Case study 1 : A College Perspective

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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.

<u>What kind of agreement have we managed to establish?</u>

[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

<u>Multidisciplinary libraries</u>

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?**

<u>College libraries</u>

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

<u>All parties</u>

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]

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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)?

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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.?]