LIBRARIES *for* NURSING BULLETIN

VOLUME 14 NUMBER 2 SUMMER 1994

FEATURES:

B.L. Report - Managing the knowledge base of Healthcare

LfN/SCONUL Study Day Report

LA Briefing Paper - Healthcare sector LIS

L/N Promoting Informed Nursing Care

L f N Bulletin

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CONTENTS

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Contributions to the Bulletin are always welcome.

Please send articles or short items to the Bulletin Editors: Paul Moorbath or Maurice Wakeham.

Copy dates: 31st March 1995

EDITORIAL

WHAT'S IN IT FOR ME?

Well, this issue has a report from a LFN/SCONUL study day, a summary of a conference, a personal view of life in a newly merged library and an assortment of other bits and pieces. That's the contents of this issue of the Libraries for Nursing Bulletin and it's all here just for you. This issue is, like most of them, made up of contributions from members of Libraries for Nursing. Many, though not all, of the contributors are members of the LFN Committee, as you will notice if you peruse the list of members which we print each issue for your information and to boost their weak and feeble egos. 3 It does not have to be thus. You, yourself - yes, YOU! - could make your own contribution to the sum of knowledge which passes across our pages.

The Bulletin needs your contributions. If you attend a local - or even a national - study day or an in-house meeting or you have interesting discussions with your colleagues on issues which relate to libraries and nursing, then we would like to hear from you. As you can see from the contents of this issue, we interpret widely the things we think will be of interest. We are also able to accept a wide range of types of feature. If you feel moved to produce an academic article laden with footnotes, ... well, you'll probably want to send it off to some worthy academic journal. But what about sending us a summary? or a more popularised version? or a note to say that it may be appearing elsewhere in the future?

But surely you have opinions? views? ideas? about what you do, the system within which you work? If so, then please send them along. What about your library users? What do they talk to you about? What books do they like? What journals do they like? What about your managers? What do they contribute to your lot? Bought any good books lately? If so, what are they? Why not write us a review?

This Bulletin is supposed to inform, entertain, perhaps even annoy. It can only do these things if it has a range of contributors with things to say. So whether you've been working in nursing libraries since before the NHS or you started last week, think about what you can offer to the Bulletin. When next we ask "What's in it for you?" it will be something that you wrote.

Postscript

We apologise for the late arrival of this issue which has been caused by productions difficulties. We hope you will still find the contents relevant and interesting.

The Editors

CHAIRMAN'S NOTES

IMPORTANT LIBRARY SURVEY

Please could I ask for your co-operation? If you manage a library or information service which provides resources, facilities or any services for nurses (i.e. qualified and/or student nurses), please would you complete the RCN's "Library Survey" as soon as possible? Even if the "return date" is passed, it is important that we continue to gather as much data as possible on current trends in the provision of library services to nurses.

LFN members should all have received this survey by now. If you are not the senior manager in your establishment, please would you pass it on to the appropriate person? If additional copies have been received, perhaps spare copies could be passed on to other library managers in your locality or region? (Further copies of the survey form are available from the RCN if required.)

The data gathered will be the basis of further work by the LFN group as we try, with the RCN and other organisations, to seek ways of improving library and information provision to the nursing profession. We are seeking evidence concerning the removal of access to libraries by nurses and the reduction of services (and increase in costs?), as well as evidence of improved access and better services to this group of staff.

Your survey return will help to paint a more complete picture of the present UK situation. From this work, LFN will be developing a strategy to publicise the findings and contribute to a campaign to improve services since "Nurses need quality libraries" as PREP looms on the horizon. Hence, this request for your further help and support.

(Tony Shepherd)

LETTERS TO THE EDITOR

We have received a letter. The Editors do solemnly swear that the letter below was sent to us unsolicited and unasked for and is totally genuine, honest. However many pinches of salt you want to take with it, the writer is making a serious point and we would be happy to receive further letters with which to enliven our pages.

The address to write to is: Paul Moorbath
Library
St Bartholomew's College of Nursing
West Smithfield
London EC1A 7BE

Dear Editors

I have greatly enjoyed your esteemed organ for some years now, replete as it is with articles both scholarly and jejune, but one thing is lacking ...

I cannot believe that your members do not have cartloads of complaints, moans, suggestions, quibbles, revelations and so forth, and that a more packed "Letters to the Editor" section in each issue than seen to date would not reveal more of their troubled inner souls in a sharing way.

Are they really a moribund lot, or are you vilely censoring them? I think we should be told!

Yours most humbly
Robinson O. Ball
Interactive Resources Facilitator
Chaos College of Nursing
Crudleigh Bottom

Help Wanted

As you may be aware we are currently carrying out a research project for the British Library looking at how nursing researchers use libraries. We would be interested in hearing from you if you have any thoughts on how nurses (and others) use your library for research purposes, any facilities or services which you offer specifically relating to research or how your library service could be improved in relation to research.

Please contact:

Elaine Blair
Health and Social Work Research Unit
Anglia Polytechnic University
Merrymeade
Sawyers Hall Lane
Brentwood
Essex CM15 9BT
Tel: 01277-264504 ext 3543

Union List of Nursing Journals Scheme

As you may be aware, since 1987 my library (Salisbury District Hospital) has co-ordinated the above national union list of journal titles which currently lists titles selected from the holdings of 90 participating libraries.

Although conscious that the scheme is very successful and desperately needed by the nursing library network, I find myself no longer able to devote anything approaching the necessary time or money to it.

Issues such as over-use, use by non-members, copyright compliance, charging and token schemes have all needed addressing for the past two years, but I am afraid that being only a small provincial library with a limited number of staff, I cannot begin to tackle them. Indeed, it is proving increasingly difficult to justify the time we currently spend on the ULNJ whilst we simultaneously bid for additional staff.

We appealed for help with the scheme last year and put out a more desperate plea this year but although there is a lot of goodwill and support, there seem to be few libraries in a position to offer any practical help. Our appeal this year has brought a handful of responses but nothing concrete.

Having invested so much time and money in it, my staff and I would dearly like to see it not only continue but go from strength to strength, nurtured by libraries far bigger than ours and with far more experience in the production and marketing of library tools. It would also be nice to receive a royalty in recognition of our work on it over the past seven years, but our overriding desire is to pass the scheme on to a good home!

I wonder if the Libraries for Nursing members might be able to offer any solutions to the problem since I am afraid the scheme will fold in three months time when we produce the 1995 list.

I can provide details of those Libraries that have indicated a willingness to undertake some share of the work to keep the scheme alive and obviously we would make all our data available to whoever stepped in - we have paper versions of the 90 participating libraries' holdings and a word-processed list of those selected for inclusion. At present what is most conspicuously lacking is a co-ordinating body or person, and sadly, I feel it can no longer be me: I am quite sure there must be others out there better placed to take over and after 7 years, to be quite honest I feel it is someone else's turn!

I very much look forward to hearing from anyone who may be interested in this challenge.

Yours sincerely
Sue Henshaw
Head Librarian
Salisbury District Hospital
Salisbury
Wiltshire SP2 8BJ

Come on in, the water's lovely : The Move to Higher Education - A Personal View

by Simon Beard
Faculty Librarian (Health and Social Work)
Orsett Hospital site of Anglia Polytechnic University.

A number of librarians up and down the country continue to be affected by the merging of Colleges of Nursing with Higher Education Institutions. Call me naive, but I did not realise the level of concern that still exists. So I thought it might be useful if I outlined the largely positive effects that the merger affecting my own institution has had on the library service.

Background

I qualified as a librarian in 1982. My first job was as librarian for Basildon and Thurrock School of Nursing, in South Essex. I was the first qualified librarian they had. My predecessor was unqualified, part-time and was expected to manage three libraries single handed. How things have changed.

In 1990 (if my memory serves me right), Basildon & Thurrock merged with Southend School of Nursing to form South Essex Department of Nursing and Midwifery Education. At the same time Mid Essex and West Essex Schools also merged. The libraries of the two old schools merged into a single service, and I was asked to undertake the role of Learning Resources Manager. I was never sure if I was asked to undertake this role because of my expertise, or because I could "manage" a service with few staff, and little money.

The two Essex departments were associated with Anglia Higher Education College, a link similar to those that many colleges of nursing have forged in recent years for the running of Project 2000 courses. During this period library resources staff from both Departments and the College got together to discuss any co-operative ventures that could be made. These discussions proved invaluable once it was clear that full merger was to take place in 1992.

In October 1992, after several delays, full merger into the new Anglia Polytechnic took place. The library was merged with the Polytechnic Library Service, which forms part of the Faculty of Educational Services. This was important, since at last the library was to be run by librarians, rather than by nurse teachers, who were to join the Faculty of Health and Social Work. As the only professional librarian in the two old Departments, I was asked to take on the role of Faculty Librarian. Anglia already had one Faculty Librarian for Health and Social Work, but since we planned to keep operating all the libraries we ran on health service sites, it was thought that there was more than enough work for two.

So now, despite the fact that I am still sitting at the same desk that I sat at in 1982, I am a member of the senior management team of one of Britain's newest and fastest growing universities. So, for those of you who will soon be joining me as an academic librarian rather than an NHS librarian, what are the advantages and disadvantages of this change?

I must acknowledge that all mergers, and all University library structures, are different, and that hopefully not many of you are "managing" to run the number of libraries I had without professional support. Following discussions with librarians from Colleges throughout the Country, I believe that Anglia's policy of keeping nurse education centres rather than centralising on main sites is unusual.

Accountability

My line manager is the University Librarian, and although I work with the teaching staff who previously managed my budget, I don't work for them. I no longer have to pick up all those other jobs that I used to do simply because there was no one else to do them, such as moving furniture, or printing handouts.

Academic v Support staff

Professional librarians in universities are accepted as professionals, with many on academic rather than support staff contracts. In the Health Service, I was on an administrative grade, resulting in many teaching staff linking me with the secretaries and clerical staff rather than with themselves. After two years I feel this has changed, with academic staff appreciating the role of library staff.

Staffing

Staffing levels, based on the COFHE guidelines, have been implemented, with a professional librarian employed to manage each of the nursing libraries. Library opening hours have been extended beyond the traditional 8.30 - 4.30, with staffing levels similarly expanded to guarantee that the library is staffed during opening hours.

Financial Resources

For the first time I have a devolved budget of my own. The minimum budget is worked out on a F.T.E. basis and is therefore guaranteed. Additional funding has been negotiated from the Faculty of Health and Social Work, both for stock and for special projects such as the connection of the nursing libraries to the University Library Management System (Dynix).

Representation

Faculty Librarians are automatically invited to join all course management committees. Many course development teams also have library representation, with a Faculty Librarian usually attending course validations. This should ensure that courses that are run are adequately resourced.

A Faculty Librarian also attends other major Health and Social Work committees such as Faculty Board, and Faculty Academic Standards Committee.

Our professional expertise is often requested by the Health and Social Work Dean, and her senior management team. A business plan was requested from the library, in which we proposed major reorganisation of the service. Our proposals were accepted with very little alteration.

Staff Development

A staff development budget exists for library staff; we are not competing with teaching staff for funds. I am currently completing an MA with the University of North London, for which I receive support. The University also runs a number of staff development courses and workshops which all staff can attend. This has meant that the staff development needs of library assistants are not ignored. Staff development interviews (appraisal or IPR in

health service language) are carried out each year, and as a result of the management structure, and of the availability of a budget, these seem to really work.

Prospects

Being part of a larger organisation, I have had the chance to participate in a number of University wide projects, and nationally funded research, which I would never have had the chance to participate in whilst working for the NHS.

My dual role as Faculty Librarian and site manager for four of our six nursing libraries, has given me management experience (dealing with staff issues, planning new libraries, etc.) which other Faculty Librarians may never get the chance to gain. As a result, I should have better prospects of career development in the future.

Dependence/Independence

Having worked on my own for so many years, in isolation from the rest of the library community, I find it a great advantage to be part of a larger library system. However it must be said that I am able to keep a certain amount of independence whilst the university continues to run the nursing libraries on Health Service sites. For example, Dynix allows for alternative classmarks, I have therefore been able to continue using NLM classification, whilst the rest of the University uses Dewey. However a consensus on interpretation of NLM has had to be reached between those sites using NLM. I am not sure how I would have reacted to having to work full-time in one of the main libraries.

Conclusions

My own experience of the move into higher education is a positive one, although I acknowledge that the move might be traumatic for many library staff working in Colleges of Nursing, especially if a reduction or loss of educational contracts has led to redundancies. However, my overriding message for those who make it is that I'm sure the end result will be successful.

(The comments and opinions given in this article are those of the author, and not necessarily those of the University.)

Libraries for Nursing and the SCONUL Health Sciences Group - Spring Study Day

Nurse Education and Higher Education : Tendering and Contracting between Institutions

Date: 12th May 1994 **Venue: Royal College of Physicians**

Study 1 : The Institutional Experience.

Keith Cooper, School of Education & Health Studies, South Bank University

He began by asking "Why should the University want nursing students?" His answer was in terms of the Mission Statement of the University, the prestige that would arise, the additional numbers of students, the potential for non-capped expansion and the complementary nature of the courses with existing work. The decision to take on a sizeable number of permanent teaching staff in return for what could be relatively short-term health service contracts was a risk that had to be considered. The way in which nursing staff and students are integrated into the university is something that has to be managed and there is a need to induct new staff into a new culture of education.

Keith Cooper sees no sign of a positive approach to this.

Contracts

- legal implications and obligations should be carefully checked

- don't believe it when the government says policies won't change

- whose rules are being followed?

- important that high level authority is involved - "It would be nice to have this contract but only at the right price"

Costing/Pricing

- costing is not an exact science! (different people will come up with different costs); all organisations have the same problem.

- must include TUPE costs if staff are transferred (TUPE = Transfer of Undertakings: Protection of Employment Regulations).

- indirect costs (buildings, central admin. etc) very difficult to work out. NB: listed buildings can be a source of difficulty as can special facilities e.g. HAL, therapy rooms, Radiography

- other parts of the university who don't use specialist facilities may resent sharing these costs.

- Inflation: Bid on 1994 prices and the contractor will uprate this by an "official" figure each year which may not be actual inflation - build in a contingencies line to cover this.

- Core or marginal business?
  F/T teachers £80 an hour
  Core teachers £30 an hour

- relationship of cost to price, i.e. the cost may not bear relation to what a purchaser is prepared to pay.

Staffing: affected by TUPE (Transfer of Undertakings)

- a major factor although around since 1970s are now recognised to cover non-profit making concerns.

- conditions of service "not less favourable than current".

- includes pension rights - which are more favourable in NHS.

- **mandatory** consultation with Trades Unions has added to timescale considerably (involve national people as they will have more experience than local union representatives).

Study 2 : The Library Experience

John Akeroyd, Head of Library Services and Learning Resources, South Bank University

John emphasised that his talk was based very much on South Bank experience. Other institutions he talked with to compare notes are at earlier stages of the process and therefore could not easily be used for comparison.

Earlier experiences of other mergers (i.e. not nursing) show that it takes time to integrate - as long as 10 years or more.

John felt that the commonality of ethos and processes in libraries helps integration - apart from the "odd" NLM classification system! (This appealed to me because it had always been considered odd when I chose Dewey DC when re-classifying after amalgamating several libraries.)

He praised ENB Management Guidelines, particularly:

1. Service Level Agreements (called Service definitions in South Bank). They are useful as they define level and extent of service.

2. The "Passport" idea - reflects a developing London proposal in M25 region. John feels that all libraries are going to have to re-assess access policies because of new approaches to courses/teaching/learning.

3. Performance Standards - lot of good sense here. John feels we have gone past the point where national guidelines are of particular value.

Resources/libraries in the ideal world

i) John feels that the HE institute would wish to integrate resources either physically or systematically. However "Geography" will finally decide if this is possible.

ii) Requirements of "other" users (i.e. health service staff). Within negotiations there is a need to disaggregate these groups although it is possible that they will be included in contracts. Other means such as IT and efficient transport services could be used to provide a distance service as an alternative to maintaining small satellite service points.

The trend is for centralised service points. There could be problems if contracts are lost if collections have been integrated.

Staffing

There are considerable differences in grades, job specifications/descriptions etc. South Bank has experienced difficulties in making these consistent! However this again was found with previous mergers and some staff are still working under different conditions (i.e. those with which they transferred).

Unit Costs

Generally believed to be higher in Colleges. However HE may have to recognise that their lower unit costs may not be maintainable if having to deal with distributed service points.

Centralisation of procedures is likely to have financial implications e.g. Classification and cataloguing may need/require conversion.

Staff Development and interchange

The move into HE must be of benefit to Colleges with the more organised approach and higher level of resources available.

Finance

There are differences in practice and approach to budgets. South Bank have had difficulty in understanding these. JA seems to have bad experiences of colleges that don't have set budgets for Learning Resources through the year and have end of year money which is then spent without thought on multiple copies! (I did point out that this wasn't the case in all Colleges. However there were other people from HE present who had similar experiences to John despite the integration having taken place some years previously.)

Report by Anne Lawrence

Study 3 : How to Write a Contract

Mike Buckenham, Senior Lecturer, Institute of Advanced Nursing Education, RCN

This paper will consider writing contracts from the point of view of education and training contracts.

The development and winning of contracts is currently often seen as a life or death scenario, but will this be the same in the future?

We all know what a contract is: "any legally binding agreement between two or more parties" (Adam J.H. (1986) *Longman Dictionary of Business English*).

As such, a contract states precisely all the terms and conditions which are agreed and will include clauses on payment and clauses on penalties.

It is a record of the rights and responsibilities of both parties to the contract in the provision of goods or services as agreed by them.

To be enforceable a contract must be legal, e.g. the sale of illegal drugs on the streets cannot be covered by a legally binding contract.

Are contracts for education and training legal? Depends on the status of the parties and the terms included. They may be a statement of intent, this is the case when the contract is between two parties of the same organisation, e.g. the NHS or within an NHS Trust.

Legal contracts should be checked by legal people. What do the words used really mean?

Contracts are typically also described in terms of the length of time they have to run, especially when they are employment contracts, e.g. fixed/short term or rolling.

What then do we need to get into the contract?

The Parties

Purchasers? - RHAs - their role in Statutory Qualification contracts for nurses and other PAMs. Need for Regional Self sufficiency.
Local Trusts.
Providers - Institutions - Colleges of N & M - Universities etc.

The Service

Are we going to talk of:

Inputs, Process, or Outcomes or maybe a mix of these.
Each has a role and each presents issues.
Inputs states e.g. how many to be recruited to a programme.
Quality of inputs may be specified e.g. qualifications on entry.
Process Curriculum, Experiences, Wastage, Availability of learning resources.
Outcomes Recognised qualification with number qualifying.
Other measurable training outcomes.

Consider inputs

Do you remember the publication "The Black Hole" predicting a shortfall in the number of potential recruits to nursing courses with the right qualifications by the mid 90s? What happened? Overtaken by the economy.

The numbers do need agreeing - The provider must be involved (if at all possible) with manpower planning as a reduction in students who are providing a service reduces the number available to the clinical areas.

The Price

Are we going to agree a price based on outcomes or inputs, e.g. number of places on a course?

Most initial contracts for education were based on the number of places because this is safer, but we cannot ignore the outcomes - especially how many nurses will hold a particular qualification. Obviously the service and the price are very closely intertwined. Both need GOOD MANPOWER PLANNING - but how well can this be developed?

We can only know for certain what is happening now and what has gone on in the past. Everything in the future is no more than our best guess - Finger in the wind stuff really. Short-termism can influence this greatly and is a constant dilemma in setting contracts. The need to deal with the here and now within the current financial constraints and the desire to ensure the future is not harmed may not be easily compatible considerations.

We need also to consider the cost of the process - Teachers (what level, how many) and resources (including books, journals, videos - you name it) but also buildings maintenance and other things.

The NHS has been used to marginal costings as many of the costs were included in general running expenditure. It is only with the setting of contracts that the real costs start to emerge, and they can be frightening.

The Terms

Many issues to consider - but looking at them broadly.

Who should be/will be involved in recruitment and selection - provider only, purchaser only, purchaser and provider jointly - who has final say, how can disagreements be resolved? Are we recruiting for a national or local or regional perspective RNMH example?

Clinical placements - How do we square the circle and get all the students through retracting areas and, e.g. community. The rights and responsibilities of both parties MUST be spelt out - who has what rights - what each party's responsibility is.

Quality Assurance - is this just about the qualification or identified course outcomes/competencies - or is there a desire on the part of the purchaser to have some control over the quality of the process - AND - the provider having some control over the process of clinical placements - could think of many other issues - mentorship, role models, continuity of experience. We need to think clearly about everything needed.

e.g. a cleaning contract in one Health Authority I have been involved with had to be rescinded when the contractor was unable to meet the specifications set within the costings agreed. It is important to ensure contractors costings are realistic.

In another authority work on the laundry contract presented difficulty in specifying standards for sheets (what constitutes a clean sheet? how much of a stain is acceptable before the sheet is unusable? what of repairs? where can the sheet be creased in the ironing process and leave it usable plus other considerations?). It is no use having a set of standards that are so cumbersome they are impractical to use.

We also need to consider whether we are looking at Value for Money, or just 'Cheaper'. That is the tension. Price versus Quality - need to know what our acceptable level of quality is - be able to specify this and measure it.

Another issue can be, what if more than one organisation provides education and training for a purchaser of that service. Where do students get access to learning resources - who pays for it?

Employment Post-Qualifying - should there be a built in period of supervised practice?

Making the Contract Work

Information is vital - we get this by access to groups, agreed monitoring information and personal contacts. Dilemma:

- Trusts may feel some information we need is commercially sensitive to themselves e.g. Planned closure of a clinical area - Plans to review skill mix - Changing clinical activity in an area.

- Education establishments may also be reluctant to divulge some information to their purchasers, e.g. lack of investment into library resources.

These issues can have major impacts on the education process, e.g. in one college following work on establishing an Adolescent Psychiatry Course the unit in which the course was to be based was earmarked for moving or closure.

Protection

Both parties need protection from :

failures in provision by either side
breaches of confidentiality
abuse of privilege
unjustified termination of the contract.

The process to be followed must be carefully spelt out - including the process of arbitration if agreement is not reached.

The length of the contract and its renewability (or rules for renewing) will obviously be of importance e.g. is it a one off contract or is it a rolling one with, say, yearly renewals for part or all.

Contracts can be considered as the oil for the wheels of the service. Unless they are written well they can be like adding a poor quality oil or the wrong oil to the wheels and lead to a breakdown. It is vital that effort is put into the process of writing these contracts and that we consider very carefully all the issues that need to be included. It is no good not including something we are not keen about in the hope that the other party will not notice. They will and when they do, the situation for this contract and any future contract will be all that more difficult to resolve.

Evaluation of the Study Day

As usual evaluations tend to be based on limited responses. Christine Pinder has analysed a sample of 12 responses (38 people attended).

Evaluation Questionnaire: Analysis of Answers

Question 3 - what respondents hoped to gain
2 major areas:

- awareness and understanding of the tendering/contracting process in relation to mergers, and the implications for library staff and services.

- specific "tips" on the writing of contracts, service provision, negotiating SLAS, "Help!"

Question 4 - publicity 68%
Lowest score of all questions. For some reason, all LFN publicity did not get through. No-one in the Yorkshire Region received it. A re-evaluation may be necessary.
"I saw totally conflicting information in LFN newsletter and London Medical Bookfair leaflet, regarding venue and date."
"Nothing from LFN".
"Perhaps details could have gone direct without having to phone".

Question 5 - venue 85%
Venue was generally approved of:
"Wonderful building".
With the same reservation from several respondents:
"Room was very hot and stuffy, otherwise good".

Question 6 - catering 86%
Comments all favourable except one:
"Rather uninspired and stodgy".

Question 7 - timing 81%
No problems or major comments

Question 8 - cost 83%
Most respondents thought the cost of the day was reasonable, and good value for money. One commented: "Very cheap compared with recent study days!"

Question 9 - content of sessions 83%
Positive responses overall, but one respondent commented that the morning was more relevant than the afternoon (see also Question 11 analysis). Other comments:
"From a Trust point of view - skewed to Colleges of Nursing - but this was expected and the day was still useful".
"Did not address clinical placement issues in detail".

Question 10 - format of sessions 84%
No comments

Question 11 - speakers 88%
Excellent score - obviously, the right speakers were targetted! Of those who commented, 2 preferred the morning speakers (see also Question 9 analysis) and 2 the afternoon speakers:
"M. Buckenham was particularly good and clear, as well as funny".

Question 12 - study days as a whole 83%
I don't think we can argue with this good score.

Have you met the aims you outlined at the beginning of the questionnaire?
All but one respondent said yes, with some comments:
"Especially useful to talk to others attending".
"A useful day and the groups are ones in which you feel able to have your say".

Suggestions for Future Topics
As listed by respondents:

- report on "Passport to Learning" scheme for nursing libraries
- user surveys - how to do them etc.
- links between HE institutions and regional library services
- getting published
- Internet for nursing
- research needs of nursing staff
- networking
- what would be the ideal "modus operandi" for health service librarians? Individuals would like to deliver the service proactively, as opposed to responding reactively to change
- providing nursing information in a multicultural/multilingual context

B.L. SEMINAR: REPORT

Managing the Knowledge Base of Healthcare

Report of a seminar held on 22nd October 1993 at the King's Fund Centre, London

A report by The British Library Research and Development Department

INTRODUCTION

Professional knowledge is a vital resource in every phase of health-care, from purchasing to clinical activity. Indeed, nothing con-tributes more to the quality of healthcare than an up-to-date and well informed staff.

At a seminar organised last year by the British Library Research and Development Department delegates discussed the many ways in which healthcare reforms and changing priorities have sharpened the requirement for access to up-to-date knowledge*. They identified the new challenges and pressures for change which stem from a number of current trends, including:

- a new emphasis on clinical outcomes
- the Information Systems Strategy of the NHS Research & Development initiative
- the Health of the Nation
- new strategies in postgraduate and continuing medical education, and in staff training
- development of the purchasing function.

At the same time, delegates also noted that advances in electronic storage and networking were opening up new opportunities to make great improvements in the accessibility of information.

Some examples of good practice were identified, but doubts were expressed about the capacity of NHS library and network services in general to respond to these new challenges because of uneven access and even more uneven management. Baroness Cumberlege, who chaired the meeting, commented in her opening remarks that there was a very extensive network of library and information centres and many millions of pounds were spent in supporting them, but were we getting good value for money?

The present seminar was organised to follow up the many questions raised at that first meeting. It was designed as a working day, dedicated to seeking solutions to the problems identified earlier, and to defining ways in which this important corporate resource - the knowledge base of healthcare - can be managed more effectively. The aim of the organisers was to set an agenda for change in NHS information services that will revolutionise access to this knowledge base.

* Health Care Information in the UK, Report of a seminar held on 1st July 1992 at the Kings Fund Centre, London. British Library R&D Report 6089, British Library, 1992.

In order to achieve this, delegates were asked to tackle specific questions:

- what action is needed to improve access to the knowledge base of healthcare throughout the NHS?
- what are the first priorities for such action?
- what can be done now at local level - and what cannot?
- what needs to be done first at national level?

As a result of the discussions, the aim was to achieve a consensus statement on the following topics:

- the principles on which a strategy for library and information services should be based
- priorities for action at national, local and intermediate level
- key responsibilities for action.

As with last year's meeting, there was an enormous response to the seminar, indicating the recognition of this vitally important resource. In order to ensure maximum participation, and to protect the working character of the day, places were limited. The participants included a wide range of managerial and clinical staff from purchasing, hospital and community environments as well as providers of library, information and networking services; many had educational responsibilities. As before, discussion was wide-ranging, stimulating and thought-provoking - encouraged on this occasion by the lively workshop sessions.

The proceedings of the seminar are reported in full, including the speakers' papers, the discussion session and the workshops. The report concludes with a summary of the main issues to emerge from the seminar, along with a plan of action for the future.

Opening Remarks from the Chair

Baroness Cumberlege

The Baroness began by relating a childhood experience when she was given a pile of gramophone records; she remembered contemplating the stack of bakelite, thinking of all the remarkable, inspiring, beautiful music it contained - and feeling very frustrated because her family had no gramophone on which to play it. She compared this with the situation of information today - there was so much available, but how could we gain access to it?

That sense of frustration - that there was so much knowledge, but with no clear ways of making effective use of it - was what prompted the first seminar, organised by the British Library Research and Development Department. That seminar, also hosted by the Kings Fund Centre, set out to consider the role of information in the NHS. It broke new ground in many ways, but principally in the wide range of interests gathered together to address the future of information provision in support of healthcare.

The seminar also set out to increase awareness of the extensive network of libraries and information centres in the healthcare field - both within and outside the NHS - and to widen the definition of information to include textual as well as numerical data. Its main purpose was to open a dialogue between those who use information and those who provide it. Judging by the points made in the discussion sessions, it succeeded in this. However, it provided more questions than solutions, although this was not unexpected, given the nature of this first exercise. The aim of the present seminar was to seek some of those solutions.

The Baroness outlined the many changes that had taken place since that first seminar. One of the most topical was the very recent announcement of the new Regional Framework, the details of which would be the subject of much discussion and consultation with NHS staff.

There had been other changes within the NHS in the intervening period. The devolution of responsibility had continued with the steady extension of the hospital trusts; and as responsibility for decisions increased, so did the need for information. Purchasers needed to know the suppliers of goods and services and their financial soundness, the health needs of their populations and the views of local people. Managers and clinicians needed to be aware of good practice and developments in their particular fields, and the cost and effectiveness of their decisions. There was also a need to disseminate not only the findings of research, but also the details of research in progress.

There had also been rapid change on the supply side. The library or information unit was no longer just a collection of books and journals available for consultation locally - that picture had always been an underestimate. The library could now call upon far wider resources, with online services and CD-ROMs enabling librarians to provide access to a wide range of constantly updated information, while networking had radically changed its availability. These had not replaced the traditional library, but rather augmented it. There would always be a need for collections of material close at hand and for the advice of fully trained and experienced staff.

The Baroness explained that the seminar would take a different form from last year's meeting, while building on that experience. Then the aim had been to ask questions; now, the aim was to begin to provide some answers. Both the membership and the format were different.

Invitations had been issued on a personal basis and the response had been so great that, given the size of the accommodation, not all those wishing to participate had been able to do so. While this was disappointing for those unable to attend, it did indicate that the seminar had struck a chord and this was an encouraging sign.

As for the format, the seminar would begin with two overviews, one on the content of information in healthcare, the other on the technical development of networking, after which there would be time for dis-cussion. In the second session there would be a series of work-shops, each addressing a different aspect of information provision. All participants were encouraged to make a contribution, although the field was so wide that in the time available it would only be possible to scratch the surface.

The Baroness concluded by saying that we now had, for the first time, the ability to produce more information on any aspect of healthcare and to make that information widely, almost instantly available. That could be a mixed blessing. If we were to succeed in our aim of directing the maximum amount of resources to patient care we had to be able to use and control this information. Finding the most effective ways to organise and access it was the theme of the seminar. How successful it would be depended on all those present.

Summing Up

John Shaw, Director of Corporate Affairs, NHS Management Executive

John Shaw began by confirming that the seminar organising committee would study the reports of the workshops and the discussion sessions and would draw up an agenda for further action, based on the following topics:

- the principles on which a strategy for library and information services should be based
- priorities for action at national, local and intermediate level
- key responsibilities for action.

He then gave a personal summary of the day's activities, emphasising a number of points that he felt were particularly important.

The first, over-arching point was that information is of paramount importance to a vast range of people and activities. Patients, first of all, and all those involved in research, professional education and training, effective clinical care, management and the working of the internal market, health needs assessment, policy development and quality assurance all rely increasingly on good and accurate information. There could no longer be any doubt of the imperative nature of information in its widest sense.

Linked to this was the range of disciplines represented at the present seminar, which was much wider than at the first seminar. FHSA chairmen, Trust chairmen, postgraduate deans, pharmacists, GPs, public health workers, researchers and librarians were all represented. All had come together to tackle problems in a productive, collaborative approach.

John Shaw then drew attention to some of the points made in the two presentations.

Iain Chalmers had picked up on a point made earlier by Baroness Cumberlege, who had used the word "we" when referring to the challenges facing the NHS, the tasks ahead - and some of them were "monstrously challenging" - had to be tackled collectively. He thought that the point made by Dr Chalmers, that work on systematic reviews did not have high status in the academic world, was a significant one.

Dr Chalmers had also referred to the potentially "lethal effects" of a sloppy approach to reviews; this was a powerful phrase and a vital point to remember. Another important point was the suggestion, made during the discussion, that Department of Health and NHS research findings should be deposited in an accessible archive or register, along the lines of the data archive already available for the Social Sciences.

From Ian Nicholls' talk, he highlighted a point about the importance of enabling people - this was indeed the key to success, people working together at national, regional and local levels. There were encouraging signs of this in the present seminar - a mixed, multi-professional group working together to improve progress in this area.

John Shaw went on to list some of the points he would personally want to pursue as a result of what he had heard at the seminar:

- It had been suggested that the Information Management Group and the Research & Development Directorate did not talk to each other enough. He would look into this.

- A dialogue had been tentatively opened between the NHS-wide network and JANET during the day's proceedings; this dialogue needed to be renewed.

- The Management Executive should make a stonger connection between the work of the Cochrane Centre and the Information Management & Technology Strategy.

- The Cochrane Centre was already developing a national database of reviews. However, the ME had to provide a lead in improving awareness of the strengths and weaknesses of the review process. This awareness needed to extend to a senior level, and the ME should give national leadership on this point.

- There was a need to raise the status of reviews and reviewers, which currently did not enjoy high status in the academic world.

- Information must be defined in a broad way. Some anxiety had been expressed that the emphasis of the IM&T Strategy was too much on the statistical side of information to the detriment of other, equally valid, kinds of information - text, image, data. There was also an anxiety that there was too much stress on technology, and not enough on knowledge and information. If true, these concerns needed to be addressed.

- There was an assertion among some of the librarians present that they "had heard all of this before", in other words, that the library community was way ahead of the other groups in the NHS, and was waiting for them to catch up. If this were true, there were clearly important lessons to be learnt from this assertion.

John Shaw concluded by saying that the results of the day's seminar would be taken further in a series of workshops which were being planned by the Kings Fund Centre.

The Future

The focus of the seminar was changing the agenda and, in this context, two specific concerns emerged from the day's discussions:

- Everyone involved in the health service, and specifically NHSME, must recognise that access to the knowledge base is critical to effective healthcare

- Librarians and information workers must widen their outlook and give central attention to:
  - the quality of information
  - the effective use of information technology in general - not just library IT
  - universal access.

The following strategic objectives were agreed as a basis for further action:

- to improve the quality of the knowledge base and its co-ordination
- to ensure that the knowledge base is disseminated widely using the technology that is becoming available
- to identify, promote and disseminate good local practice (including servicing the purchasing function)
- to improve local organisation and transmission of the knowledge base.

It was also agreed that all recipients of the seminar report should be encouraged to read it, to comment on its content and, above all, to continue the dialogue.

This Summary is based upon British Library R&D Report 6133

Help Wanted

As a requirement for the MA Library and Information Studies which I am currently undertaking at the University of North London, I am about to undertake a piece of research into mergers between Colleges of Nursing and Universities.

I am particularly interested in the issue of staff development, and the preparation of staff for the merger. Ten years ago, many School of Nursing libraries were run by unqualified staff. Where are they today? Have they been adequately prepared for the changes in nurse education? Have they been left behind with a professional librarian, often with less experience, being made responsible for them?

I am interested in hearing from nursing librarians who manage libraries which have, or are about to merge with a university. I am particularly interested in hearing from you if you, or a member of your staff are unqualified, and run, or used to run a School/College of Nursing library.

Please write to me as soon as possible if you can help:

Simon Beard
Faculty Librarian
Anglia Polytechnic University
Orsett Hospital
Orsett
Grays
Essex RM16 3EU

BOOK REVIEW

Managing the Knowledge Base of Health Care
A Report on a Seminar held by the British Library
(British Library R&D Report No 6133)

Reviewed by Stephen Timmons

This is a 67 page report on a seminar held last September at the King's Fund (the independent health services "think-tank"). It brought together people from medical libraries, the National Health Service, the Department of Health and the British Library.

The starting point for the seminar was the rapid expansion of knowledge base in healthcare. Evidence was produced to show the proliferation of books and journals in the field, and that they continue to expand. Allied to this is the vital importance of getting this knowledge to the right people. If high quality healthcare is to be delivered, all of those involved need to be appraised of the latest and most relevant knowledge within their own (and other) disciplines.

The problem is that this task is much more than any one person can cope with. That this is not a new problem was demonstrated by a quote from a 1964 issue of *The Lancet*, "The times have passed since a single human mind could even pretend to know all that might be useful in treating patients". Consideration of how this problem is to be managed revolves around two issues: what information is important and how to get it to the right people.

The first presentation written up in this report is about assessing what information is important; in other words, examining the effectiveness of particular treatments. Obviously, there is little point in disseminating information on treatment that is not effective, or is positively harmful. In a very interesting article, Dr Iain Chambers, Director of the UK Cochrane Centre, explains the work of Archie Cochrane, one of the most influential thinkers on the measurement of the effectiveness of healthcare. Cochrane is quoted as saying, "It is surely a great criticism of our profession that we have not organised a critical summary, by specialty or subspecialty, adapted periodically, of all relevant randomised controlled trials".

The work of the Cochrane Centres, in the UK and other countries, is dedicated to redressing this deficiency. This work will eventually result in a database of randomised controlled trials. This knowledge will be made available world wide so that the crucial information, on what treatment is most effective, can get to the relevant professionals.

The conference then moved on to consider the second issue, that of how this information should be transmitted. This discussion can be further subdivided into consideration of the principles for dissemination, and of how new technology can help in this process. The principles for dissemination, while easy to elucidate, are rather harder to implement. They include a clear understanding of the objectives of the organisation at all levels, from NHS to individual wards or clinics, an ability and willingness to share information across professions and organisations, and to ensure that the information needs lead the technology, and not vice versa. This leads naturally on to the presentations about the use of technology and what it can offer.

Ian Nicholls from the NHSME Information Management Groups spoke about the NHS IT network. He explained what the national network would do and outlined other projects in

the NHS Information Strategy. What would have been really interesting were some ideas about how the NHS network could actually be used for the sort of information trans-mission discussed earlier. It is also interesting to note that the date for the installation of the network mentioned by Ian Nicholls has already slipped. Jeremy Wyatt from the Imperial Cancer Research Fund provided some good workshop materials on the advantages and disadvantages of various methods of data transmission.

One debate of considerable relevance to those of us who work on the interface of Higher education and the NHS was around the security risks in linking NHS databases onto academic networks, notably the Internet. My personal view is that many of the fears about data security, especially links with Internet, are unfounded and should not stand in the way of linkage of information across institutions. The threat to security caused by a perceived group of "hackers" is substantially less serious than that posed by sloppy practice in existing paper based systems. In my experience, this threat is usually cited by those who know least about it.

The overall conclusion of the seminar was that there are no easy answers. When are there any? The essential conclusions were about policy and principles, and it was good to see this level of enthusiasm and commitment to the use of IT in solving these problems.

Stephen Timmons lectures on Information Technology in the Faculty of Health and Social Work, Anglia Polytechnic University.

THE LIBRARY ASSOCIATION LIBRARY INFORMATION SERVICES COMMITTEE:

Briefing Paper: Healthcare Sector LIS

Context

Over the past few years there have been several government initiatives that have led to massive changes in all areas of the NHS. The White Paper "Working for Patients" and subsequent legislation (the National Health Service and Community Care Act 1990) has led to the creation of NHS Trusts and the development of a more competitive business culture through the purchaser/provider split.

Care in the Community has brought about different patterns of patient care generally involving shorter patient stays, and financial restric-tions have in some cases resulted in the closure or rationalisation of hospital provision.

The recent NHSME Functions and Manpower Review suggests that the way forward is perceived as involving the merger of Regions, prior to their eventual abolition. This threatens Regional library services. District library services have all but ceased to exist. Other future developments include the likelihood of local government bids to run health authorities.

Effects on Library and Information Services

Although there continue to be many positive developments within Health Service library and information services, various issues of concern have been raised through casework and by direct member representation to LA Councillors and staff.

These are:

- the fragmentation of library and information services in the new NHS;
- an absence of strategic planning and consultation concerning the move of nurse education to higher education;
- the break up of existing co-operative networks.

The work of library managers is made more difficult by the fact that, in many cases, parts of services (and parts of salaries) are funded from different sources.

There is no one set of standards for library and information services although there are several helpful documents in existence. Service level agreements are in their infancy. Developments in nurse training (Project 2000 and PREPP) and the growing concept of the importance of lifelong learning/CPD for all health care staff are placing greater demands on library services: resource provision has not grown at the same rate.

Human Resource Issues

There is a diversity of pay and service condition arrangements for library staff in health sector libraries with many library staff suffering low status and low pay. Local pay bargaining and performance related pay (PRP) are likely to be introduced over the next few years.

Suggestions for Library Association Activity

1. LA needs to set the professional agenda (this will need to include the concept that information should be accessible to everyone involved in the healthcare process, services should be high quality, resources should be adequate) AND be able to communicate this within healthcare sector - bearing in mind that "special pleading" will be counterproductive. LA has to project positively not whinge.

2. Involvement in research to establish the contribution of library and information services to:
   a) patient care;
   b) purchasing and planning;
   c) professional and CPD activities for healthcare staff, doctors, nurses and managers;
   (The LA has not budgeted for any sponsorship of research in this sector in the next year. Co-sponsorship may be investigated as could positive suggestions for projects for LIS student Masters degree topics)

3. Co-ordination of LIS standards and guidelines. Publication by LA Publishing to be investigated.

4. Accreditation of courses/hospitals/colleges needs to be set in the context of whether library services are adequate.

5. LA needs to co-ordinate LIS groups within the health care sector.

6. LA needs to have better contacts with "external" bodies e.g. Royal Colleges, RCN, ENB, Institute of Health Service managers, National Association of Clinical Tutors (they are to have a libraries working party), NAHAT, and with DILS such as Aberystwyth who have teaching and research programmes in health service librarianship.

7. Involvement with Cumberlege seminars on managing the knowledge base of healthcare.

8. MHWLG and Subject Groups (IFM Healthcare etc) input to LA policies and activities.

9. Health sector LIS work given adequate priority within the new LA Committee structure. Current proposals are for a Special Libraries Committee covering commercial and industrial libraries; the voluntary and charitable sector; Government libraries and the health care sector. The agenda for this Committee will be discussed in a series of meetings at the end of this year. One possibility would be to have a Health Subcommittee. Links would be needed with the LA Academic Libraries Committee.

10. Carry out an NHS salary survey of all staff in libraries listed in the LA Directory of Medical and Healthcare Libraries, identifying job title, qualifications held, sources of funding for posts and services. A survey of this type is on the LA Employment Committee workplan for 1994 although no work has yet been done on this.

11. Revision of the NHS salary guide to reflect the changing roles and job titles. As the sector is changing so rapidly the salary guide may need further revision next year.

12. LA to approach trade unions (UNISON, MSF etc), concerning pay levels for library staff. Possibility of Equal Value claims for library staff if comparators can be found.

13. LA information to reach targeted groups of NHS managers eg National Association of Clinical Tutors (see lists of contacts) - using attendance at their conferences/day schools, adverts and articles about LIS professionals in their journals, year-books. There may be possibilities for joint activity with the LA Enterprise Directorate ie LAPL publications, promoting LAR Vacancies Supplement and INFOMatch.

14. Replace "If you're a NHS manager" leaflet targeted at key managers/health service employer groups.

15. Revise and reprint "Professional librarians: a brief guide for employers". This is on the workplan for 1994.

CONTACTS

The following have been identified as individuals or organisations for The LA to develop personal or organisational contact.

Alan Langlands, Chief Executive, NHS.
Ministers and MPs - a recent article in the Health Service Journal listed good contacts.
Professional Bodies - Royal Colleges, Institute of Health Service Managers, National Association of Clinical Tutors, NAHAT, ENB.
UNISON Head of Health, Bob Abberley. Our main contact for nurses is Robert Baughan.
LA Groups IFM Healthcare, Libraries for Nursing.
Other groups (listed in a recent newsletter of the MHWLG).

Acknowledgement is due to the Library Association for permission to copy this document.

R.C.N. Publications Available

The following RCN publications are available in quantity, to any librarian (or nurse) who cares to contact:

Central Services
RCN
20 Cavendish Square
London W1M 0AB
(or Telephone: 071-409 3333: Fax: 071-355 1379).

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