved, with each Trust receiving between £1000 and £3000¹². This funding has been on a non-recurrent basis.
- D.20 A similar specific arrangement is not operated in conjunction with Manchester University, where no SIFT monies are received either directly or indirectly, although there is an expectation that teaching Trusts will invest some of their SIFT allocations in library facilities and the provision of these facilities forms an explicit component of the monitoring of their “SIFT contracts”. The responses to the survey of libraries suggested that within the former North Western Region, 10 Trusts invest around £30,000 of SIFT resources in library services.
- D.21 It may be argued that the changing undergraduate curriculum and the increased emphasis on “placements” and problem based learning will lead to an increased demand for access to library and information resources from undergraduate students out-with the corporate University environment. This will be from both primary and secondary care locations. This suggests that further consideration should be given to the use of SIFT resources for library services.

R&D Funding

- D.22 Only four of the libraries surveyed identified R&D resources as a specific source of funding. This amounted to around £90,000 in total, of which over 90% was in two libraries - the Liverpool HA / Regional Office Library and that at Guild Trust in Preston.
- D.23 There is little evidence that R&D funding is used by Trusts or Health Authorities for investment in support services such as libraries.

¹² It is worth noting that not all of the libraries in Mersey identified SIFT funding as being one of their sources of funding, and only 50% of the £25,000 was accounted for in the survey returns

Hospital and Community Health Services (HCHS) and General Medical Services (GMS) Funding

- D.24 The identification of the extent of HCHS funding of library services has had to be undertaken through a “process of elimination”. The survey returns suggested that those completing the survey (librarians / postgraduate centre managers) found it difficult to distinguish between funding streams. HCHS expenditure has therefore been estimated as described below.
- D.25 For libraries with Postgraduate Medical Centres or Trust based Joint Education Centres, HCHS funded expenditure has been estimated by deducting MADEL, NMET, R&D, SIFT and Other (Charities, Income from Charges etc.) funding streams from overall budgets. This suggests that across the Region less than £200,000 of HCHS resources is “allocated” to library revenue expenditure¹³. The extent of HCHS funding appears to vary significantly across Trusts.
- D.26 Separate nursing and other clinical professions libraries and HE Institution based libraries are assumed to be entirely funded from the Education and Training Levies.
- D.27 Health Authority Libraries are assumed to be funded from HCHS resources, unless otherwise indicated in the survey responses. The survey suggests that £60,000 of HCHS resources is invested directly in Health Authority based services, although this is likely to be an underestimate.
- D.28 These estimates only cover the expenditure funded from HCHS resources in “formal” library services. There is clearly additional expenditure on information sources, and training and support for their use within local NHS organisations which has not been identified through the surveys. This partly reflects its unco-ordinated, single initiative or department basis and emphasises the importance of developing corporate investment strategies to avoid duplication of effort and realise benefits on a local NHS “community wide” basis.
- D.29 GMS resources are not explicitly used to fund library services, however indirectly, GMS resources can be considered as funding individual general practice libraries.
- D.30 The overwhelming majority of practices responding to the questionnaire indicated that they did not operate a specific “library” budget. Those that did have specific budgets (15%) allocated between £100 - £2,700 annually, with the average allocation being £540 (median £300). This suggests that specific expenditure on libraries within general practice across the Region may be of the order of £75,000 - £110,000.

¹³ Excludes capital charges on premises.

Other Sources

- D.31 The survey suggests that between £75,000 and £100,000 expenditure is funded from other sources, principally:
- a) Trust Funds and Charities; and
 - b) Income from Charges

Conclusions

- D.32 The vast majority of expenditure on existing library services is funded from the two Education and Training Levies. There is very little HCHS / GMS investment in library and information services to support the general development of clinical and management practice, despite the clear policy drive towards evidence-based service delivery.
- D.33 These funding arrangements and levels have given rise to substantial inequalities in access to services across staff groups and working environments. Understandably, the focus of those responsible for managing the Education and Training Levies is on the particular staff groups at which these are targeted, and on library support for formal education and training, rather than on the creation of a corporate support service.
- D.34 Creating a corporate support service which meet the requirements of *all* staff groups, both within and outside the formal education and training processes, and which supports the development of effective evidence-based patient care services, integrated across primary, community and secondary care environments, will require greater co-ordination of the funding streams, and almost certainly an increase in the investment from HCHS/GMS resources.

Appendix E - Details of non-staff expenditure

Information on Non Staff Expenditure

- E.1 The survey of libraries asked for details of current budgets and expenditure on stock and other items. The information contained in the survey responses appears to be of variable quality, but is useful in illustrating:
- a) significant variations in expenditure in libraries across the Region, which does not appear to reflect the size of the “host” organisation and potential client base; and
 - b) variations in the types of expenditure within libraries
- E.2 The analysis has focused on budgets and expenditure in libraries located within acute and integrated trusts, where the predominant source of funding is MADEL. A distinction has been made between acute hospital trusts and integrated trusts.
- E.3 Not all of the librarians were able to supply information on their budgets. This appeared to reflect the lack of separately identifiable budgets for library services. This is of concern and is inconsistent with the strategic objective of creating a comprehensive and responsive corporate service. Three out of the 25 libraries responding within the acute trusts did not have designated library budgets. This was the case in two of the seven integrated trusts who responded, and 1 of the 4 specialist hospital trusts.

Variations in overall non-staff expenditure

- E.4 It appears reasonable to expect that annual expenditure on stock and other non staff items to vary with the size of the potential client base for the library - the numbers eligible to use the library facilities. This is therefore not simply a function of the size of the Trust hosting the library, but also the levels of access that different staff groups have to the facilities.
- E.5 Four of the 25 libraries within acute trusts and two out of the seven libraries in integrated trusts only provided full access to medical staff and students, and in others there were restrictions on the access provided to nurses and other staff. In some instances, full access is only provided to those studying, reflecting the collaboration with the HE providers of training; in other instances, it is provided to certain disciplines, not others.
- E.6 This variability makes comparative analysis between groups of libraries difficult. In order to establish whether there were any statistically significant relationships between trust size (as indicated by income), type of trust (acute and integrated) and client eligibility and non staff budgets, exploratory analysis of variance and regression analysis was undertaken. No significant results were obtained and no coherent groupings of libraries emerged. The analysis presented is therefore purely descriptive.

E.7 The overall non staff budgets for libraries in Acute Trusts and Integrated Trusts are illustrated in Figure 26 and Figure 27 below. The Trusts have been ordered by size, represented by income along the x axis of the diagram. It has been assumed that there is a correlation between size measured in terms of income for services provided and staff numbers within similar types of trust. These diagrams suggest there is only a limited relationship between the size of the Trust and library non staff budgets.

Figure 26 - Overall non-staff budgets of libraries sited within acute trusts

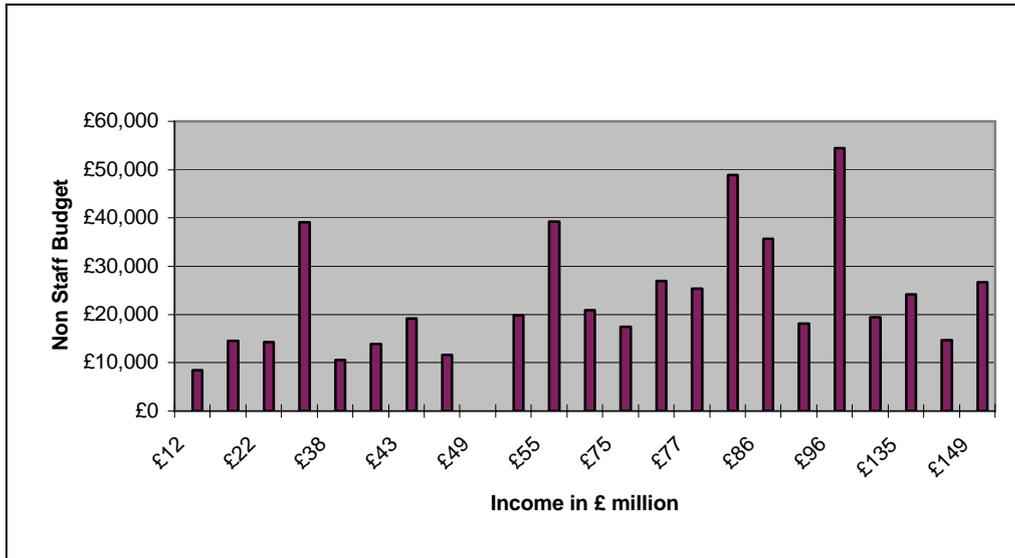
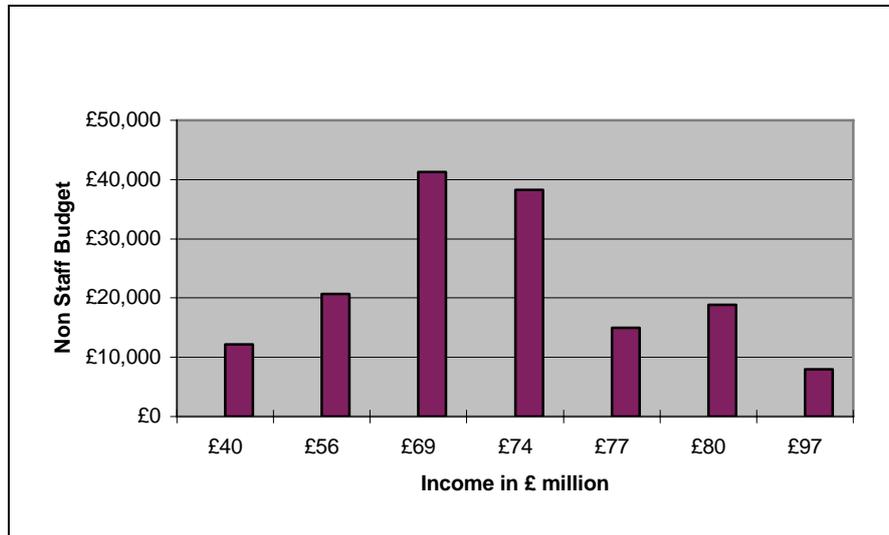


Figure 27 - Overall non staff budgets of libraries sited within integrated trusts



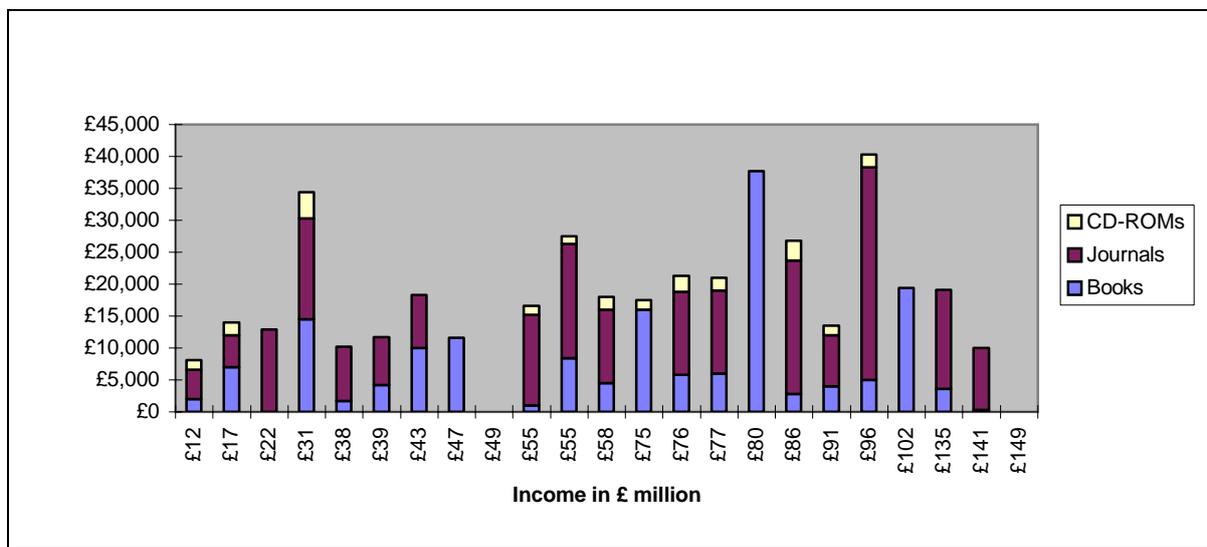
E.8 Although, it is likely that the specific elements of expenditure within a non staff budget will vary between financial years, reflecting among other things the age and loss of stock, these differences in overall budgets suggest inequalities in the level of provision across trusts. They do not indicate a disproportionate level of expenditure in larger trusts, although it is important to recognise that in both the Manchester and

Liverpool Teaching Trusts, a significant number of medical staff also have access to University and “Institute” facilities.

Variations in spending on Books, Journals and CD-ROMs

E.9 The expenditure from non staff budgets on books, journals and CD-ROMs for libraries in Acute Trusts and Integrated Trusts are illustrated in Figure 28 and Figure 29 below. The trusts have been ordered by size, represented by income along the x axis of the diagram. The expenditure on each element is shown as a “stacked bar”. Gaps in the series of bars indicate libraries who did not provide details of the breakdown of their non staff budget

Figure 28 - Expenditure on books, journals and CD-ROMs - libraries sited within acute trusts



E.10 Figure 28 shows a significant variation in expenditure on books and journals. Four libraries indicated that they did not allocate resources for the purchase of journals, which is very surprising and probably represents errors or inconsistencies in the survey returns. Nine of the libraries indicated that they had no expenditure on CD ROMs.

E.11 The variability in expenditure is shown below in Table 10 - Expenditure within Integrated Trusts

E.12 For illustrative purposes the libraries have been grouped into three bands by Trust income. Only those libraries who indicated expenditure of this type within the survey responses are included in the table

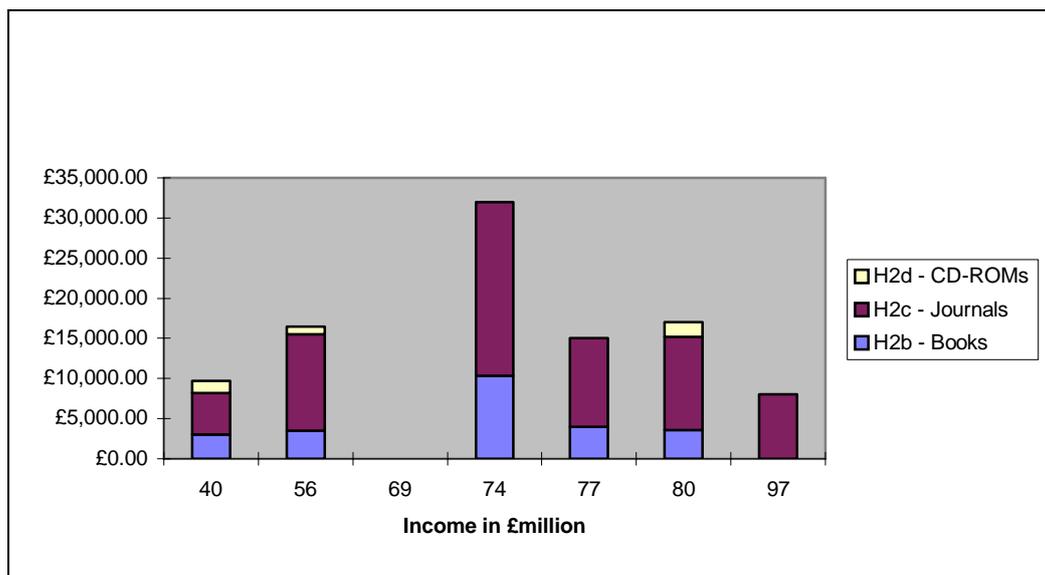
Table 9 - Expenditure by Size of Acute Trust

Small Trusts - Income < £50 million					
Number of Trusts	Expenditure Type	Average	Minimum	Maximum	Standard Deviation
5	<i>Books</i>	£5,890	£1,700	£14,550	£5,286
6	<i>Journals</i>	£9,048	£4,650	£15,705	£4,425
3	<i>CD-ROMs</i>	£2,511	£1416	£4,118	£1,421
Medium Trusts - Income £50-79 million					
8	<i>Books</i>	£7,914	£1,000	£16,000	£4,641
6	<i>Journals</i>	£12,960	£8,300	£17,839	£3134
6	<i>CD-ROMs</i>	£1,772	£1,243	£2,557	£486
Large Trusts - Income > £80 million					
7	<i>Books</i>	£10,397	£300	£37,740	£13,579
5	<i>Journals</i>	£17,490	£8,000	£33,325	£10,205
3	<i>CD-ROMs</i>	£2,226	£1,500	£3,129	£828

E.13 Table 9 shows that average expenditure on books and journals increases with the size of Trust, but this is not the case for CD ROMs. This may not reflect the availability of CD ROMs within the Trusts, as there is some evidence that these are not always purchased from library allocations or considered to be part of the library resource. The minimum, maximum and standard deviation columns illustrate the considerable variability of expenditure within each size band.

E.14 Figure 29 illustrates the variability in patterns of spending in libraries sited in integrated trusts.

Figure 29 - Expenditure on books, journals and CD-ROMs - libraries sited within integrated trusts



- E.15 Table 10 below summarises this. This suggests that journal expenditure is generally higher in libraries within these trusts than in acute trusts. Only half of these trusts had any budgetary provision for CD ROMs.

Table 10 - Expenditure within Integrated Trusts

Integrated Trusts				
Number of Trusts	Expenditure Type	Average	Minimum	Maximum
5	Books	£4,890	£3,000	£10,371
6	Journals	£11,571	£5,200	£21,627
3	CD-ROMs	£1,447	£1,000	£1,822

Expenditure on equipment and other services

- E.16 Table 11 summarises the expenditure on equipment and other services by libraries within both acute and integrated trusts.

Table 11 - Expenditure by Size of Acute Trust

Small Acute Trusts				
Number of Trusts	Expenditure Type	Average	Minimum	Maximum
2	Equipment	£1,533	£1,000	£2,067
0	On line services			
2	Staff Training	£135	£70	£200
3	Inter Library Loans	£526	£250	£980
4	Office Services	£807	£250	£1616
Medium Acute Trusts				
2	Equipment	£2,840	£1,848	£3,833
1	On line services	£407		
1	Staff Training	£500		
5	Inter Library Loans	£1,201	£600	£1,616
5	Office Services	£2,852	£1,050	£6,330
Large Acute Trusts				
2	Equipment	£2,840	£1,848	£3,833
3	On line services	£873	£329	£1,190
2	Staff Training	£755	£510	£1,000
4	Inter Library Loans	£3,933	£1,500	£5,200
4	Office Services	£3,238	£1,000	£7,668
Integrated Trusts				
Number of Trusts	Expenditure Type	Average	Minimum	Maximum
3	Equipment	£1,871	£500	£4,449
1	On line services	£407		
0	Staff Training			
3	Inter Library Loans	£1,008	£856	£1,170
4	Office Services	£890	£356	£1,757

E.17 The key points that are illustrated by Table 11 are:

- a) the very limited expenditure on on-line information sources, only five of the libraries had budgeted for expenditure on these sources.
- b) the lack of funding of staff training. Only five out of 29 libraries had staff training allocations within their budgets and the average amount was less than £500. There are other sources of “corporate” education and training funding which librarians may access, but these small dedicated amounts are of concern as there is a clear requirement for librarians to adapt to new sources of information and changing technology.

Appendix F - Specification inviting bids to establish local multidisciplinary evidence centres

Note - This specification was issued as part of a call for proposals by the North West Regional Office in mid January 1998 as part of the implementation of the interim findings of the study.

Invitation for Proposals for the Establishment of Local Multidisciplinary Evidence Centres

Introduction

Purpose of this Document

F.1 This document is intended to provide detailed information to Health Authorities, Trusts and other organisations who wish to submit proposals for the “piloting” of Local Multidisciplinary Evidence Centres (LMECs), in the context of the initial recommendations of the Review of Library and Information Services within the North West Region of the NHS Executive. The document sets out:

- a) the background to the Review
- b) the problems and issues identified by the Review, which Local Multidisciplinary Evidence Centres are intended to address and the types of benefits that may be realised.
- c) the types of services and support that Local Multidisciplinary Evidence Centres should provide.
- d) the relationship between Local Multidisciplinary Evidence Centres and other initiatives, and the importance of building on these initiatives and integrating Local Multidisciplinary Evidence Centres with other developments.
- e) the requirements for piloting the development and implementation of Centres and for formal external evaluation.
- f) the support and resources available for the “piloting” and the need for local ongoing commitment and resourcing in the event of favourable evaluation.
- g) the required content and structure of proposals to pilot Local Multidisciplinary Evidence Centres
- h) the timescale for submission of proposals and the date by which applicants will be advised of their successful bids.

Background to the Review

F.2 The NHS Executive North West Regional Office commissioned a Review of Library and Information Services in May 1997. The Terms of Reference for the Review were “to review the current provision of Library and Information Services within the Region for the purposes of:-

- a) **education and training** - to consider the needs of both basic and undergraduate education and continuing professional development. Looking

at access to information sources and libraries for those both undertaking and delivering education;

- b) **research and development** - to consider the needs of both existing researchers and those working in areas in which it has been decided to encourage an R&D culture, including consideration of access to information with which to evaluate existing practice; and
- c) **patient care** - to consider whether staff have access to information to assist them in determining the right treatment for the right patient at the right time.

F.3 The Review has considered the requirements of all those involved in providing, planning and commissioning healthcare, namely:

- a) practitioners in acute and primary care at all levels and in all professions;
- b) NHS management;
- c) students in all disciplines; and
- d) those engaged in the training of NHS staff.

F.4 It has specifically focused on identifying and evaluating:

- a) the library and information services currently used by NHS staff within the region, including eligibility for access, hours and times of access, numbers and types of user, quality of the library accommodation;
- b) current level and sources of funding of NHS libraries;
- c) the information retrieval skills, of both library staff and users;
- d) any planned training programmes and any identified skills gaps for library staff and users of the services, identification of any barriers to training;
- e) alternative means of access to information sources; i.e. physical, electronic, telephone; identification of common barriers to accessing information such as distances to information sources, hours of availability;
- f) who are the non-users of current services and why;
- g) perceptions of current provision of services and of the barriers to improvements;
- h) gaps in provision due to changes in the overall direction of NHS Policy;
- i) existing IT networks;
- j) means of building on existing networks;
- k) new and developing systems of information retrieval; and

- l) the possibility of a central enabling function to ensure equity of access across the region and across professions.
- F.5 The results of the Review are now becoming available and a number of initial recommendations have been put forward. The proposal for the piloting of Local Multidisciplinary Evidence Centres is one of these recommendations, which the Regional Office wishes to see taken forward within the short term.
- F.6 The overall Review will be published in March 1998 and will contain a wider range of recommendations. Health Authorities, Trusts and other relevant organisations will be consulted on these recommendations at that time.

Requirements for improved access to Library and Information Services for those Staff in Primary and Community Care

Review Findings

- F.7 The Review has identified that staff working within primary and community care settings have significantly greater difficulty in accessing library and information services than those working within hospital settings. The existing provision of services is largely focused on acute hospital sites, universities and colleges. Few community trusts maintain “formal” libraries, although some have agreed access arrangements with acute hospital based postgraduate medical centres, principally for doctors. Unless specifically involved in formal training courses, nurses and other clinical professionals are often not eligible to be full users of these facilities. They are also relatively remote from the normal place of work of these staff. The infrastructure to provide electronic access and the skills to use this type of access are also almost non-existent.
- F.8 While over 60% of General Practices have libraries, these are principally designed to support general practitioners and have limited relevance to nurses and other clinical professions attached to practices. Very few practices have access to on-line or CD-ROM based evidence sources.
- F.9 Although each of these sources provides illustrative, rather than statistically representative evidence, the Review’s initial recommendations are that a high priority should be given to initiatives to address these problems.
- F.10 The need to address the problems experienced by those providing care in primary and community settings in accessing information and evidence has been recognised elsewhere, particularly in Anglia and Oxford. The benefits that should be realised from providing improved access should fall within each of the three areas the review has considered:
- a) Direct patient care - support for the development of evidence based practice (protocols / guidelines etc.) within Primary Health Care Teams and improved clinical audit;
 - b) Education and Training - support for the continued professional development of all staff groups working within primary and community care settings, and

improved support for undergraduate and postgraduate medical and other clinical students undertaking placements in these settings;

- c) Research and Development - improved support to encourage primary and community care based research initiatives and a vehicle for the dissemination of research findings.

Policy Context

F.11 HSG (97) 47 identifies the key role that library provision plays in ensuring clinical effectiveness and supporting research and education and training. This sets out the principle that NHS library provision should be multi-disciplinary and meet the needs of all staff groups for access to the information they require to carry out their work effectively. The guidance indicates that Health Authorities and Trusts should develop local service strategies addressing the needs of all staff by Autumn 1998. These lead strategies will clearly need to address the access problems identified within the overall Region-wide Review.

F.12 The improvement of access to library and information services for those working in primary and community care is consistent and should ideally be integrated with other initiatives, in particular:

- a) *Primary Care Act Pilots* - virtually all pilots have an underlying objective of achieving greater co-ordination of care being delivered by the various members of the Primary Health Care Team (PHCT) in order to achieve both better outcomes for patients and greater efficiency. This suggests that one element of the pilots should be to provide improved access for all PHCT members to shared “bibliographic” sources of evidence.
- b) *Primary Care or Locality Commissioning* - again a key component of these initiatives is to commission more effective, accessible and efficient services to meet the needs of local populations. This will require both a detailed understanding of the characteristics, needs and morbidity of these populations and access to evidence on the most appropriate interventions to address these needs.
- c) *Health Action Zones* - the guidance for Health Authorities submitting bids stresses the importance of taking a “holistic, person centred approach to the delivery of care”, which “may result in the development of a protocol based approach for different disease groups, setting out clearly the expected treatment courses for particular conditions, including the contribution of primary and secondary care and of social care agencies”. Clearly such protocols will need to be based on a shared understanding of the evidence base, which may need to be accessible on a multi agency as well as multi-disciplinary basis.
- d) *Primary Care Groups* - the White Paper “The new NHS: modern, dependable” introduces the idea of GPs and community nurses commissioning services for a local community based on a Health Improvement Plan. This will necessitate access to a wide range of information and resources to support the decisions that the Groups will make about how they use their resources.

Local Multidisciplinary Evidence Centres

Objectives

- F.13 The Review Team has recommended that Local Multidisciplinary Evidence Centres should be piloted with the objective of improving access to a wide range of information and evidence for all staff groups working within a primary and community care setting. These centres would be “dedicated” to particular local communities, based around either localities or groups of general practices such as Primary Care Groups.
- F.14 The objectives of these centres will be to:
- a) provide all members of Primary Health Care Teams (this may include staff employed by non NHS agencies) caring for patients within a local community with access to information and evidence to support developments in more effective clinical /professional practice;
 - b) support the continuing professional development and education and training of Primary Health Care Team members by providing them with access to appropriate bibliographic and evidence sources;
 - c) provide a mechanism for disseminating the results of relevant research and development and to support researchers within the local community; and,
 - d) provide support and training for PHCT based staff in the use of various sources and the appraisal of evidence.

Content

- F.15 The Local Multidisciplinary Evidence Centres should provide these staff with access to the following range of sources:
- a) CD-ROMs, such as Medline, Cochrane, CINAHL, Sociofile - etc. (probably up to 40% of care provided by NHS PHCT members will be to patients with associated social care needs). This is not intended to represent the full range of relevant electronic sources. This will need to be reviewed with the user community of the proposed centre, as part of the detailed local planning.
 - b) online sources including the World Wide Web (Internet / NHSnet based etc.)
 - c) professional guidance
 - d) a limited number of appropriate journals and texts
 - e) relevant grey literature (i.e. non-formally published materials)
- F.16 It is important to recognise that this may not require a physical facility within each locality. The alternative options for providing these services are discussed below.

- F.17 In addition, the LMECs should provide access to quantitative sources of information on the characteristics of local populations, their need and expressed demand for services, and the environment in which they live. Such material would include national and local censuses and surveys; local and national “minimum” datasets, environmental surveys and databases etc.
- F.18 Much of this latter material is currently assembled by health and local authorities but is not particularly accessible to those planning and delivering services at a more local level. It is important to bring together this type of information that informs assessments of local populations needs for services with the evidence base on the most effective ways of delivering these services.

Supporting Infrastructure

- F.19 In order to provide appropriate levels of access for staff working from practices, clinics and health centres, there will be a need for investment in a supporting infrastructure, this will involve:

Technology

- F.20 Investments in local networking and connectivity to wide area networks (NHSnet and Internet) within the context of appropriate security and confidentiality policies. The evidence suggests that many sources are used most efficiently when they can be accessed from the immediate workplace.
- F.21 In order to provide a user friendly and consistent approach to accessing electronic sources, there may be a need for collaborative software developments of appropriate user “interfaces”.
- F.22 Depending on the option selected and the existing resources available, local investment in server and workstation hardware and peripherals may also be required

User Support

- F.23 Arrangements will need to be established to enable users to obtain documents and copies of articles identified as relevant.
- F.24 An important feature of the LMECs should be the availability of skilled staff to support clinicians and others within the local PHCTs in accessing relevant sources, and potentially in appraising and interpreting materials. It may be important that these staff are dedicated to and identify with specific local centres, if the services are provided through external contracts (see below). This support may be of different types, for example:
- a) “search, retrieval and initial appraisal”
 - b) “interpretation and specialist analysis”
- F.25 There will often be a need for staffing to provide these enhanced services but this need should be taken forward in the light of HSG(97)47. Applicants wishing to bid for staff funds will need to make a particularly strong case and short term

appointments (e.g. 6 months) will be favoured. Only **exceptionally** will be funds be provided for staff for the full 2 years of this project.

- F.26 Applicants will wish to consider how best to provide this latter type of support, their current access to external support and the ongoing role of Public Health Resource Centres, the existing R&D Support Network and existing Drug Information Units.

External Support Services

- F.27 Depending on the option selected for developing the local centre, there may be a need to develop links with “tertiary or external” library/information services to give access to the full range of materials and to provide access to full journal / texts and copies of articles. Local delivery and collection (electronic / physical) services are likely to be required.

Alternative Approaches

- F.28 There are a number of alternative options for developing LMECs. These are simply categorised below:

- a) The creation of local “physical” resources with network links to individual practices / clinics. These centres may provide other training resources. They may be based around:

- totally “new facilities”
- the recently developed Primary Care Resource Centres
- existing Health Authority libraries / education centres
- existing Trust based postgraduate or joint education centres

- b) The provision of “virtual” services, based on a single or multiple service supplier(s). These suppliers may be:

- existing postgraduate or joint education centres
- Universities
- Health Authorities
- existing Drug Information Centres/Services

- F.29 None of these options are mutually exclusive and the most appropriate approach is likely to vary across the Region. In some areas, a combination of a local physical resource based on for example an existing Primary Care Resource Centre, with effective communications links to existing specialist library/information support services within for example a postgraduate education centre or University may provide the most cost effective solution. In others, where there is no appropriate local physical resource, the most cost effective solution may be provided through improved

practice communications links with for example existing postgraduate education centre or University libraries.

- F.30 In framing local proposals for pilots, applicants will need to consider which approach is likely to be most effective and offer best value for money in the particular local circumstances concerned. Clearly, the evaluation of the pilots will seek to establish whether this is the case.

Relationship to other Initiatives

- F.31 Improving access to information and evidence is only one component of any programme of actions designed to ensure that local services are based on the evidence of clinical effectiveness. Simply addressing this one issue in isolation is unlikely to achieve the expected benefits of more effective and efficient patient care. This needs to be part of a wider programme which also addresses:

- a) The introduction of clinical practice and audit systems, enabling evidence to be introduced in practice - there is evidence that these are already taking place within Primary Care, with almost 50% of practices responding to the Review survey being involved in systematic audit programmes and almost 60% in the development of evidence based guidelines or protocols.
- b) The introduction of operational systems support (for all staff) for the use of evidence in clinical decision making.
- c) Training staff in locating, interpreting and critically appraising sources of evidence

- F.32 In submitting proposals to pilot Local Multidisciplinary Evidence Centres, applicants should indicate how these relate to wider programmes of activities to support evidence based commissioning and healthcare delivery within the local communities concerned.

- F.33 As indicated above, it is essential that the pilots are integrated with other developments arising out of “The New NHS”. In particular, proposals should seek to build on existing organisational developments and indicate how the LMECs will relate to:

- a) Primary Care Act Pilots (PCAPs) - although appropriately Local Multidisciplinary Evidence Centres may support a wider community of practices than some of the smaller PCAPs; and,
- b) Primary Care Groups - Local Multidisciplinary Evidence Centres may play a key role in supporting these groups in developing local quality standards and service protocols in collaboration with Trusts.

The requirements for piloting and evaluation.

- F.34 It is intended to establish up to 6 pilot Local Multidisciplinary Evidence Centres across the Region (with a minimum of 3) LMECs one within each of the 3

geographic zones (Greater Manchester, Merseyside and Cheshire, Lancashire and South Cumbria). These pilots will commence in the first calendar quarter of 1998, and significant progress in implementation will be achieved in 1998/99. The piloting will run for an initial 2 years, during which time they will be subject to a formal external evaluation process.

- F.35 The Regional Office is seeking collaborative proposals from Health Authorities, General Practices, Trusts and other organisations for the establishment of these pilots. These proposals are likely to involve partnerships with external suppliers of library and information services. It is anticipated that, subject to modifications arising out of the evaluation results, the pilot projects will have a long term future.
- F.36 Successful applicants will be required to produce a Progress Report after the LMECs have been in operation for one year. The date for the production of this Report will be agreed between the NHS Executive North West and the successful bidders, but will be no earlier than March 31 1999.

The support and resources available for the “piloting” and the need for local ongoing commitment and resourcing

- F.37 The Regional Office will allocate initial **non recurrent funds** of approximately £500,000 for the establishment of the pilots in 1997/98 in the light of the costings and implementation plans contained in those proposals which are approved. These monies will not be available for capital build, but may possibly be used for refurbishment of existing premises. A further non recurrent allocation may be made in 1998/99, but this will need to be reviewed in the light of the proposals submitted and the potential for a second wave of pilots.
- F.38 From this initial allocation, one off bids of up to £20,000 may also be available. Consideration will be given to those applicants who identify gaps in their existing resources (e.g. journal titles, cd-rom databases, pc equipment) that could be used to support improving access to the evidence-base for all staff groups working within a primary and community care setting. Partners bidding for multiples of £20,000 (e.g. 3 partners bidding for £60,000) will be regarded as bidding for Local Multidisciplinary Evidence Centres.
- F.39 One objective of the piloting is to identify cost effective, sustainable approaches to improving access to information and evidence for those working within primary and community care settings. The proposals submitted should therefore identify how the ongoing revenue support required to maintain the centres is intended to be achieved without earmarked central funding. The formal evaluation should demonstrate the affordability of this in the light of identifiable benefits.
- F.40 This ongoing revenue expenditure is likely to be required to fund:
- a) support staff,
 - b) communications
 - c) licences (additional investigation of copyright issues is being undertaken)

- d) upgrades, maintenance and replacement of equipment

The required content and structure of proposals to pilot Local Multidisciplinary Evidence Centres

F.41 The proposals submitted **should not exceed** 10 pages of A4 and should cover:

- a) The organisational scope of the pilot and its management arrangements, in particular the local community of NHS organisations that the Local Multidisciplinary Evidence Centre is expected to support, the roles of the collaborating organisations involved in specifying, implementing, managing and using the proposed service, for example:
- service commissioner (s)
 - service provider (s)
 - service users
- b) The commitment of each of the organisations involved and of potential service users to the pilot;
- c) The overall objectives of the pilot and the benefits that are expected to be achieved for:
- NHS staff users of the services
 - patients within the local community; as a result of staff using the service
- d) The scope and nature of the services to be offered through the Local Multidisciplinary Evidence Centre and how these will be provided
- e) The relationship of the pilot to other initiatives, and other related actions designed to “promote” evidence based care (some of which may be eligible for funding support as part of this proposal); for example:
- training of staff in:
 - the appraisal of evidence
 - the use of computer and communications technology and in particular the use of electronic sources;
 - search strategies and skills; and.
 - analysis and interpretation skills
 - investment in clinical support systems.
- f) The relationship of the proposal to other organisational and service developments likely to arise out of implementation of “The New NHS”;

- g) The approach to be adopted locally to evaluate the achievement of the pilots objectives and realisation of expected benefits;
- h) The estimated costs of implementing and evaluating the pilot, including the longer-term revenues costs of maintaining the service. Costs should be identified against particular activities (e.g. Project Management, Critical Appraisal Training) and particular “products” (e.g. hardware purchases, networking, licence fees etc.)
- i) Implementation Plan, showing activities with timescales, resources required and outputs
- j) Details of how the existence of the LMEC's will be promoted to all members of Primary Health Care Teams caring for patients within the identified local community

Please note: Successful applicants will be required to invoice the NHS Executive North West for the agreed amount, **no later** than Friday March 6 1998.

The timescale for submission of proposals and notification of results

- F.42 Applicants should submit **6 copies** of their proposals to the Regional Office by Friday February 13 1998.
- F.43 Proposals **should not exceed** 10 pages of A4.
- F.44 The Regional Office will notify applicants about the success of their proposals following evaluation of the bids no later than Friday February 27 1998.
- F.45 Successful applicants will be required to invoice the NHS Executive North West for the agreed amount, **no later** than Friday March 6 1998.

Appendix G - Funding the Library Service within the North West

- G.1 This appendix sets out the proposals for changes to the way in which library services are funded and managed within the Region.

General Principles

- G.2 Prior to the publication of “The new NHS”, the Secretary of State set out seven principles which should underpin the management of the NHS. These principles provide an equally appropriate starting point for developing proposals for the funding and management of library services within the NHS.

- a) Fairness - This principle suggests that future funding and management arrangements should ensure greater equity in access to services for all staff groups, across all working environments within the Region. This implies funding arrangements which facilitate:
- the creation of “corporate” services, which all staff are eligible to use, which provide access to a comprehensive, consistent set of resources irrespective of the working environment of the staff and which meet the requirements of these staff not only when involved in formal education and training, but when undertaking research and development, and implementing local service (clinical) developments and audit programmes.
 - the implementation of consistent standards of services and support across the Region; and
 - the harmonisation of service charging policies across local service providers within the Region
- b) Efficiency - The funding and management arrangements must ensure that services provided represent “value for money”. This suggests that a single service “commissioning” process should be established to achieve greater co-ordination and avoid unnecessary duplication in provision, together with the development of an appropriate performance management framework which allows comparison of service costs and quality both within the Region and with services elsewhere
- c) Effectiveness - The funding and management arrangements for library services should form an integrated component of overall commissioning and service development policies. The benefits to be realised from improvements in coordination of and increased investment in library and information services should be seen in higher quality, more efficient and effective patient care (which is delivered by a better informed and educated workforce). Improvements in access to information will not in themselves give rise to these benefits; such improvements should be an integral component of overall Health Improvement and Service Development Programmes with accompanying investment in developments in clinical practice, clinical

support systems etc.. This suggests that Health Authorities should have a key role in the future commissioning of library services.

- d) Responsiveness - The funding and management arrangements should enable those providing services to respond to the needs of users in different staff groups. The implementation of the recommendations of this Review should not be seen as the commencement of an iterative cycle. This implies that regular monitoring and review procedures should be put in place collaboratively by library service commissioners and providers, identifying changes in service usage and user requirements, developments in information sources, their format and the opportunities for using technology to improve access arrangements etc.
- e) Integration - This principle reinforces the need for funding and management arrangements to facilitate the provision of a multi-disciplinary service which meets the requirements of staff treating patients and planning services across all care settings. The aim should be to develop a range of services accessed through a “seamless” user interface (even though there may be separate suppliers).
- f) Flexibility - This emphasises the requirement for funding and management arrangements to facilitate different solutions within different local communities of NHS organisations, recognizing the differences in the current service infrastructure that is available, and the differing access requirements of staff groups in various locations.
- g) Accountability - The final principle highlights the need to put in place clear accountability and review processes for safeguarding standards, reviewing quality and managing performance.

General Approach

G.3 The Project Team believe that more effective, corporate, multidisciplinary library and information services will only be achieved if there is a clear responsibility for commissioning these services as a whole, and not as components of separate contracts for other services. It is proposed that this be achieved through:

- a) The creation of a single pool of resources - “a regionwide library services levy”
- b) The allocation of this “pool” across local commissioning organisations who are responsible for commissioning library services to meet the needs of all NHS staff working within a particular area.
- c) An allocation process that takes into account the current levels of service available within each area, the numbers of staff employed and seeks to achieve a more equitable distribution of resources to ensure a similar standard of provision in each area over a clearly defined time period. (*This could be seen as an analogous resource allocation procedure to the weighted capitation approach used to allocate HCHS resources to HAs*)

- d) The definition of a strategic framework which defines the core standards of levels of access, range of sources etc. to be achieved through these local commissioning arrangements and Region-wide performance management arrangements to ensure these standards are being implemented. This should be achieved within the existing zonal performance management arrangements, but will require the appointment of a Head of a Regional Libraries Advisory Unit, who should be responsible for implementing the allocation process, developing and maintaining guidance on core standards and ensuring that these are achieved. (This role is defined in more detail in G.42/43)

(It may be argued that the core standards are analogous to a National Service Framework, as set out in "The new NHS" and should be defined on an NHSwide basis. These standards would incorporate the requirements of Royal Colleges and Other Professional Bodies for post graduate and registration accreditation.)

- e) The development of local service strategies (in support of Health Improvement Programmes) by the commissioning organisations which reflect and build on the region wide strategic framework. For example, these might take forward the implementation of "local evidence centres", after appropriate evaluation of the trials proposed in this review.

Creation of a corporate pool of resources

G.4 It is important to recognise that this "pool" is intended to facilitate the commissioning of corporate library services for all NHS employees. This includes those involved in post graduate or post registration education and training, but not undergraduate and pre registration students who are not NHS employees.

G.5 It is proposed that the "pool" should therefore be created from:

- a) a proportion of MADEL resources, currently allocated to the Deaneries;
- b) a proportion of NMET resources allocated to Trusts for post registration education and training;
- c) a proportion of the R&D levy;
- d) HCHS and GMS resources

G.6 It is unlikely that it will be acceptable to top slice the latter at a Regional Level, but the allocation formula for the pool should be explicit about the assumed levels of HCHS and GMS funding required to be allocated locally to achieve the core standards required of library services. (See G.14)

G.7 This approach recognises that it is not feasible to isolate library service provision from the contracts with Higher Education Institutions for pre registration training or from contracts with the Universities for undergraduate medical education. These students are not NHS employees. However, where these students and staff acting as agents of the Universities or Higher Education Institutions are required to use the NHS commissioned services, there should be a separate contract and appropriate payment. These arrangements would be similar to the current contract between University College of St Martins and Furness Hospitals PGMC and the SIFT

allocations to PGMC libraries within the former Mersey (these would however be recurrent contracts).

- G.8 Where Trusts receive SIFT funding directly, there should ideally be similar “contractual” arrangements between the Trust and the provider of local commissioned NHS services. These additional “contracts” would be co-ordinated through the local commissioning organisation.

Increasing the overall resources available

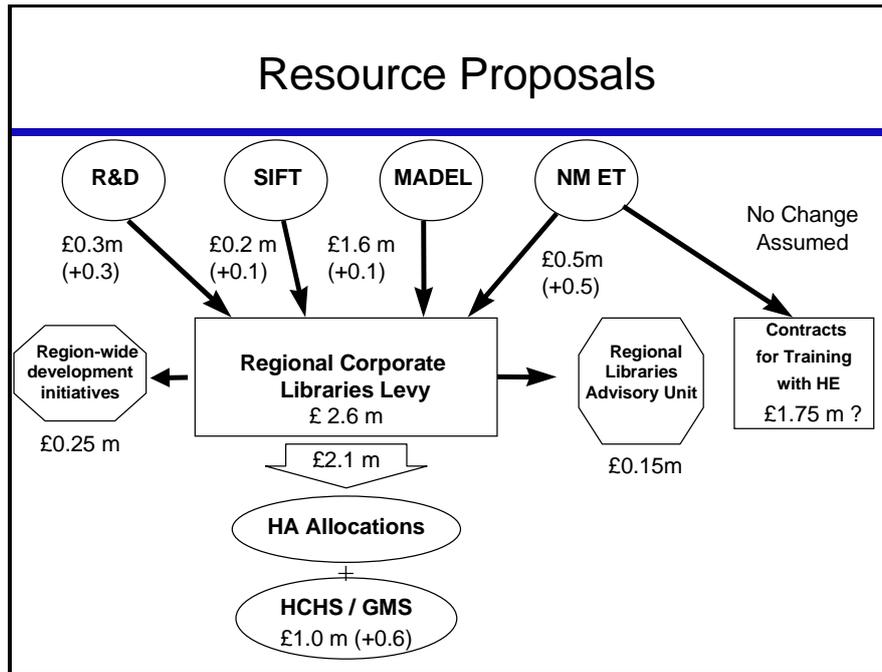
- G.9 Statistics from the NHS Regional Libraries Group 1995-96 place North Western 9th out of 13 in terms of 'budget per potential user' (£27.11)¹⁴ South and West, East Anglia, Northern & Yorkshire, and Trent are placed lower than North Western^{15 16}.
- G.10 RLG itself puts a health warning on this 'budget per potential user' as this was the first time they had asked for potential user figures and Regions may have calculated this differently. Hence not all returns were included in the RLG analysis. Those limited responses which when analysed give the above figure are considered reliable however.
- G.11 In the context of these figures, and recognition that those Regions with Regional Library Units in place are in the higher-spending bands, it is proposed that there should be an increase in the overall expenditure on library services within the North West.
- G.12 Figure 30 below shows the proposed approach to the funding of library services and the broad changes in funding levels proposed within the review.

Figure 30 - Increasing Resources within the proposed funding arrangements

¹⁴ Highest - Oxford £70.78. Lowest - South and West £23.02. Mean £36.37.

¹⁵ This constitutes North Western (East) as Mersey did not make a statistical return to RLG that year.

¹⁶ The survey also predates the implementation of the South and West and Northern & Yorkshire library strategies.



G.13 Figure 30 shows that it is proposed that over time an additional £1.6 million should be allocated annually to the provision of library and information services - an increase of around 40%. These changes have been expressed in terms of additional expenditure at current prices.

G.14 The additional £1.6 million should be made up of the following increases in allocations from the various potential funding sources (shown in parentheses in Figure 30):

- a) £300,000 from the R&D levy;
- b) £100,000 from SIFT;
- c) £100,000 from MADEL;
- d) £500,000 from NMET; and
- e) £600,000 from HCHS and GMS.

G.15 These allocations are in addition to existing expenditure from the various sources, which is estimated to be of the order of £3.7 to 4.0 million (see Appendix D). The resulting estimates of the new total allocation from each source are also shown in figure 24 (not in parentheses).

G.16 As indicated in G.5 and G.6 above the region wide corporate pool of resources should be created from the R&D, SIFT, MADEL and NMET allocations. This will be of the order of £2.6 million. It is proposed that the levy pool should bear the cost of establishing the Regional Libraries Advisory Unit (£150,000) and that a further £250,000 should be retained to pump prime region wide initiative. The remaining £2.1 million would be allocated to Health Authorities to support local commissioning of services. Health Authorities will be responsible for commissioning all services for all staff groups apart from those for nurses and other clinical professions involved in

basic and post registration training. These are covered by the contracts for training placed by the Education and Training Consortia.

- G.17 It is assumed that Health Authorities will allocate at least a further £1 million from their HCHS and GMS allocations for the commissioning of library services to top up the £2.1 million from the Region wide pool. This should be reflected explicitly in the allocation methodology, the model service frameworks to be developed by the RLIAU and the performance management arrangements.
- G.18 As it has proved difficult to establish accurate current levels of expenditure, the figures represent the general scale of increase in funding that is considered necessary to establish a multidisciplinary service accessible to all staff groups across the Region. This will require increases in expenditure:
- a) to provide multidisciplinary services for all staff working within secondary and tertiary (hospital) care settings.
 - b) on new services, based on the proposed local multi-disciplinary evidence centres to create accessible services for staff working in primary (and community) care settings, and to support the requirements of new commissioning arrangements based on Primary Care Groups supported by Health Authorities;
 - c) to co-ordinate the development of improved services across the Regions
- G.19 Each of these areas is considered below. It is important to recognise that in order to implement the proposed changes, it will be necessary to have a more accurate view of current expenditure and sources of funding at existing libraries than the Project Team has been able to obtain. This appears to be a problem that is by no means unique to the North West, our analysis of developments in library services elsewhere and the annual returns compiled by the Regional Librarians Group has highlighted this as an NHS wide issue, which reflects the peripheral nature of the library service in the past. If libraries are to play a more central role within an evidence based service, this must be addressed through a rigorous baseline costing exercise supported by HA and Trust Managers. This should be undertaken as a matter of urgency by the new Head of RLIAU, in conjunction with the Regional Office Finance Department.

The Business Case for Increasing Expenditure on Library Services

Evidence of current relatively low levels of expenditure

- G.20 As indicated above, the analysis undertaken of library services elsewhere within the NHS suggests that current levels of expenditure in the North West are among the lowest in the NHS. The NHS Regional Librarians Group statistics for 1995-96 place North Western 9th out of 13 in terms of “budget per potential user” at £27.11 compared with the highest of £70.78. These figures do not include expenditure in the former Mersey Region who did not supply the required information.
- G.21 These figures need to be treated with some caution as there may be inconsistencies in the figures and calculations provided by different Regions. Lower than average levels of expenditure in themselves may not be a problem if they represent greater efficiency

and the service provided is of sufficient quality and accessibility to meet the requirements of users and supports the tasks these users undertake.

- G.22 A number of Regions, in particular Trent and North Thames have developed funding standards for libraries located within hospitals. There are difficulties in applying these standards and comparing existing expenditure in the North West with the levels of expenditure predicted by the standard. These arise out of a lack of clarity in:
- a) whether the standards relate to full multidisciplinary provision or simply provision for “doctors”
 - b) the extent to which the needs of staff working outside the hospital environment in primary and community care are taken into account.
- G.23 Given the construction of these standards, it seems likely that they are intended to be applied in respect of services targeted at hospital based staff. If the expenditure figures provided by the libraries within hospital trusts within the North West are compared with these standards, it suggests that there is a current under-funding of between £250,000 and £350,000. As these standards are partly based on numbers of doctors or doctors in training, they may not represent full multidisciplinary provision.
- G.24 This excludes expenditure on services for staff working in primary and community settings and in commissioning organisations. The review suggests that current expenditure on services for these groups is extremely limited notwithstanding the policy and service emphasis on primary care - the creation of Primary Care Groups and eventually Trusts, the importance of evidence based practice and shifting the balance of care where appropriate and of encouraging R&D within primary care.

Benefits from increased expenditure

- G.25 The benefits that should be realised from increased expenditure are for the most part indirect and are associated with improved knowledge and skills of staff which enable them to change clinical practice in line with evidence to achieve:
- a) better patient outcomes
 - clinical effectiveness
 - improved quality in the care process
 - b) greater efficiency by eliminating ineffective and inappropriate care activities
- G.26 This is the same case as for expenditure on continuing education, training and staff development.
- G.27 It is not feasible to quantify these benefits and it is important to recognise that actions and investment to improve library and information services need to be accompanied by developments in other areas if the full benefits of more effective and higher quality care are to be achieved. These include:
- a) increased training and support for staff in appraising and using evidence

- b) developments in communications to facilitate “informal” information exchange and sharing
- c) organisational and clinical practice developments which facilitate the use of evidence and research in patient care - the use of pathways, profiles and protocols, developments in clinical audit procedures etc.
- d) investment in clinical information systems which enable developments in clinical practice and support evidence based decision making

Multi-disciplinary libraries supporting staff in secondary and tertiary care centres

- G.28 The library survey illustrated the inequalities in access and eligibility to use services across the existing hospital based libraries. The main sources of funding for these services are the two training levies, MADEL and NMET. The former in particular is targeted at doctors in training. There is a case for increasing the proportion of MADEL funding directed at library provision to address differences in the existing standards across the libraries - it is suggested that this might be of the order of £100,000.
- G.29 However, the key groups whose requirements are currently not adequately met by library provision in hospitals are nurses and other clinical professions, particularly if they are not involved in post registration training or as clinical supervisors. It is proposed that improvements in provision for these groups is achieved through additional recurring NMET allocations to the proposed Region wide libraries “levy”. It is assumed that the existing funding elements within contracts with Universities will be maintained (There is a case for reviewing these and being more specific about services to be provided as contracts are relet, but it should not be assumed that this will lead to a reduction. As indicated elsewhere, the levels of funding may not have been sufficient to allow developments in services for students). It is proposed that £500,000 should be allocated on a recurring basis and used by Health Authorities partly to commission full multi-disciplinary services in existing hospital based libraries and partly to fund the proposed local multidisciplinary evidence centres.
- G.30 Further increases in expenditure should come from increased HCHS resources targeted by Health Authorities at these libraries in the commissioning process. It is suggested that current levels of HCHS expenditure may need to be at least doubled. Health Authorities are likely to need to supplement the £2 million regional levy allocated to them, with £1 million from HCHS and GMS resources. Again, these additional resources should be used in both the commissioning of full multi-disciplinary services in existing hospital based libraries and in developing the proposed local multidisciplinary evidence centres.
- G.31 Levels of R&D funding and SIFT within these libraries should be at the least maintained.

Local Multi-disciplinary Evidence Centres

- G.32 In addition to the use of increased NMET allocations and HCHS/GMS, it is proposed that a proportion of the increased SIFT allocation is used on a recurring basis to support these centres reflecting the change in undergraduate teaching and the

importance of primary care placements. Similarly a proportion of the proposed R&D allocation should be targeted at this area of provision.

Regional Co-ordination and Advisory Service

- G.33 The review proposes that a regional coordination and advisory service is established. The composition and role of this service is discussed within paragraph 5.4.2 of the main report. The staffing of the service is as follows:
- a) Head of Regional Library Information Advisory Unit;
 - b) Two Library Liaison Officers;
 - c) Administrative support.
- G.34 The aim should be to implement the service in full by June 1999, with the first task being the recruitment of the Head of the RLIAU.
- G.35 The overall annual revenue costs of this service are likely to be of the order of £130 - 140,000 (current costs), consisting of gross salary costs, expenses and office accommodation overheads
- G.36 The costs associated with the two liaison posts are within the existing baseline Deanery MADEL allocations. The Mersey Deanery has recently advertised for a libraries advisor. As discussed in paragraph 5.4.2, it is recommended that this post should become one of the two liaison officer posts within the regionwide coordination service, in line with the recommendations for the creation of a corporate regionwide libraries levy or resource pool.
- G.37 The North Western contract for support from the John Rylands University Library at Manchester includes the provision for a full time advisory service. This contract runs for a further 17 months until the end of June 1999. It is proposed that this contract should be managed by the new Head of RLIAU.
- G.38 There is no requirement for the two liaison officers to be employed in house. The roles could be undertaken by external contractors as in the case of the existing John Rylands contract.
- G.39 It is proposed that the additional costs should be funded from the R&D and NMET allocations to the corporate libraries pool, described above.
- G.40 Figure 30 also indicates that subject to agreement with Health Authorities, £250,000 should be retained as a central resource annually to fund Region wide initiatives, particularly concerned with Education and Training.

Allocating the Regional Levy

- G.41 The precise formula for allocating the Regional Levy across Health Authority service commissioners will need to be specified following the detailed baseline costing exercise. However its generic construction should probably be along the following lines:

- a) a basic core allocation - there may be a need to allow for differential development funds within this in the initial allocations to facilitate levelling up.
- b) a per capita allocation for all NHS staff employed by organisations within the HA - this would include practice based staff and other primary care contractors.
- c) an additional per capita allocation per fte. doctor in training (it is assumed that contracts with Universities for training of nurses and other professions which fall outside the levy will cater for the additional requirements of these groups)

Commissioning Agencies and the Allocation of Resources

G.42 It is proposed that the local commissioning organisations are Health Authorities. This is in line with the role outlined for them in “*The New NHS*”, and in particular their responsibilities for:

- a) developing Health Improvement Programmes covering “the range, location and investment required in local health services” (and support services); and,
- b) “co-ordinating information and information technology plans across primary care, community health services and secondary care.”

G.43 The relationship between Health Authorities and Local Education and Training Consortia in “*The New NHS*” is somewhat ambiguous, but in the library services commissioning role envisaged, it will be important that the latter are closely involved. The Education and Training Consortia themselves could act as commissioning agencies, but Health Authorities are considered more appropriate because of:

- a) the key role library and information services could play in supporting the development of more effective, evidence based local services, as part of Health Improvement Programmes; and,
- b) the resulting need to increase the levels of HCHS / GMS funding of library services

Commissioning of Services

G.44 It is envisaged that Health Authorities will develop local commissioning strategies and plans in line with the core standards set out in the Region wide framework and outlined in this review. The services commissioned will clearly include services based around the existing PGMC facilities, but in line with the proposals and standards set out elsewhere within the review report, the objectives of the commissioning plans should be to:

- a) develop multidisciplinary services and facilities, at all major hospital sites;
- b) address current inequalities of access to services for staff working in primary and community care settings, possibly through the creation of new local

multidisciplinary evidence centres for primary care groups or trusts (in line with the proposals elsewhere within the Review)

- c) achieve increased service efficiency and effectiveness, through exploiting the use of information and communications technology and greater use of the expertise of external (principally Higher Education Institutions) service providers.

G.45 Health Authorities will negotiate service level agreements and contracts with Trusts and other service providers for the provision of services to meet the requirements set out within the commissioning strategies and plans. It is envisaged that these will be medium to long term agreements to facilitate collaborative service developments.

G.46 The commissioning processes may require Trusts to consider the internal management arrangements for the services currently provided and their scope for collaborating with external service suppliers in “tendering” for services. This should allow for lead service providers and single management lines of accountability in multi-disciplinary centres.

Performance Management and the Role of the Head of the Regional Libraries Advisory Unit.

G.47 As indicated above, key elements of the proposed arrangements are the development and maintenance (review and updating) of core service standards which are to be achieved on a Region-wide basis, and the establishment of performance management arrangements within the Regional Office, in the context of the implementation of a new national performance framework, for ensuring that Health Authorities achieve these standards.

G.48 It is proposed that a new post of Head of the Regional Libraries Advisory Unit is created to:

- a) develop in detail and co-ordinate implementation of the proposed funding and management arrangements;
- b) develop in detail, maintain and review the core region wide standards for service provision;
- c) support zonal performance managers in reviewing Health Authority achievement of these standards through the commissioning processes; and,
- d) support Health Authorities in developing local commissioning strategies and plans.

Timescale for Implementation

G.49 The detailed timescale for implementation will be drawn up after the Project Board and Regional Office have had time to comment on the principle of the proposals. It is clear however that the full new funding and management arrangements proposed

could not be put in place before 1999/2000. This would be in line with much of the timetable for implementation of organisational change envisaged in "*The New NHS*".

G.50 Some key targets include:

- a) Summer 1998 - appointment of Head of RLIAU;
- b) Autumn 1998 - draft "community" library strategies developed (in line with HSG(97) 47)¹⁷
- c) Winter 1998/99 - commissioning of services for 1999/2000 onwards in line with community strategies;
- d) Spring 1999 - RLIAU staffing completed. New funding arrangements in place for 1999/2000 financial year. New "community" commissioning agreements begin operation.

Appendix H - Standards and levels of service

Accreditation

- H.1 Standards for health libraries are an accepted facet of health library provision in the USA and Canada where the Joint Commission on the Accreditation of Hospitals and the Canadian Council on Health Facilities Accreditation have long been responsible for the (non-statutory) accreditation of health care facilities. Standards for libraries have been included in the North American accreditation standards since the 1950's (Haines Taylor, 1990). Standards for health libraries are also regularly updated and issued by the US and Canadian Medical Library Associations.
- H.2 In the UK guidance on hospital libraries issued by the DHSS in 1970 and the Library Association guidelines on health libraries published in 1978 were well outdated by the time health libraries were beginning to address the concept of accreditation. Progress which had been made towards guidelines for the provision of district-wide library services came to a halt with the 1989 NHS reforms (NHS/DHSS Health Services Information Steering Group, 1985).
- H.3 The Department of Health has issued guidance on accommodation for education and training in the NHS, with useful indicators for planning library provision, but even this does not allow for the significant development in electronic information availability and use in recent years (Department of Health, 1989).
- H.4 HSG 97(47) listed the key principles which should inform library and information service development in the NHS. The requirement to develop regionwide strategies for library services based on the key principles of equity of access for all staff, a multidisciplinary approach to library provision, transparency in library funding and

¹⁷ HSG(97)547 proposed that individual Health Authorities and Trusts should develop library and information strategies. Given the recommendation in this report that in the light of *The New NHS* such strategies should be collaborative "community-wide" strategies, there may need to be some adjustment of this target deadline.

the inclusion of libraries in Trust/HA IM&T strategies now constitute the minimum standards for NHS library provision.

- H.5 Health libraries exist in the NHS, in the academic and independent sectors, and in local government. Their base in a variety of organisational contexts is reflected in the range of accreditation schemes which health libraries are subject to.
- H.6 In the NHS the Committee of Postgraduate Medical Deans (COPMED) and the NHS Regional Librarians' Group (RLG) has developed an accreditation scheme for PGME libraries (Lancaster, 1992). The scheme is in use in several NHS regions; in the North West (East) a number of PGME libraries have been assessed by the library adviser to the postgraduate dean using the COPMED/RLG accreditation scheme.
- H.7 PGME libraries are also subject to the minimum library holdings requirements for postgraduate training in clinical specialties laid down the Royal Colleges .
- H.8 Prior to their integration into HE, the library services of schools of nursing were subject to some assessment as part of ENB accreditation. The ENB-funded NURLIS project in the early 1990s assessed the impact of Project 2000 on the provision of library and information services to nursing professionals and developed management guidelines for ensuring appropriate library and information provision to nursing professionals (Ashcroft, 1993).
- H.9 The assessment of library services also forms part of the King's Fund Organisational Audit hospital accreditation programme (King's Fund, 1994). The library is assessed against a set of standards on policy and procedures, access, service provision, management, staffing and staff development, facilities and quality assurance.
- H.10 The Value project of the University of Aberystwyth has developed a toolkit for measuring the value of information services to clinicians in terms of the benefits to clinical decision making (Urquhart, 1995). The toolkit provides a series of checklists to assist the librarian, in assessing users' information needs, and in evaluating the information services provided. Results obtained are then checked against a set of criteria for libraries serving small (up to 100 medical staff), medium (101-199 medical staff), and large (200-500 medical staff) acute sites. The targets, derived from an audit of library and information services on 35 acute sites, give a minimal and maximal level of use which might be achieved in certain areas of LIS activity (eg numbers of loans and CD-ROM searches per user). Additional targets are given for SHO and GP use of the service.
- H.11 EVINCE (Establishing the Value of Information to Nurses in Continuing Education) developed out of the Value project and aimed to specify the ways in which information supplied contributed to the professional knowledge and competence required by nurses, midwives and health visitors (Davies, 1997). The EVINCE toolkit for evaluating LIS to nurses focuses on user education, journals and inter-library loans and CD-Rom database services.
- H.12 NHS regional library advisory services have developed standards against which services are assessed. The service level agreements developed by South Thames, for example, are based on core service specification, including the requirement to provide

multidisciplinary services to all NHS staff, to provide current awareness services and to provide advice to users in the use of information for evidence-based health care.

- H.13 In the academic sector learning resources, including libraries, are assessed as one of six areas of University teaching and learning activity in the Subject Review (formerly Teaching Quality Assessment) conducted by the Quality Assurance Agency for Higher Education. Libraries are assessed in terms of user support, opening hours, practical access and availability of stock.
- H.14 Special libraries in the private sector have implemented quality systems standards in libraries as part of ISO9000 certification (Ellis, 1993).
- H.15 Recognising the need for an accreditation system applicable to all health libraries the LINC (Library and Information Commission) Health Panel is developing an accreditation scheme based on the earlier work of RLG/COPMED work (LINC Health Panel, forthcoming). The accreditation is based on a rating system whereby libraries meeting essential requirements receive a grade III rating; those meeting requirements rated as highly desirable receive the highest grade I.
- H.16 The checklist consists of a set of generic statements applicable in varying degrees to all health libraries. Accompanying guidance will be issued in a series of customised Toolkits developed for health libraries in different NHS organisations and for those outside the NHS. The checklist and NHS Trust Toolkit are due to be published Spring/Summer 1998. Publication plans for other toolkits were unknown at the time of writing.

Appendix I - Getting research into practice

- I.1 'The medical literature is littered with examples of research findings that have not found timely acceptance in practice and clinical practice is characterised by wide variations in behaviour' (Haines & Jones, 1994).
- I.2 One of the driving forces behind the evidence-based health care movement is the need to promote the uptake of health care research findings. The delay in the publication of research and its impact on clinical practice is now well documented.
- I.3 Issues of information provision to support effective clinical practice focus on accessibility (where is the information to be found and how can it be retrieved), ease of use (is the information presented in a relevant and easily understandable format) and communication channels (via journal, report or as part of educational programme)
- I.4 A number of national and regional initiatives have been established with the aim of improving access to information for evidence-based health care.
- I.5 Nationally the Cochrane Centre and the NHS Centre for Reviews and Dissemination provide channels for the dissemination of systematic reviews identified in the medical literature or completed within the two centres.
- I.6 Commentaries on each review are supplied to facilitate their interpretation in practice. The Cochrane databases of systematic reviews are available on CD-ROM; the NHS CRD databases are available on CD and over the Web.
- I.7 The Aggressive Research Intelligence facility (ARIF) is the result of collaboration between the Department of Public Health and Epidemiology, the Department of General Practice and the Health Services Management Centre of the University of Birmingham. ARIF is funded by the R&D Directorate of the West Midlands NHS Executive to provide evidence-based information and advice, primarily to commissioning agencies in the region.
- I.8 Each eligible purchasing organisation is allowed one in-depth enquiry into the availability of systematic reviews of health care interventions or services a month. ARIF will locate existing systematic reviews and comment upon their interpretation. Where such reviews do not exist, ARIF will assist in the development of a strategy to obtain other relevant research-based information. The full results of each enquiry are posted on ARIFs Website.
- I.9 ARIF was established in 1995 and is funded until March 1999. A 3-year review of the unit is currently underway.
- I.10 In Scotland the Scottish Health Purchasing Information Centre (SHPIC) is funded by the Scottish Office NHS Management Executive to analyse research evidence on the effectiveness of health service interventions to assess the benefits and costs and provide concise reports for purchasers in non-technical language. Reports are also posted on the SHPIC web site.

- I.11 SHPIC reports consist of a one-page summary issued to general practitioners and a concise report sent to commissioners. SHPIC also grades the evidence retrieved according to criteria developed by the US Agency for Health Care Policy and Research.
- I.12 Trent NHS Executive has funded the Trent Institute for Health Services Research at the University of Sheffield to provide information services, research training and methodological advice to support HSR in the region. Services are provided free at the point of use to all NHS staff in the region.
- I.13 Training to help health care professionals use research findings in practice is also a feature of evidence-based health care.
- I.14 The NHS R&D Centre for Evidence-Based Medicine was established in 1995 to promote the teaching and practice of evidence-based health care throughout the UK. The workshops on Teaching Evidence-based Medicine are particularly popular. Current developments include CATmaker, interactive software to help clinicians critically appraise the clinical evidence and store their 'critically-appraised topics' (CATS).
- I.15 The Critical Appraisal Skills Programme (CASP) funded by Anglia and Oxford NHS Executive provides training in critical appraisal skills for health care decision makers, those responsible for commissioning services and clinical audit, researchers and consumer groups.
- I.16 A key feature of CASP's work is the 'cascading' of workshops. A network of local co-ordinators helps to run workshops in Trusts, Health Authorities and primary care agencies across the region.
- I.17 CASP training has been cascaded in regions outside Anglia and Oxford. In the North West the R&D Directorate has funded Lancaster University to provide CASP training to NHS personnel throughout the region. The programme is funded until March 1998.
- I.18 The R&D Directorate has also funded Lancaster University to develop a research training programme (based on CASP) for primary care teams.
- I.19 The North Thames Research Appraisal Group (NTRAG) offers evidence-based health care and critical appraisal training to NHS staff in the region through the Improving Critical Effectiveness (ICE) programme. The programme includes workshops on critical appraisal in economic evaluation, decision analysis and qualitative research in addition to those focusing on RCTs and overviews.
- I.20 A number of evidence-based health care training programmes have been developed specifically for librarians and information staff.
- I.21 CASPfew (CASP Finding the Evidence Workshops) was developed by CASP and librarians in the Anglia and Oxford Health Libraries and Information Network (HELIN). The focus is on finding rather than appraising the evidence. A Workshop Organiser has been developed and is used by librarians throughout the UK to support user learning in effective database searching strategies.

- I.22 Becoming ADEPT (Applying Diagnosis Etiology Prognosis and Therapy filters) is a course for librarians developed by the Sheffield School for Health and Related Research (SCHARR). ADEPT builds on the work of the Health Information Research Unit of McMaster University. HIRU's 'Panning for Gold' workshop focuses on the construction of methodological filters to be used for searching the literature for therapy diagnosis, etiology and prognosis. ADEPT has expanded the programme to include distance learning packs.
- I.23 The ADEPT programme has so far been used in South Thames with around 40 librarians. A similar programme of training for librarians is being proposed in the Trent region.
- I.24 'The Librarian of the 21st Century' was a professional education and development programme for librarians developed by HELIN in Anglia and Oxford. The aim was to equip librarians in the region with skills to support evidence-based health care, including critical appraisal and advanced searching skills (Palmer 1997).
- I.25 The project has since developed into the Library and Librarian Development Programme which includes strategies to equip all NHS libraries with Internet access and librarians with Internet searching skills.
- I.26 It is now generally acknowledged that disseminating information on effective health technologies does not of itself ensure their adoption in clinical practice. Programmes to disseminate clinically relevant information to practitioners have been based on a set of assumptions about how the practitioners will respond, ie that clinical change will follow the dissemination of accurate and timely information.
- I.27 The work of the Office of Technology Assessment in the United States in reviewing the impact of their clinical trials is an example of the evidence now available which questions this view (OTA, 1983).
- I.28 Stocking describes the alternative strategies which can be adopted to bring about change in clinical practice:
- a) providing information about the results of research and feedback on individual practice.
 - b) education - vocational and continuing peer review and audit methods.
 - c) person to person contact - by respected peers or opinion leaders, patients, drug representatives.
 - d) financial incentives.
- I.29 Stocking cites evidence which demonstrates that education is successful only if the learner is convinced of the need for change and audit is too often seen as an administrative procedure with no clear criteria of purpose. Peer review can be effective, but its success depends on the strength of peer influence locally.
- I.30 A number of studies have shown that person to person contact, particularly with opinion leaders and respected peers, is one of the more effective ways of changing

clinical practice. In a more recent review article Kanouse (1995) also stresses the need for greater understanding of the dynamics of such peer influence in order to harness it to greater benefit. Kanouse also discusses the need for research into the role of payers of health care in the change process, a point of particular relevance to the UK.

- I.31 'In conclusion ensuring success requires a range of interventions, and some judgement will have to be made about which changes require and are worth the amount of effort. Simply disseminating information will not have the desired effect.' (Stocking, 1992 p60)
- I.32 In recognition of this a number of NHS regions have begun to explore other methods of dissemination. Sawers (1997) provides a summary of some of the UK initiatives.
- I.33 The South Thames ACE (Assisting Clinical Effectiveness) programme focuses on the implementation of evidence-based clinical guidelines. Projects funded by the ACE programme are required to develop appropriate educational and clinical audit networks to support implementation of the selected guideline (Sawers, 1997).
- I.34 The NHS Executive funded FACTS (Framework for Appropriate Care Throughout Sheffield) project aimed 'to create a responsible cost-effective and quality controlled framework for changing clinical behaviour across one district' (Eve, 1997).
- I.35 Focusing on three areas of clinical intervention (aspirin in secondary preventative medicine, anti-coagulation services and the appropriate use of ACE inhibitors) the FACTS team concluded that the existence of coalitions - several different organisations acting together in concert - is particularly important in bringing about change. The role of marketing techniques in bringing about evidence-based change is also put forward as of particular benefit in general practice, in similar vein to the technique adopted by the pharmaceutical industry.
- I.36 The Oxford 'Evidence cart' was developed for use on ward rounds at the John Radcliffe hospital as a pre-cursor to installing ward based computer installations to support evidence-based medicine. The 'cart' included the CDs of Best Evidence and Medline. Facilitating quick access to these sources led to a sharp increase in the extent to which evidence was sought to support clinical decision-making, followed by a sharp decline in searches when immediate access to the facility was removed.

Appendix J - Interviewees

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