L f N Bulletin

VOLUME 13 NUMBER 4 WINTER 1993

FEATURES:

LIBRARIES *FOR* NURSING - WINTER STUDY DAY

Models of contracting from the NURLIS project

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CONTENTS

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Contributions to "L*f*N Bulletin"

Your contributions to this Bulletin are always welcome.

Please send your articles, news items or ideas for possible inclusion to the Editors (noted on the previous page).

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Advertising

To advertise in the Bulletin please contact the Editor, Paul Moorbath

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"LFN Bulletin" - production problems!

We are very sorry for the delay in publishing the last two issues of the "Bulletin"This is because (i) the whole text of the Summer issue was lost in the Christmas post! hence a delay of four weeks occurred; and (ii) your editors and production coordinator are very busy at this season, thus adding another two months to our schedule; (iii) we are also only acting editors and have had to find a new keyboard operator to help out.
["Thank you" Jean Smith for your help.]

More details about the plans for production in 1994 will be published soon [Easter post permitting]But we do hope to get back on to an even keel now that we have a complete team available.

[Paul Moorbath and Tony Shepherd]

Editorial

Many nursing librarians must be concerned about mergers of colleges and take overs by universities. The NURLIS II project has many interesting ideas which, if accepted and actually put into practice, would herald a new deal for librarians.

If librarians are to support self-directed learning and become information brokers offering a quality assured service, then they need to be respected, treated and paid as professionals. The reality is that **L*f*N** is concerned about qualified librarians facing redundancy or demotion. We would like UNISON to take a more pro-active role in the support of librarians.

A UNISON representative came to the last LfN Committee meeting and we were able to exchange ideas. UNISON has promised to support members who are rather scattered, and is also considering the implications of NURLIS II. We hope to publish their response in a future issue.

If readers have experiences of advice about the move into the higher education sector, please write to the editors. If you wish writers' names can be withheld.

PAUL MOORBATH

Membership News

A hearty *Thank-you* to the amazing 80 members (amazing 80, not amazing members, though I'm sure they are) who re-subscribed for 1994 in January! And to those still coming in fast in February. This is a record after the more usual dozen in January with the rest up to August. It really does make a great difference to our financial position and workload.

I was going to add a message for members who have not yet re-subscribed, but they may not be getting this Bulletin ...

Seriously, it does make extra work taking late subs. and sending out individual late Bulletin issues - and we **DO** need your money so as to develop our activities further! **THANK YOU** all again for resubbing(?) so early.

Final point: do remember to send name and address changes!

Robin Snowball
(Membership Secretary)

Chairman's Notes

LFN Study day : December 1993

This issue contains reports and papers from the study day organised by LFN in December 1993I would like to thank all the colleagues who contributed to this event as well as thank our speakers and reporters. The day was a great success with excellent contributions from the speakers and the 97 participants were all challenged to think more deeply about the future role of multi-disciplinary libraries during this period of change.

The new LFN Committee and LFN's Agenda

We will have new members on the committee in early 1994 and one of our first tasks will be to set an agenda for **LfN** activities and agree priorities for the coming year. The group's agenda should be set by its members, so please contribute your ideas and suggestions via adding your 'voice' in this "Bulletin". We need articles, short news items, letters and reviews so that the range of interests and concerns of **LfN** members are fully reflected.

There are many areas of change taking place in nursing, midwifery and health visiting at this time and the library and information field is also facing on-going developments and new challenges.

Topics for possible consideration include:

- dealing with continuing education demands - including PREP (UKCC's decision time is February 1994);
- threats to library posts following college mergers;
- new challenges within the H.E. sector, and adult learners returning to study;
- managing change - and managing time;
- changes following Regional-reorganisation and "Trust" developments.

Project 2000 : First tranche - a review

Were you involved in the first tranche of P2000? Have you sent a contribution to Paul Moorbath concerning your reflections on the P2K experience? We would greatly appreciate even a very small article (or short 'phone call) on your experiences as part of an 'overview' article which is being planned. Please respond to our letter earlier so that your comments can be included.

Thank you.

Tony Shepherd

LIBRARIES *for* NURSING - Winter Study Day 1993

Nursing and multidisciplinary libraries: the parting of the ways?

Date: Monday 6th December 1993 **Venue: Royal College of Nursing**

This section includes two of the papers from the study day plus a report of the opening address. Further contributions, it is hoped, will appear in future issues of the "Bulletin".

Multidisciplinary Libraries and Developments in Postgraduate Medical Education

A Paper by Professor Richard West, Medical Postgraduate Dean, South West Region

Reported by Sally Hammond
Nursing Librarian
Buckinghamshire College of Nursing and Midwifery

Professor West began his paper with an acute observation on the traditional state of cooperation between doctors and nurses. He had once given a lecture on the need for doctors and nurses to have the same code of ethics. This was followed by a nurse claiming that part of *her* ethical duty was to *protect* patients from their doctors!

When postgraduate deans were first appointed, they were not able to exercise any real power. This situation has now changed: Professor West's budget 2.5 years ago was £10,000; it is now many times larger. Further change is imminent with the development of new NHS Regions: it is not certain what the implications for postgraduate medical education are.

Many changes have also taken place in nursing education. The traditional school of nursing run by a matron is long gone, and the new multidisciplinary colleges of health are to be welcomed. However, these developments have often failed to take account of the needs of trained nurses, whose only access to library facilities is often the medical library. It has to be recognised that medical libraries are funded solely for doctors in training, and there is no obligation to provide a service for nurses.

Professor West stated that high quality health care depends on high quality library and information services: high quality education cannot be provided without these. The circular HM (67) 33 on Postgraduate Medical and Allied Education refers to the desirability of library services for qualified nurses, but in most cases this has simply gathered dust.

There are seven main challenges in the provision of health care library and information services:

1. The large growth in the number of biomedical journals, making selection more difficult and coverage more costly
2. New information technology
3. The need for library users to have more professional help, due to the increasing complexity of library resources

4. Rising prices and falling resources
5. The increasing professionalism of nurses and PAMs
6. The situation of some Colleges of Health away from the hospital campus
7. Changes in the management of postgraduate medical education

In order to determine what needs to be done to meet these challenges, the strengths, weaknesses, opportunities and threats facing multidisciplinary libraries were assessed, as follows:

Strengths

- Avoid reduplication of provision
- Economies of scale
- Better staffing levels
- Better use of resources

Weaknesses

- Overcrowding
- Competition for facilities

Opportunities

- Reorganisation of postgraduate medical education
- Relocation of Colleges of Health

Threats

- Tribalism
- Inadequate space / resources

Multidisciplinary libraries need to consider where they would like to be in 5 years' time. Sir Duncan Nichol was quoted as saying: "If purchasing is the engine for improving NHS performance, information must be the fuel that drives the engine". However, the role of libraries in this information provision has been ignored: it is unmentioned in most recent government publications on the health services.

Health care libraries are undervalued, underfunded and are not given sufficient priority. In order to bring about change librarians need to:

- Raise their profile
- Motivate
- Cooperate
- Develop a shared vision of the future
- Set targets
- Set standards
- Use levers for change

Professor West ended by reflecting on the fact that all librarians he had met seemed to be nice people. He felt that as a profession we need to look at our "nice" image and make efforts to ensure that we are not soft targets.

DISCUSSION

A lively discussion followed. It was pointed out that libraries should approach NHS Trusts for more funding. Professor West agreed and suggested that the end of the financial year was a good time to put in a bid for extra cash.

One member of the audience felt that library and management information were unconnected in the minds of NHS managers, which contributed to our low status.

It was suggested that librarians should mobilise their clients to protest about the poor funding of services. Professor West agreed with the proviso that all available facts should be gathered before doing this: having the facts on our side would weight the argument.

Case study 1 : A College Perspective

By Graham Haldane
Cambridgeshire College of Health Studies

Introduction : Multidisciplinary libraries: a good thing?

We need to begin by examining the sources of the perceived threat to multidisciplinary library provision in many of our hospitals. *Nursing Colleges* trying to maximise use of their own resources, possibly through centralisation, are seen as denying access to those such as trained nursing staff who previously had use of them. The designation or clarification of funding for many hospital libraries as being exclusively for *PGME* use, has caused some libraries to use this opportunity to clarify funding and service arrangements for other user groups. A third 'threat' is the merger of most nursing colleges into *higher education*; different patterns will emerge, but a tendency towards centralisation is likely. This may effect the need of the new institutions to have access to local library services on each hospital site.

Personally, I see the main cause, as well as all the above factors, being the *changed nature of the NHS*. Whatever else one might say about the pros & cons and patient-centredness of the new NHS, where funding is increasingly tight we have to face the issues of what can be provided with limited resources and to what we must begin to say 'No'. 'We've always done it that way' must no longer be a rationale for doing anything, whether it's in nursing practice or the provision of library services.

In many of the "good-will" library services of the recent past:

- budgets and funding were often unheard of or, like some taboo subject, unmentioned
- contracts and even job specifications rarely seen
- services offered to all regardless of the quality or the cost
- and, in turn, right of access to facilities assumed by all.

Change is inevitable, and now the new world of the NHS is upon us, we have to live and work with it. If it secures a firmer foundation and funding for our libraries, all the better. If they go under because they are low on the priority list, then all the worse.

There are many advantages to librarians, students, nursing and medical staff and other users of multidisciplinary library provision. Multidisciplinary librarians, however, need to be aware that the management of services which include such libraries are far more complex for the nursing college librarian. His/her ability to plan, control and maximise the use of resources and staff across the College are compromised where direct management by another party is involved. ***The advantages of the multidisciplinary library to the multidisciplinary librarian become the advantages of a centralised College/Higher Education library to the nursing librarian.***

Library provision in Cambridgeshire

I moved from Edinburgh to East Anglia in January 1992, and the contrast between the two was considerable. There is a multiplicity of library provision throughout the Region including in almost all cases, services to trained nursing and medical staff are unfunded, finance only being

provided for junior doctors or nursing students.

Within Cambridgeshire, which currently covers three Health Authorities, there was a similar variety of provision, but six of the seven nursing/midwifery libraries were under the direct management of the College. The merger that created the College took place in 1989. There had been no previous professional librarian and only two of the six College site libraries were staffed. No library budget had previously been designated. The lack of coordination of resource acquisition and of a central catalogue lead to unnecessary duplication. Distances of up to 40 miles between sites (and further to the present Higher Education link institution) further complicate access to resources across the College.

Laying the foundations

With the advent of the Project 2000 course, the College was willing to acknowledge the need for change and appointed me with a remit to coordinate and develop the library services. The detailed job description compiled, I think with the help of the Library Association, has some elements that are directly relevant to my role in relation to multidisciplinary libraries:

- Plan, organise and co-ordinate library resources for the College on all sites
- Develop a range of library services to meet the academic, managerial, professional and personal needs of *students and staff* [tutors or nursing staff?]
- Liaise with **all relevant library services**, and participate in reciprocal activities
- Manage the work of library staff and assist in managing a delegated budget
- Establish and monitor mechanisms for the effective operation of the library, including promotion of the services available
- Manage the work of library staff to ensure the provision of an effective and efficient service, making recommendations as appropriate.

Establishing priorities

My first priority is to provide and secure the best service possible for College students and staff. It is only a secondary priority to secure the best possible library provision for all nursing/midwifery and healthcare staff in the area.

In developing provision, I had to balance the management advantages of centralisation against the advantages to users of local access. Questions therefore had to be raised of the future of site libraries - is it better for the College to run them or to merge them with medical libraries into multidisciplinary facilities? Future merger with higher education has necessarily meant some delay in resolving these issues. The other limiting factor was that everything had to be done within resources available; to date, I have been more likely to get extra (capital) funding than extra staff.

Securing agreement on present provision to build on in the future - the nightmare begins!

What historical 'agreements' are in place? Who funded/funds library provision? Where has the money/funding gone since Trust status? Why can't the College receive the service it has always had from 'non-College' libraries? Why should any library do what it has previously done if no funding is made available?

One can ask now whether it was in response to the complexity of the situation or an error of judgement and bad planning, but I had to deal with such issues as demand to resolve them arose, **not** in order of importance. (One of our local medical libraries continues to be open to must healthcare staff, and is used extensively by our students for reference purposes, including use of CDRom - yet no questions have been asked yet about charging or discontinuing services; is this the old goodwill service living on, naivety, or a missed opportunity to raise extra revenue?)

Negotiating a Service Level Agreement

I have the responsibility to provide/secure the best possible service for the whole College. The sites with which we have had to negotiate SLAs are not the most important in terms of student numbers.

Hospital librarians, however, have responsibility for one library (and originally all users in the hospital). They must provide/secure the best for that library (or is it to get the best for their medical users? - if so, this needs to be clearly stated, eg in job descriptions).

Patterns of Service Level Agreement

a) As I said earlier, we have continued an *'informal agreement'* for reference access to the Medical School. But who funds this? A probable College move from this hospital site may force us to address the issue of multidisciplinary facilities, which would have some benefits, including rationalisation of journal holdings.

b) The College has established an *interim agreement* with one of the specialist hospital medical libraries, including provision to trained nursing staff. This was a 'quick' agreement, mainly to clarify responsibilities and access. No funding was attached, and, with no library staff on site, the College can't in fact provide the quality of service it would like to trained staff. In context, however, we only officially have responsibility for provision to one course of c10 students.

c) Lengthy negotiations have been held to conclude a full *Service Level Agreement* between the College and a multidisciplinary hospital library. A joint library was created at or shortly after the hospital opened, but without funding being identified. The obvious advantages of such provision and willingness to cooperate outweighed any such concerns. Salary and other major costs were all 'hospital' costs initially - now these areas are covered by PGME funding, and the question of services to other 'non-paying' users has been raised. What therefore has happened to the portion of hospital-wide funding that covered students, nursing staff, physios, etc.? It is almost impossible to identify or recover such funding.

From the experience of others, it appears that the best strategy in such cases is for the library to restart as a 'self-managed unit' or separate cost centre. It then provides services to those contributing to costs - the Trust, each department or user group, or individual members. Users get what they (directly or indirectly) pay for - thus individuals might pay a membership fee and additionally for costed services such as inter-library loans and photocopying.

What kind of agreement have we managed to establish?

[See appendix for list of elements considered for inclusion in a Service Level Agreement.]
In the case of the multidisciplinary library above, negotiations are about to be concluded for an almost full service to the College. The College acquires and centrally catalogues books, then passes them to the hospital library for processing into their own stock. The College contributes 50% of specified journal titles and CINAHL on CDRom. The hospital library provides orientations, CDRom training, circulation of College stock, and help with enquiries. All users have access to all stock. It has been impossible so far, however, to secure agreement on the provision of an inter-library loan service, which the hospital library feels it cannot provide given present staffing.

The crux of the problem in concluding this agreement has been: **Should the College pay for what had previously been 'paid for' out of the hospital/District budget?** The College and hospital managers eventually agreed that the College should only to be charged for items of service deemed to be 'extra' to the service provided in 1991. The College has therefore to pay an annual 'service supplement' on those items - eg a short loan system, notification of class numbers for the centralised College catalogue, and CDRom training. [No remuneration has been offered *to* the College for the *loss* of the inter-library loan service previously provided.]

Moving forward - negotiating provision: some Do's and Dont's

Multidisciplinary libraries

Do:	start afresh as far as possible - **but for the complete library service, not just one user group**
Do:	show equity to all user groups - apply the same criteria for all
Do:	remember that the College is not normally obliged to provide a service to trained staff
Don't:	expect money to appear from nowhere - **if the College didn't pay for staff/stock etc before, where do you expect it to get the money from now?**

College libraries

Don't:	expect, as a College, to get something for nothing

All parties

Do:	establish clear criteria and bench marks
Do:	identify College/nursing, medical, shared resources now
Do:	ensure someone is going to provide a service to trained staff
Do:	aim for quality professional services to all users
Do:	put yourself in the position of students, staff, the 'opposite' party **[Can you expect trained nurses to understand if their library user rights change overnight as soon as they become students of a College?]**
Do:	balance a strong position for your own user group with the best overall service, even if this involves a certain amount of compromise
Try:	to avoid getting caught up in NHS inter-Trust/College politics
Don't:	have entrenched attitudes
Don't:	lose sleep over it! [as Nick Ross would say]

With hindsight

What would I have done differently?

- Asked for face to face meetings with managers & librarians together
- Tried to establish more clearly to College management the overall case for library development and the advantages of funded multidisciplinary provision at smaller sites.
- I don't think there was much more I could have done myself to clarify funding issues - a historical muddle never to be unravelled!

What were the main options if I had had a free choice?

Either :

- Pay the proper rate for the service required, assuming a new 0-base [yet how could I afford to do this with no extra capital and much greater needs proportionally at other sites, eg for extra staff?]

Or :

- Abandon College provision on the multidisciplinary site altogether [tempting, but this would not have worked unless our courses were also removed from site.] Even then, the site would still be required for clinical placements.

Higher education - threat or opportunity?

We now have a new series of 'challenges and opportunities' facing us - higher education merger. Our College plans to merge with a local higher education institution in August 1994. This will probably give the opportunity for more centralisation, at least within Cambridge, but we will still need access to library facilities for those based at outlying sites for theory or practical placements. In saying that, someone once asked recently, 'Would we expect engineering students sent out on sandwich course placements to have full library facilities in any company they went to?' The answer has to be 'No' - partly because they have never had such facilities and therefore don't question the need to access facilities directly or indirectly via their higher education institution. There are many such questions that will have to be asked and answered by this time next year.

Are students and trained staff (including GPs and other medics as well as nurses) better with access to a limited local multidisciplinary library - or a more comprehensive centralised library? Experience shows that practitioners are more than willing to travel to the comprehensive University Medical library - and even to the Royal College libraries in London. Either arrangement could work if the funding and staffing is right - but **no service can work effectively without the resources to provide the service required.**

Conclusion : Whose library is it anyway?

The College's?

- Has it a right to remove stock and to include holdings in College lists?
- Has it full access for students and staff, including College library staff (eg for user education)?

Medical education's?

- Has it a right to expect payment for the service provided, including eg decommissioning of removed stock?

The users'?

- Have they a right to expect a quality service for all needs that they can reasonably expect to be met locally, and not to be casualties of politics/funding problems?

Despite all the problems, I am still in favour of multidisciplinary provision, at least on 'outlying' hospital sites. What would be the result of the worst scenario, the dissolution of such libraries? *Nursing colleges* would lose access to medical stock and journals. If they were unable to contribute to the staffing and other costs of the combined library, they are unlikely to be able to offer a comprehensive library service on site from their own resources.
Hospital libraries would lose access to nursing stock, particularly for trained nursing staff. They may also lose space, if a library is split, part of their budget and, most importantly, staff, if any have been employed by a College.

My initial hopes for the development of our service within higher education is that I shall see the establishing of a strong, comprehensive centralised library in Cambridge, ideally within the Higher Education institution and access to multidisciplinary library provision at all other hospital sites. To achieve that given present attitudes, personalities, funding, politics, history, accommodation, etc will take a miracle. Fortunately, I don't believe the age of miracles is dead yet!

Appendix : Suggested elements of a Service Level Agreement

How much detail is required? What background detail is needed? - eg student numbers & attendance patterns from College, usage statistics from library. What about standards? - how detailed do they have to be to allow monitoring?

Resources:
- Ordering
- Processing
- Circulation
- Reciprocal access to all stock
- 'Decommissioning' procedures
- Financial contribution and control

Library orientation:
- Who will provide?
- How does it relate to College library/study skills programmes? [will College Librarian have access to multidisciplinary library?]
- CDRom training on local system

Services:
- Inter-library loans
- Photocopying
- Circulation of college stock
- Special arrangements - eg short loan facilities
- Enquiries/user support
- Literature searching, CAS, SDI

Study space:
- Equality of access for all users

Access:
- Hours of opening - staffed or unstaffed?

Information management requirements:
- Multidisciplinary library:
  - Curricula
  - Booklists
  - Dates of study blocks, placements etc
- College librarian:
  - Details for central College catalogue
  - Usage statistics - registered members, loans, ILL, etc

Accommodation & equipment:
- College contribution to capital & revenue expenses

[Editors' Note: We would welcome your comments following this paper: e.g. What happens to stock in your libraries when a site is closed? Have you other headings to add to Graham's list on S.L.A.?]

Nursing and Multi disciplinary libraries
Models of contracting from the NURLIS projects

By Maggie Ashcroft
Capital Planning Information

There are three issues which were focused on time after time in the NURLIS projects, by every group of key players - library and information service managers, educators, educational contractors, validating bodies, the English National Board, professional bodies, accrediting bodies and nurses :

- **Access**
- **Awareness**
- **Agreement**

In each case, where the concept or the quality was lacking in library and information service provision, there was dissatisfaction, disappointment, dissension and mistrust.

The message was clear - that there was a need for discussion and communication, decision making and definition, co-operation and sharing of experience. In many cases these were not taking place because there were no structures and no-one willing or able to take the responsibility of setting up the structures.

Where people or organisations *did* take a lead, their motivation was often misinterpreted - as a wish to take over and to superimpose their own model. In an environment of uncertainty and change there are many hidden agendas and much suspicion of empire-building.

The structures most frequently referred to as being a solution were service level agreements and contracts.

Unfortunately, I was able to track down only a very few actual contracts applicable to Colleges of Nursing, although there are several for multi-disciplinary provision. South West Thames Regional Library service provided their model (which is reproduced in the Guidelines Section III p 15-16). Southampton Health Library and Information Service provided their "Library Service Agreement" model (p. 22-24) and "a college of health" provided a copy of a (real!) contract between them and a provider unit library (p 25-26). Oxford Regional Library Service and North West Thames RLU also supplied copies of the contract between the Post Graduate Medical Deans and the district library services.

The details of these contracts, the way they are laid out and the services agreed are obviously important, but apply specifically to the relationships which they support.

What is undoubtedly common to all Service level agreements and contracts is that they are essentially *processes*. They are "the means by which two parties communicate to each other their commitments in relation to the resourcing and provision of services to a given level, (over a given period)"

Talking to those library services which operate already with service level agreements and contracts, the following points stood out as very positive reasons for the exercise - and they are all *processes*, which stand independently from the details of the agreement or the contract.

A service level agreement or a contract:

- **requires drawing up of specifications by 'client' and that 'provider' addresses these**
- **develops a closer relationship between client and provider, with full exchange of information**
- **requires a disciplined review of alternatives**
- **provides the basis for medium term planning**
- **provides the basis for fair measurement of performance**

It was clear too that the effects of going through the process of service level agreements and contracts lead almost inevitably to a series of benefits to both 'sides':

- **awareness of whole range of provision available**
- **dialogue between purchaser and provider on needs and required level of provision**
- **enhanced level of user education**
- **control of use levels**
  - **monitoring of use**
  - **categories of users**
  - **services accessed**
  - **levels of use**

However, it was very clear that where service level agreements and contracts were in place, a great deal of work had gone on beforehand. I suggest that until quite a lot of the preparatory work has been done it would be very difficult to arrive at any contract of a meaningful nature. There are several essential prerequisites for agreement and contract:

- **state mission**
- **be *able* to identify users**
- **demonstrate awareness of users' needs**
- **identify and communicate current levels of use**
- **identify and promote services available or potentially available**
- **cost elements and levels of service**
- **appropriate skills to communicate, promote, challenge and negotiate**
- **appropriate opportunities to communicate, etc**

However, there is plenty of evidence that service level agreements and contracts do not *only* depend on a lot of hard work by librarians.

The following list is just an introductory summary of the reasons given by librarians, *and* educators, for not being in a position to have service level agreements or contracts:

- **lack of strategic planning**
- **lack of decision**
- **short term contracts**
- **lack of trust**
- **lack of confidence**
- **lack of investment**

I cannot finish on that pessimistic note though!

Whatever the organisation structure and however uncertain the organisation structure is; whatever the balance of power and however uncertain the size of the library and information service budget, we have to focus on the *user's needs*.

This is the basis of one of the ideas that emerged from the NURLIS II consultation. It has been labelled as a *Passport to learning resources*.

The British Library Research and Development Department has allocated a small grant to look at the applications and implications. Two colleges have been selected as 'observation sites': Coventry and Warwickshire College of Nursing and Midwifery and Newcastle and Northumberland College of Health.

The idea is based on the need for library users to be more aware of library services to which they can or can't have access, through a library guide or directory; for them to be able to identify themselves and their library and information needs to the libraries they use; and for there to be an element of agreement - between the user, whoever is paying for their educational support and the library services - as to what can be expected, a form of users charter (if you want to take it that far).

Of great importance is the *process* by which the 'Passport' is put together.

In order to put together a directory of library services, it is necessary to do a survey of exactly what is available; in order to list services, it is necessary to discuss and agree with the different libraries what level of service is available to different users; in order to ensure that all users' needs are being considered it is necessary to reach agreement with educationalists - and there are other processes to be gone through if the passport idea is developed through information technology.

The features can be examined from both points of view, that of the user, and that of the college and specifically, library and information service managers:

User	College/library management
identify	Service level agreements
entitlement, choice(?)	channel and control
user education	
record of library use	management information
	use monitoring
payment/vouchers	re-charging

To conclude, (on a positive note), the key processes being examined in this feasibility project to develop the User's Passport are in fact the same as those embodied in service level agreements and contracts. These are the three issues on which I focused originally:

- **Access**
- **Awareness**
- **Agreement**

Book Reviews

World Health and Disease

Gray, A., 1993 Open University Press £12.99

A valuable O.U. reader which draws upon epidemiology, the social sciences, history and biology to explore patterns of health and disease in the U.K. and the rest of the world. There are many excellent diagrams and illustrations. A well referenced publication that would be of great use to social science students, health promoters and nurses alike.

Career Development for Nurses : Opportunities and Options

Sanderson, J., 1993 Scutari Press £15.99

A very concise book suitable for the newly qualified nurse, those considering developing or changing their career, and final year students. Each subject contained in a chapter is addressed effectively and followed by useful references and relevant addresses.

Electrolytes Body Fluids and Acid Base Balance

Eccles, R., 1993 Edward Arnold £14.99

The author wrote the book for post graduate medical students. However the subject is relevant to pre registration and post registration nurses and their tutorial colleagues. The use of diagrams to clarify the text is very effective.

The Health of Women : A Global Perspective

Koblinsky, M. and Timyan, J., 1993 Westview Press £11.50

This comprehensive book is produced following an international conference in 1991. Any health professional interested in the health of women and its relevance to the family especially children will find the information and ideas contained in the book beneficial.

Advanced Paediatric Support : The Practical Approach

Mackway-Jones, D. ET AL., 1993 BMJ £19.95

Although the primary readers of this book were envisaged as medical staff involved with paediatric emergencies the information is relevant to any student or qualified health professional working with children.

Patient and Person : Developing Interpersonal Skills in Nursing

Stein-Parbury, J. 1993 Churchill Livingstone £11.95

This most readable book is suitable for undergraduate nursing courses, also for educators planning a programme of interpersonal skill development. Throughout various activities focus on the development of skills in a practical, workable manner and contain many useful concepts in the context of a caring relationship.

Health and Safety for Nurses

Chard, C., 1993 Chapman & Hall £12.95

An interesting book that deals with a most neglected area of nursing practice and provides a thorough examination of issues relating to health and safety. It sets these issues within a legal framework which again, is a neglected area within nursing. There is a need for Nurse Educators to address these issues within curricula and this book would develop the interest of Nurses concerning health and safety issues.

Psychology and Mental Health Nursing

Milne, D., 1993 Macmillan £12.99

Suitable for diploma and degree levels, this is a useful book for students studying psychology and nursing for the first time and is particularly useful to students to relate to psychology in mental health nursing. It contains useful exercises and case studies in every chapter.

Caring for Health : History and Diversity

Webster, C., 1993 Open University Press £12.99

This took covers the development of Health Care from a historical perspective to the 1990s, not only in this country but also examples of approaches internationally. Many useful illustrations and graphs are produced within the text. Each chapter has objectives as well as questions for self assessment to reinforce learning.

Complementary Medicine and Disability : Alternatives for People with Disabling Conditions

Vickers, A., 1993 Chapman & Hall £13.95

Geared to individuals with disabilities, this book would be a helpful guide to any individual seeking to choose a complementary therapy. It is written clearly and concisely. The reader is offered sufficient up to date information in order to make an informed choice.

Loving Care : Essential Guidance for those with Elderly Parents

Streater, O., 1993 N & P Publishing £7.99

Written primarily for the layman but useful for anyone involved in the care of elderly, this book offers a great deal of up to date information and resources including advice and useful addresses of organisations. It considers many critical aspects of caring for elderly relatives whether they be of good health, ill and/or disabled.

Writing for Health Care Professions

Cormack, D., 1994 Blackwell Scientific £12.99

One of the premises that this book is based on is that students in their basic professional educational course should be encouraged and supported to learn to write for publication. The same premise holds true for their teachers and other members of their profession. This book would be a very useful guide not only for student nurses and qualified staff, but for other members of the health care professions interested in learning to write for publication.

Letters

National Florence Nightingale Memorial Committee

To the Editors

Please could we inform the members of the **LfN** group of the following change to our name?

As from 1st January 1994 the National Florence Nightingale Memorial Committee will be known as:

THE FLORENCE NIGHTINGALE FOUNDATION

1994 is also the Diamond Jubilee of the founding of this living memorial to Florence Nightingale.

Thank you for your help.

Yours faithfully
Joanne Sterry
Secretary of the Foundation

Diary Dates

Monday 25 April - Friday 29 April 1994

RCN CONGRESS AND EXHIBITION

at the International Conference Centre, Bournemouth.
Includes exhibition on nursing - its resources, careers and literature/information on nursing.
Come with a student and staff group.

[Further information from the Congress Organiser, at RCN, 20 Cavendish Square, London W1M 0AB]

Thursday 19 May 1994

LFN & THE HEALTH CARE LIBRARIES GROUP JOINT STUDY DAY

This is the first joint venture by these two groups, being held at the Royal College of General Practitioners, as part of the LONDON MEDICAL BOOK FAIR.

[More details to follow soon]

Tuesday 28 June - 2 July 1994

4th EUROPEAN CONFERENCE OF MEDICAL AND HEALTH LIBRARIES, OSLO

Theme: "Health Information - New Possibilities"

[Information from: Oslo Organising Committee, Noble Incentive AS, Bygdoy Alle 14, N-0262 Oslo, Norway (Fax: +4722 4497 87)]

Journals News

The American Association of Critical Care Nurses broke off their connection with the Heart and Lung journal in 1992 and from the July/August 1992 issue it has been published by Mosby-Year Book. Instead the official publication of the AACCN is the American Journal of Critical Care. There are six issues a year. The July 1993 issue of the American Journal of Critical Care contained research papers on critical care and appears to continue the tradition of quality research.

A new journal in the psychiatric field is the Journal of Mental Health which is quarterly and published by Carfax Publishing, PO Box 25, Abingdon, Oxfordshire OX14 3UE. It aims to emphasise the multidisciplinary approach to mental health and looks at service provision and service development.