

An evolving partnership : purchasing services from NHS Libraries

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Abstract

The provision of library services to nursing students of Anglia Polytechnic University (APU) is described. When local Schools of Nursing were integrated into the University they brought with them a number of small libraries. These were integrated into the University library service and improved over time. When APU centralised nurse education this impacted on library services. A number of options for development were considered. Under pressure to reduce costs, to create multidisciplinary services within the health service and to co-operate across sectors whilst maintaining standards, the University and local NHS Trusts and educational consortia decided to integrate APU nursing libraries with NHS medical libraries. This in turn made it possible for the University to purchase library services from local NHS providers. The positive results and some of the factors which contribute to the success of such arrangements are identified.

The relationship between higher education and the National Health Service is an evolving one. This article will describe how library services are delivered to a particular group of students and how this has evolved over the years. Anglia Polytechnic University (APU) is moving from providing services for some of its students and staff at hospital sites from its own resources, to obtaining these services from NHS providers. The situation described applies to provision for nurses rather than other

health professionals, doctors or health service managers. However, some of the issues raised may be generally applicable.

Partnership and collaboration

One of the many themes of the Dearing report, *Higher education in the learning society* was the need for HE to collaborate. HE institutions should collaborate with sectors of the education world - schools, further education colleges, local education authorities - and with industry and commerce. In the library and information world we could point to schemes like the Birmingham Public and Academic Library Services scheme. Within London there is the M25 Consortium of academic libraries. On a national scale there is the UK Libraries Plus scheme, which enables part-time, distance and placement students based in one University to have access to other libraries in the scheme.

Higher education, as a sector, works with a range of economic areas. The health service is clearly one of the larger and more important of these. Managers in the NHS realise the need to recruit and maintain a well-educated, well motivated workforce. They are aware of the need to invest in the education and development of their staff and are prepared to purchase quality services from HE. At present HE institutions and the NHS provide nearly all the pre-registration education for doctors, nurses, dentists and the professionals allied to medicine. Much health service post-graduate training, continuing professional development and research are also based in Universities. The health sector contributes about 11% of all HE students. They are worth nearly £3 billion to the HE economy. It is therefore to the advantage of both sectors to work together.

Acknowledging this the Committee of Vice Chancellors and Principles and the NHS Executive have issued *A partnership statement* (1999). Ideas expressed there build on two other publications, *Making a Difference* (NHS, 1999) and *Fitness for Practice* (UKCC, 1999). At the root of the relationship between HE and the NHS is the need to develop long-term relationships at local and national level, to enable the implementation of national policies at regional and local level. Both parties are called upon to consult on curriculum developments, improving clinical and practice placements, and to promote and identify good practice in education and research. It is these policies that were promoted in the NHS workforce planning document, *A health service of all the talents* (DoH, 2000) which led to the replacement of education consortia with Workforce Development Confederations. Working with others is one of the core principles of the *NHS Plan* (DoH, 2001).

Collaboration and partnership, however does not appear from nowhere. It is partly the creation of history and of organisational structures and will take different forms in different places. It is my intention to outline how library services have evolved in a collaborative context in one particular HE setting.

The Anglia Polytechnic University experience

The situation of library provision for APU's nursing students up to 1996 briefly described below has been dealt with in more detail elsewhere (1). APU's ancestor (Anglia Polytechnic) was created out of the Essex Institute of Higher Education and the Cambridge College of Arts and Technology in 1991. The Library's first links with the NHS came about in the early nineties when the library had contacts with a nurse education library in a local School of Nursing. We had been asked to give professional advice in order to improve services. A deeper involvement

came about when, under momentum from Project 2000 (as the move of nurse training into the higher education sector was known), the Mid & West Essex School of Nursing and Midwifery Education and the South Essex School integrated into the Polytechnic's Faculty of Health and Social Work (HSW) in late 1992. They brought with them 5 nursing libraries located in hospitals across the length and breadth of Essex, at Epping, Chelmsford, Orsett, Southend and Runwell. They ranged from well stocked, professionally staffed multi-media centres to the haphazardly stocked collections of bookshelves with hard working but less qualified staff. The libraries came into APU because they were within the Schools of Nursing which were integrating. There was never any suggestion at the time that the libraries would *not* integrate, or that they would be moved into any nearby medical library or that APU would buy services from anywhere else. In fact, at most of the sites there would, at that time, have been no adequate library from which to buy services.

Relations were developed between the University Library and the staff at the hospital sites before the links became formal. Nursing library staff were like the School teaching staff in their initial reactions to integration. Some were concerned for their jobs (probably unnecessarily but this did not prevent them being concerned). Others saw APU as a kind of brave new world full of new opportunities. At this time it was taken for granted that both teaching and library services would remain at the hospital sites. The libraries were to remain where they were because that is where the teaching and the students would be.

Having incorporated the libraries, APU had to bring them up to an appropriate standard. A Learning Resource Manager in post transferred to APU as a Faculty Librarian. He ran one of the libraries and ultimately had responsibility for them all (2). Professional staff were appointed to

run three of the others. The fifth was at a site that was scheduled for closure and retained its existing part-time member of staff. Four of the sites were linked to the University Library's computer management system. Substantial sums were made available over the next few years for developing stock holdings and refurbishing and improving the library environments at the sites.

In September 1994 the Institute of Health Studies at Colchester in North Essex was incorporated into the APU Faculty. This had its own automated circulation system and was by far and away the best resourced, site in terms of staff, stock and buildings, that joined APU. It had been one of the original national Project 2000 trial sites.

The APU libraries provided services essentially for staff and students of APU. Hospital staff who assessed or mentored APU students while they were on placements could have membership of the nursing library within their district, which gave them limited borrowing rights. This meant that trained nursing staff who were pursuing courses at other universities or who simply wanted to consult the library were allowed reference use but not allowed borrowing rights, which they had traditionally had in the former nurse education libraries. APU did in fact have discussions about supplying a service to trained staff during the integration process but the cost was probably perceived as expensive, which when compared to 'no cost' it would have been. These discussions came to nought.

In summary, the APU library developed and improved library services for nursing students in its nurse education libraries. Funding came from the educational contract through the APU HSW Faculty, in addition to basic funding per FTE student. The University appointed young, enthusiastic professional staff who had much to contribute to the library as a whole, automated services, improved library stock, established training

programmes for library staff at the nursing sites, developed liaison with nurse teaching staff, provided user education and formulated a Business Plan according to which future developments could be measured.

A drawback for APU of providing these services was that it was expensive. The non-provision of services to trained staff was perceived to be a decision made by APU, whereas in fact it was highlighting, as occurred in many other parts of the country, that this sizeable - the largest - NHS constituency lacked decent provision (3). Opening hours, though often an improvement on what had gone before, tended to be less at nursing sites than they were at main University sites.

Towards the end of 1996 discussions started in relation to the re-negotiation of the education contract for pre-registration nursing. The University was under pressure from the North and South Essex Education Consortia ('the purchasers') to make efficiency gains and reduce costs. One way of doing this was to centralise nurse education at the Rivermead campus in Chelmsford. Centralisation would give students better access to computing, library and other support services. There was also the issue of the extent to which nursing students should be treated as higher education students. Bringing them more into contact with other students and nearer to student social provision was seen as valuable for them.

In March 1997 it was formally proposed that pre-registration nursing would withdraw from health service sites in September 1997 and post registration provision would be removed a year later. This would obviously have an impact on library services because the library would still be expected to provide services of some sort at the sites but the bulk of provision would have to be at the central campus.

The issues that this presented the library with were:

- ❑ How to provide a service for the additional students who would use the central campus?
- ❑ What services would be required for academic staff who remained based at the sites?
- ❑ Which services would be needed by post-registration students, who would mainly still be taught at the sites?
- ❑ What services would be needed by APU students on clinical placements at the sites or in the community?
- ❑ What services should be provided for those staff supporting APU students in the clinical areas?
- ❑ What services, if any, should APU provide for other Trust staff?

All of this was against a background where the University was calling for all departments, including the library, to make 5% cuts in their budgets.

The two Faculty Librarians put together a list of what were perceived to be the options for the Library:

- ❑ Close all the sites and remove all services to the centre.
- ❑ Remove some stock and some staff to the centre and contract with a local provider to supply library services at the sites, i.e. retain a separate nursing library at the sites operated by a local provider.

- Remove some stock and some staff to the centre, transfer the rest to a local library as start up stock for a Trust library or as part of a multidisciplinary library or contract with a local provider.
- Remove most stock and library staff to centre, leave electronic links, possibly with postal or contracted document delivery service possibly run by Health Faculty clerical staff; today we might call it a virtual library.
- Change nothing, provide a full service at all the sites; this was never really an option.

The Faculty Librarians were also aware of the recent publication of Muir Gray's book on evidence-based healthcare (4) where he writes about 'evidence centres'. They wrote at the time (February 1997):

The evidence centre is a place that is accessed, using electronic links, telephone, fax, etc., but not necessarily visited in person. Such a service would be particularly important to those offering primary and community care services, who do not have immediate access to a local library. Should the University wish, it could establish evidence centres through partnerships with local providers. These could involve the local library, our own part time staff or other support staff of the University, for example in the Health Schools.

Back-up could be provided from a centre of excellence, such as Rivermead [the central University Library in Chelmsford]. Anglia students could access the main library electronically, order books and articles for delivery to the local access / collection point. The wider use of electronic journals, document delivery services and

internet resources will assist our users in gaining access to their information requirements without the need to visit a traditional library.

Anglia could include library access for staff working with its students and other health service staff within its contract negotiations. Different levels of access would clearly have to be costed. *As a 'new' service, the centres need not be provided by the University; it could be done by the Trusts (5)*

Since some of the Trusts were still catching up with the pre-20th century concept of 'the library', hopes for 'the evidence centre' were not high.

In practice all library stock could not be relocated because there was no space for it at the central library. It was estimated that about 50-60% of the stock and the professional staff at the sites would need to be relocated to the centre.

Transferring stock to another library or buying services from other libraries presented problems because:

- The expected lives of 4 of the five sites were uncertain and possibly short.
- Only one site had a reasonable existing service on site from which a service could be purchased 'off the shelf'. Though some had medical libraries within a few miles, which could serve as bases for improved multidisciplinary services, all of these would need additional investment from somewhere.

- Transferring stock to the medical sites might not have been possible because most of them were short of space themselves.

The eventual provision comprised a well-stocked central service and 4 reduced nursing libraries. One of these was housed in the same room as a medical education library, the rest were at hospital sites, which had no alternative viable library provision and were scheduled to close, though no-one seemed to know exactly when. Though the library lost staff through this exercise, via natural wastage (retirement and promotion), no nursing library staff were made redundant.

Meanwhile the North and South Essex Educational Consortia, with whom APU had its main nursing contracts, had identified a need for all NHS staff to have equitable access to information. Working with the North Thames Regional Library Information Unit (RLIU) they obtained funding to carry out a library development project in the context of the NHS regional library strategy to move towards a multidisciplinary service. The concern was to achieve maximisation of resource sharing, co-ordination of effort and cost effectiveness. This project would look at library services in the broadest sense across the consortia. APU was a relatively small fish in the sea of health service library provision. It had also been made clear to the University that it would be required to vacate some of the health service premises from which it was operating. The University Librarian was keen to work with the RLIU within the project to identify ways of maintaining good quality services for APU staff and students. A project officer was appointed who would review services, report to a cross consortia library sub-group, work closely with the Head of the RLIU and consult with other librarians and stakeholders.

Among the recommendations of the Review, the Consortia were asked to "acknowledge that investment will be required to provide library and

information services for all staff by building on the services provided within the medical libraries to provide LIS within an interprofessional model" (6). It was suggested that a pilot site should be established at Southend where the medical library shared space with the nursing library, and, after the withdrawal of some APU stock, there was the room and an infrastructure to support provision. It was also suggested that stakeholders outside the NHS may wish to 'buy in' to the service as the project progressed.

The Southend Pilot Implementation Group (SPIG) was established consisting of senior representatives from various health service constituencies - the Trust, client groups, the library- the external consultant, the Regional Library Unit and APU. The negotiations which led to the integration of APU staff and stock into the new multidisciplinary library were carried on as part of and alongside the PIG and resulted in APU agreeing a Service Level Agreement (SLA) with the Consortia and the Trust in July of 1999. The SLA has since been extended to two further hospital libraries. The Epping APU services transferred to Harlow in 1999 and Orsett transferred in October 2001. The Service Level Agreement is monitored via regular meetings between APU and librarians at the sites.

On a broader level the University Library is also represented on the Essex Health Librarians Group of the NHS. This has lead to sharing of staff development activities and joint purchasing of electronic database services.

The advantages of the new arrangements by which APU purchases library services for its nursing students from the NHS are that:

- Students, APU staff and nurses working with our students and others receive equitable service under one roof.
- APU users again have greater access to more staff and to professional staff if they need it.
- APU users potentially have access to a greater range of stock and journals on site.
- The libraries are open longer hours than they were as simple nursing libraries.
- Some libraries may be able to offer 24 hour study access.
- The day to day management of the library can take place on site and not at a distance. (It will always be easier for infrastructural improvements to be made on an NHS site by NHS units than it is for the University).
- The actual process of the Pilot Project resulted in extra funding being put into the libraries in terms of stock and IT infrastructure.
- The University Library can make administrative savings - fewer staff, cost codes, budgets, orders to place, sites to manage.
- The process allows the University Library to work in partnership across sectors - with library colleagues, with the educational consortia, and with local Trusts.

Influences

There are many factors which may influence whether higher education can successfully work in partnership with the NHS.

- Leadership: either an individual or an institutional management has to want to do it, be able to persuade others and be willing to push the idea forward. Strategic leadership at senior University and Trust / Consortia level has to be supportive, specifically in this case of developing library links.
- Communication: given the numbers of organisations involved in most higher education / health service organisational interfaces, communication between individuals, committees, professions, and organisations has to be good. Good liaison and cross representation within the committee structures at all levels and good interpersonal relationships at operational level are important.
- Trust: individuals and organisations have to trust one another because ultimately, whether service level agreements exist or not, a lot of what happens in practice will depend on 'good will', a desire to make things work. Management has to have confidence that library staff will work in accord with 'a professional ethic', quite apart from what may be described in contractual documents.
- History and 'background noise': previous individual and institutional experiences may affect success or failure. The experiences described here went on in the context of the publication of the *Health Service Guidelines on Library and Information Services* and the *Information for Health* developments, which perhaps made library co-operation easier.

- **Resources:** although politicians usually like things to be done within existing resources, money, space, and knowledgeable and motivated staff are probably prerequisites for success whoever is providing the service.

To conclude, APU is still gaining experience in buying library services from the NHS. Others may be more knowledgeable and have been doing it much longer. It would be wrong to imply that the change from APU being service provider to service purchaser, which is still going on, has been smooth and trouble free. Nor is it the only model that will be successful. The still evolving role of Workforce Development Confederations will serve to create further options (7). The motivation at APU is to provide the best services for students within the resources available. It is currently thought that buying services from health service libraries for nursing students is the best way of doing so and that this will in turn feed into the quality of education that our students receive and the care that they can ultimately give to patients.

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