OPERATING WITH KNOWLEDGE - REPORT OF HLG CONFERENCE

Royal Society of Medicine

6 November 1997

This was organised by *Health Libraries Group* as part of National Libraries Week.

Joe Hendry (President of the Library Association) introduced day: libraries should be co-operative institutions and at the centre of their communities.

Tessa Jowell MP (Minister of State for Public Health) talked about how knowledge empowers people. It needs to be trustworthy, imaginative and intelligible. It is important that information be available, through whatever means, that the quality be good. Information rich still tends to mean economically rich, a recurrent theme throughout the day. The Health Service needs LIS services to inform clinical practice. Libraries should be part of the new Public Health Strategy - better patient care, evidence based culture, revised Patientís Charter, new White Paper (due before Christmas), new Green Paper (due after Christmas), and Healthy Living Centres (flavour of the month). There is a need to move towards a more coherent, less fragmented health service. Trusts and hospitals need good LIS services for doctors *and* patients.

Dr Muir Gray (Director of R & D, NHS Exec. Anglia & Oxford region) talked about how much better informed patients now are. Most are '*amply* informed'; a smaller number are '*well* informed'. It is now quite possible that the clinician, particularly GPs, will be less well informed than their patients. How to manage information is the problem. In future internet based information will be available through supermarkets or the television in the home.

Institutions should have Chief Knowledge Officers who can gather information, appraise and translate it into knowledge for appropriate people, and then market and/or implement it. Knowledge needs to be available at the point of use, whether ward, surgery or community. This means it should be equally accessible for doctors and patients, that quality is more important than quantity, that the important thing about internet is hypertext (i.e. the ability to interact with the information). When savings have to be made journals and books should always be cut before people (i.e. librarians). Some audience speakers leapt to defend the book/journal vs the internet.

Michael Carmel (Director LIS, South Thames) referred to recent *Nursing Standard* survey that said that only 55% of nurses had recently used a Library. They wanted a 'home' library which was close in mind and location, sensitive to their requirements and designed to meet their needs. They wanted reading and borrowing rights, information retrieval and an enquiry and information searching facility as prime requirements.

Health library services seem to be getting support from *policy* making level but all the time the library is seen at operational level as a management overhead to be cut there would be problems. There is a need to rationalise the funding streams to libraries especially if they are to be multidisciplinary and also available to patients. Access is the priority and some librarians seem to have forgotten this. This should be the case because of the librarian's professional ethic, the idea of a health service for all, because of patients' rights (libraries are there ultimately to serve patients whichever way you look at it) and in terms of taxpayers rights (who really pays?).

Good library services need *planning*; this in turn needs a *partnership* approach and breakdown of artificial barriers. A viable service needs at least 2 librarians, better 4/5 staff at a start up cost of around £120,000 - a sum any trust should be able to afford, said some; cost of a service estimated at 0.15% of gross turnover of Trust. In practice single Trusts could probably not provide a critical mass of users (thought perhaps if patients included?), so further need for co-operation and planning (at regional level - the regional librarians said). Health systems are complex, there are many stakeholders in and outwith the health service, so partnerships are essential. Links will develop through implementing Dearing, LINC health panel and the Library and Information Commission's *People's Network* strategies.

Rabbi **Julia Neuberger** chaired the day and summed up. She identified themes of

- equalising relationships, between health care providers and patients, which means patient empowerment
- the need for information to be sifted, translated and benchmarked (especially internet)
- that not only medical libraries, but also health care libraries, need funding
- funding streams need rationalising/integrating and sorting out
- the need to decide on the role of the Knowledge Officer, does information need packaging?
- what to do about the socially excluded, the homeless, ethnic minorities?

The proceedings of the day, including question and answer sessions and reports of the afternoon workshops, are to be published and should be available by the time you read this.

Maurice Wakeham
Anglia Polytechnic University
Chelmsford