

BUILDING A NEW RELATIONSHIP ON COMMON GROUND : THE DEVELOPMENT OF A MULTI-PROFESSIONAL EDUCATION TRAINING AND DEVELOPMENT (ETD) FORUM

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This and the following three papers are based on presentations to "Health Information United - aiming for the same goal: playing for the winning team" Health Libraries Group Conference, Edinburgh, July 2002

The presentation outlined the implementation and outcomes of a unique initiative to encourage Librarians and other NHS Educators and trainers, particularly IM&T, to start working together.

In the modern health service there have recently been many new drivers for change, both external and internal, which promote new

ways of working and require the development of new relationships to support this. The main objective of these national strategies, from Information for Health through to Delivering 21st Century IT Support and Working Together, Learning Together, is to ensure appropriate infrastructures are in place so that health care staff have access to the best information, at the time they need it, to support both clinical practice and lifelong learning. The objectives of the Birmingham and Solihull Library and Information and ETD/OD strategies have been developed to help achieve the national targets and to also meet local needs.

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Library Strategy Objectives:

- To ensure a significant shift towards electronic forms of service delivery - providing wider remote access
- To deliver a training programme to ensure a knowledgeable user of Library and Information networks
- To develop and support a knowledgeable library and information workforce

ETD/OD strategy Objectives:

- Improve understanding and ownership of Building the Information Core across the local health community
- Work with Trusts to develop local IM&T ETD/OD strategy
- To develop a plan and implement the ECDL

IM&T and health informatics therefore have an essential role in the delivery of health care. The modern workforce need IM&T and information skills to ensure they are fit for practice in this new changing environment. To support and achieve this it is important that IM&T and Library services work closely together; however evidence showed that in practice this was not the case. In December 2000 a library audit was carried out across the NHS Trust Library Services in Birmingham and Solihull; one of the areas covered was training. The audit identified that Librarians were carrying out a range of PC skills training to support training in information retrieval skills and there was a lack of co-ordination and communication between IT trainers and Librarians.

Part of the solution to help achieve the national and local objectives, but more importantly to develop new partnerships to deliver effectively health informatics and library skills training, was the development of an ETD forum. The purpose of the forum is to bring staff together to work on key themes and identify best ways of working together and achieving results at a local and community wide level. The forum comprises Librarians, IT Training staff, Training Managers, Clinical Trainers all from a range of NHS

organisations: acute, specialist and primary care trusts.

The main aims of the forum are:

- Provide access to guidance and expertise by creating a forum for sharing and learning from each other.
- Create an opportunity for the members to develop skills, knowledge and confidence.
- Establish networks both within and across organisations
- Share and develop common understanding about issues and different roles and how these interrelate.
- Action planning again both within and across the health economy
- To ensure continuous support for members from each other

The first meeting of the forum was in August 2001, this concentrated on rapport they required. This was put in the context of understanding the national and local picture, concentrating on the patient journey and electronic record, and the Birmingham and Solihull wide IM&T ETD strategy and Library strategy.

Feedback and outcomes from the first workshop were very positive:

- It increased an understanding of the IM&T/Library service agenda
- It provided an understanding of the roles of others
- It provided an understanding of how individuals' organisations worked.
- It prompted individuals to think about how their job role interacted with others.
- It provided individuals working for the same Trust to network; some had never met each other before.

Other evaluation comments from the workshop:

- Good opportunity to share ideas/info with others in similar situations
- Play was an excellent way of showing IM&T in the "real world"
- Very enjoyable – This is the

best way to keep Trusts up to date

- Would like to be involved in future workshops and kept updated
- This was an excellent workshop I have really enjoyed today because I realise that too often because of a sense of "busyness" I don't attend days such as this
- It has been incredibly useful and has helped me to formulate some ideas on how to move forward with skills building in the Trust
- There will be opportunities (in the future) to further develop my own level of knowledge and skill

The new relationships have been strengthened through the continuation of the forum. The forum provides support and assistance, either on an individual basis or as Trust ETD teams; creates opportunities for the members to develop their own skills and knowledge and establish networks of useful contacts.

As well as creating a network the initial forum has also been followed up with regular programme of events including workshops, sharing and learning, training and attending conferences. Topics have included personal development, e-learning, managing change and developing training strategies.

There is now evidence of closer relationships and joined up working of Librarians and IT Trainers:

Case example 1

Sue, Library skills trainer, and Lynn, IT Trainer, work for the same Trust. After the first workshop Lynn was interested to find out more about Sue's role and attended some of Sue's training sessions to gain a better understanding. Since then Sue and Lynn have been working in partnership to ensure Trust healthcare staff have the appropriate information training and both have been involved in the development of the Trust IM&T ETD strategy.

Case example 2

Through the forum and development of the IM&T ETD strategies, Sandra, IT Training Manager, has a better understanding of the role of the Library service and through discussion with Library Manager, Lesley, has realised how and why IT training is falling to the Library staff. Sandra and Lesley have agreed that an IT trainer will spend two afternoons a week in the Library to support the staff there and provide PC training as required.

Case example 3

Richard was appointed as a Library Skills Trainer and has actually been situated in the IM&T department rather than the Library. Richard has worked very closely with Jo, IT trainer, so that they understand each other's role and how they can work together. Richard has actually been raising awareness of the need for Clinicians to gain informatics skills to support their work by raising awareness of information that can be accessed electronically, in particular e-journals.

This evidence has been further supported through a re-evaluation of the library audit. The facts now show that the library services are carrying out less PC and IT awareness skills training and concentrating just on information retrieval and critical appraisal skills.

In conclusion the ETD forum, as a facilitated support network, has been a success. The main outcomes have been the development of comprehensive local ETD strategies and the initial co-ordination of training between the Educators and Librarians across the Trusts in Birmingham and Solihull.

DELIVERING INFORMATION TO UNIVERSITY HEALTH STUDENTS ON PLACEMENT

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Health students on placement

Delivering information to university health students while they are on placement is not easy. Students may eventually get the information and resources they need, but there is no one easy access route. They may use the off-campus electronic access the University provides; they may be on a site which has adequate library resources; they may be on a ward with a good collection of bench books and a pc; they may live near a good local public library; they may avail themselves of the various access schemes to other libraries; or they may make do with the Internet, from home.

Leeds University Library project

At Leeds, we felt that this was an opportune time to explore the current situation for our students on placement. The Faculty Team for Health (i.e. Leeds University Librarians responsible for the Schools of Medicine, Dentistry, Health Management and Healthcare Studies, and local NHS staff) decided to make full use of our multidisciplinary organisational structure, and to address the issues of the multi-professional workforce. We felt that this would add a useful focus, as previous investigations into off-campus access and placement funding issues have, in general, followed the fortunes of single professional groupings.

Workforce Confederations

The proposed 'rebasement of placement funding to support all disciplines' and 'a looser designation of the budget elements'¹ in order to ensure comprehensive and equitable support for all disciplines, introduces the likelihood of shifting financial resources and the potential redistribution of the available education and training funds. The provision of sufficient and appropriate practice placements is now the focus of intense Workforce Development Confederation activity. The recent appointment of staff to key posts within the Leeds and West Yorkshire Workforce Confederation made this an optimum time to examine placement provision for our students.

The new NHS

A change in the primary locus of NHS service delivery is affecting placements, with primary, social and community care placement settings now paramount². The government's plans to recruit and train increasing numbers of NHS staff will also create further pressure to expand the number and range of placement sites.^{3,4} Students on some courses may spend up to 50% of their time out on placement, and it is likely that, in future, students may spend an increasing amount of time in placement locations without any library services. For all these reasons, we felt it was time to conduct a baseline study of the

current situation for our students.

Developing the Project

The Team started by exploring the metaphor of 'liquidity' and 'solidity' to help explore potential service pitfalls, and to formulate new service options. The project was finally named 'The Liquid Library Project' after the work of the critical social theorist, Zygmunt Bauman, who coined the phrase "Liquid Modernity"¹⁵. Liquidity has been widely adopted in current culture as a metaphor for flexible, or deconstructed forms – e.g. Liquid Audio, Liquid News, Liquid Church. We felt that exploring Bauman's concepts in relation to the academic library environment could help develop a new model of service delivery; and that using Bauman's ideas would encourage us to critically evaluate our, and the local NHS information services.

A Liquid Library

We hypothesised that a liquid library would eschew the academic library 'one-size fits all' model. Further, it would not be a location-based service, but would focus on 'dissolving' location-based issues in order to deliver a flexible, customised response to the needs of the individual. For University health students, who operate in multi-professional teams, across multiple organisations, this model might prove helpful in identifying and offering solutions to their unique information requirements.

Project objectives

The specific project objectives we developed were to:

- Produce a 'map' of placement locations, with contact details and details of library resources available there
- Ascertain the extent to which students' information needs could be met solely by electronic library services delivered via the web
- Assess the effect of the new curricula^{6,7} on students' information seeking behaviour on placement
- Consider the viability of the Library's Distance Learning Service model for placement learners⁸
- Make recommendations for

service changes at Leeds University Library

- Feed the findings back to appropriate Faculty staff and NHS librarians
- Make recommendations to those planning or organising courses about the preparation students will need prior to going on placement
- Produce documentation/web pages, to inform the students about the existing services at their respective placement sites
- Produce a report for the local Workforce Confederation

Project management and design

The Team developed a project methodology which used both quantitative and qualitative survey methods. The entire project ran from January to August 2002, and was managed through a series of short (one hour) weekly meetings of all the Team members. The project focused on the information needs of approximately 2,500 full time undergraduate and diploma students in the Faculty of Medicine, Dentistry, Psychology and Health. A small group of taught postgraduate students undertaking an MA in Hospital Management were also included.

Project Methodology

A literature search of the major education, health and librarianship databases revealed useful background information about placement but very little about the information needs of placement students or about how libraries were attempting to meet these. A web search and correspondence on LIS-MEDICAL proved more fruitful. The HE funded LTSN website for Medicine and Dentistry⁹ unearthed a number of interesting ongoing placement initiatives.

Questionnaires* were sent to all 64 NHS Trust libraries in the Northern and Yorkshire region to ascertain the level of library services available to Leeds University (LU) students on hospital placements. The questionnaire asked about Library and IT facilities, and allowed space for comments.

A similar questionnaire* was used to elicit information from students about their experience of library and information services whilst on placement. Rather than send the questionnaire to all 2,500 undergraduate students in the Faculty, a "snapshot" approach was used. Groups of students who had recently been on placement were identified and targeted. Printed copies of the questionnaire were made available and publicised in the Health Sciences Library over a two-week period. Questionnaires were also handed out to nursing students at the end of a lecture. An online version of the questionnaire was also made available and publicised by e-mail to students. Throughout the project we also engaged with academic staff course organisers and placement facilitators, from all disciplines.

Project outcomes

We discovered as we went along that, although we had done an initial background information search on best practice in the Spring, and found surprisingly little, there has been an increase in the number of reports and papers with clinical placements content. We believe that this reflects the increasing momentum in the Confederations, and in the new medical schools, as allocations to, and locations for placements additional to the existing numbers are investigated. We also discovered, after we had begun work, that one our neighbouring academic libraries, at Northumbria University, was also conducting a similar study, at the same time, with very similar findings.¹⁰

The multi-disciplinary team-based aspect of the project resulted in a much richer set of data than any one profession/student group study would have produced. Our multidisciplinary approach made for an interesting perspective, especially in view of the emergence of multi-professional learning and training in health, now evident in our Faculty. We also gained a good understanding of the intricacies and complexity of placements management. The project work increased our contact with members of the academic staff whom we might not otherwise have sought out. As

in all projects, these outcomes, while not specific to the topic, are the inevitable and fruitful by-product. Our primary finding was that the University remains the primary and preferred information provider for our students, wherever they are located. Therefore, PC access on the placement site remains the critical issue. However, there are undoubtedly areas where partnership with colleagues on NHS sites also bring benefits to students. Certainly PC access is a critical issue. We have now written a scholarly article, produced a shorter report for our local Workforce Confederation, and developed material for a Study Day on November 22nd at Leeds, the aim of which is explore NHS/HE partnership issues. Finally, and perhaps more importantly, we have produced an initial action plan for service improvements in our own Library.

Is the Library liquid?

The resources required on placement are not available in convenient bundles. Digital information on the other hand is potentially highly convenient, customisable, molecularised and fast. The potential liquidity of digital data itself is counterpointed against the solidity of traditional services and resources, and this creates tension. Bauman's imperative of 'melting the solids'^(5, p.4) has already been taken up among healthcare professionals, as we explore new service partnerships, and consider our response to a rapidly changing information landscape. Several drivers will now force the pace of change.

The new split-site medical schools will make new choices about the curriculum and delivering teaching; dental schools will respond to the education needs of professions complementary to dentistry. Those responsible for teaching health and social care management are likely to develop courses on a part-time or remote basis, with placement elements. These, and other teaching decisions will be critical to the development of innovative library and information provision, and will be a spur to the libraries in well-established Schools, who

have years of expertise and resource strength in delivering 'solid' services. The wider developments are likely to catapult all health information providers into more flexible, personalised and (dare we say), liquid services - which will benefit all students, not just those on placement.

* Further details about the Project, the Study Day and copies of the questionnaires are available from:

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DEVELOPING THE RCN INFORMATION STRATEGY: A PROCESS OF PARTNERSHIP AND COLLABORATION

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The Royal College of Nursing is information rich. But the complexity of the organisation that has 347,000 members across the UK, and comprises both a professional association and a trade union meant that there were gaps and duplication in information provision. This presents a huge challenge in delivering a quality information service. RCN Library and Information Services realised that this was too complicated an issue to tackle on our own.

The solution was close working with our colleagues. RCN Library and Information Services embarked upon an ambitious cross-departmental strategy in collaboration with the wide range of RCN colleagues interested in information provision. Colleagues from RCN Library and Information Services across the UK, the RCN 24 hour call centre (RCN Direct) Distance Learning, Marketing, Web, I.T., specialist nursing advisers and others came together to resolve the problem through developing an overarching Information Strategy. Colleagues from Wales, Scotland, Northern Ireland and the English regions were involved to ensure UK-wide representation.

The various colleagues developed a shared vision of both responding to and anticipating the information needs of all RCN members wherever and whenever. We worked to the four principles of listening to our users; co-ordinating and sharing

information; breaking down barriers and underpinning with quality. Colleagues aimed to work across professional boundaries to share expertise and resources. The strategy dealt with information creation, access, communication, maintenance and management. Library and Information Services led on the Information Strategy but ensured ownership through facilitation and co-operation.

The success of the strategy was dependent on it answering RCN members' needs. We needed to collaborate with our members. A series of focus groups with a wide range of RCN members across the UK took place, including nursing home managers, mental health nurses, RCN stewards, distance learning students and researchers. We had a dialogue with members, with nurses talking about their information needs, and information professionals letting them know what was possible. The information gathered was analysed and translated into a series of strategic objectives. These were:

- Creating effective knowledge management in the RCN
- Creating access to information for users whenever and wherever
- Creating access to quality information on the Web
- Creating an effective physical learning environment
- Promoting information literacy

- Creating effective information for subject specialisms
- Working collaboratively with external organisations
- Streamlining and targeting information
- Quality assuring customer care

A key objective from the above was collaboration with external health organisations wherever possible to avoid duplication of activities.

A great deal of consultation took place with members over the strategy, which was made available on the RCN Website (<http://www.rcn.org.uk>).

A large amount of feedback was received, much of which came from members working abroad. Colleagues from external health information sectors were also consulted. One of the most rewarding results of this consultation was that members voted for a subscription increase at the Annual General Meeting in 2000, a large proportion of which was earmarked for increased access to electronic information.

Products of the Information Strategy reflect the principles of partnership working. These included:

- An online information literacy area in the RCN Learning Zone, with guides to the use of the Library Catalogue and British Nursing Index. This reflected close collaboration between RCN Library and Information Services, the RCN Web team and the RCN Quality Improvement Information Service.
- An online Mental Health Zone containing specialist information for mental health nurses. This involved close working with the RCN Mental Health adviser, the RCN Research and Development Co-ordinating Centre, the RCN Web team, mental health nurses and collaboration with the NHS National electronic Library for Mental Health.
- NMAP, the Internet gateway to quality assured resources in nursing, midwifery and allied health (<http://nmap.ac.uk>). This

was a partnership between the RCN, Universities of Nottingham and Sheffield. This project also involved collaboration with the National electronic Library for Health nurses' portal, and other professional associations.

- Care pathways database in collaboration with the National electronic Library for Health (<http://www.nelh.nhs.uk/carepathways>).
- 43 RCN Resource Centres across the UK, set up in collaboration with other organisations, such as nursing homes, nursing agencies and further education colleges, wherever there are difficulties in nurses accessing relevant libraries.
- Libraries for Nurses Website, which helps nurses locate their nearest Library. This was produced in collaboration with the Health Libraries Group subgroup, Libraries for Nursing, and was dependent on input from a large number of Librarians across the UK (<http://www.nursing-libraries.org>).
- Remote access to British Nursing Index and a range of full-text E-journals. This project was possible because of partnership between the RCN, BNI partners, Blackwell Publishing and Ovid. Over 25,000 members have used this service.

In conclusion, the RCN Information Strategy has been incorporated into RCN culture. Its various projects and objectives are referred to in a wide range of meetings and activities across the organisation. The Information Strategy has now been implemented and we are embarking on a new phase with an RCN Knowledge Strategy. Information is seen as one of the key building blocks in transforming the RCN. RCN Library and Information Services has been successful in developing the Information Strategy because of its commitment to collaborative and integrated working and through fostering good

partnership working with RCN colleagues, RCN members and external colleagues in the field of health information.

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WHAT'S IN A NAME?: PARTNERSHIP WORKING TERMINOLOGY

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In July 2002 the Health Libraries Group (HLG) conference's theme was on partnership working (10), with a diversity of presentations on health libraries working together with other sectors. Previous papers in this issue of Inform have described examples of these partnerships. Many information professionals are involved in partnerships, some between the NHS and higher education, and more being developed with social care agencies. Having made these agreements, managers and policy makers in these new partnerships may just come back to you and ask how they go about developing their own partnerships. Problem is, they may not use the word 'partnership' or the words 'partnership working'. This article will briefly look at the terminology around partnership working and suggest how you might search for this topic.

Health care terminology is full of jargon and buzzwords; Johnson (2) states 'within health care there is probably more jargon than in most other fields'. Policy is developed, a word or phrase is assigned to that policy but not necessarily with a definition. For example, in 1982 Walker (3) stated that the 'department with central responsibility for the development of community care does not appear to have a consistent meaning for the term 'community care' - it is taken to mean different things at different times and in relation to different groups in need'. The same can be said for 'partnership working'. In the early 1980s Challis and others (4) undertook research into joint working in social care. At the time, coordination, which had appeared to have been going out of fashion, was again being seen as the 'key to successful social

action' (4). Of the word 'coordination' itself, the authors write '...in ministerial pronouncements, it is a largely rhetorical invocation of a vague ideal. The centre will prescribe; the periphery will implement'. 'Partnership' continues along the same lines without definition and with the guidance not as prescriptive. To this extent it has been described as 'increasingly losing credibility as it has become a catch-all for a wide range of concepts, and a panacea for a multitude of ills' (5).

Partnerships have many dimensions and levels. They can involve, in any combination, health or social care agencies, the education, voluntary or private sector, and users or patients of services. They can be at a national and / or local level; they can be informal or formal; numbers and boundaries of the partnership will vary. Ling (6) has developed a 'typology of partnerships' which is designed to help 'complexity rather than be overwhelmed by it'. This typology helps us in our thinking around who are the partners, what is the link between them, what are the scales and dimensions and what is the context of the partnership. This and other literature (7) show that there is a great deal going on around partnerships. Health and social care managers may well come to us as information professionals to help them in developing and implementing their own partnerships. However, they may not always use this word but may use other words or terms which are synonymous or may be tools that describe partnership working. I cannot attempt to give a definition of the terms used because, as stated before, they will mean different things to different people; I can only list many of the terms that you might hear or read and highlight the

importance of the reference interview.

The HMIC (Health Management Information Consortium) thesaurus (8) by its very thickness, I believe, shows the vagaries in the use of language within health and social care. There are 15 words used in relation to partnership working:

- collaboration
- cost sharing
- duty of partnership
- health and social services interaction
- integrated providers
- interagency collaboration
- interagency relations
- interprofessional collaboration
- joint contracting
- joint finance
- joint planning
- joint purchasing
- joint training
- joint working
- pooled budgets

In addition, the *involvement* or *participation* of patients, users, clients, communities or the public should not be forgotten. Some of the thesaurus terms will have scope notes to help in choosing the right word or phrase. However, these may not be the only terms used either by your enquirer or in the literature. Others include:

- alliance
- concordance / concordat
- cooperation
- coordination
- flexibilities
- joint commissioning
- networks
- relations / relationships

and, of course, not forgetting the government's term 'joined up'!

With this myriad of terms, it is therefore extremely important that we get the interview right and that both the enquirer and the searcher are confident that they understand the words they are using mean the same to them. In trying to ascertain enquirers' needs and to ensure that the search is placed into context, information professionals will probably have their own set of stock questions relevant to their area or may use PICO (patient and/or problem, intervention, comparison intervention, and clinical outcomes (9)) particularly when

searching for evidence based information. At the King's Fund, we have been developing a similar set of questions, through the mnemonic **ECLIPSE**, for use when searching for health and social care information. **ECLIPSE** is **Expectation, Client group, Location, Impact, Professionals, Service**. The evolution of the mnemonic has been described elsewhere (10). **ECLIPSE** can assist when confronted with 'partnership' questions. As previously mentioned, these questions can come in all sorts of shapes and sizes, for example (based on the sort of enquiry we might receive in the King's Fund library):

What have you got on joint working (and yes, we do receive them as broad as this!)?

- Expectation: looking for examples of how other PCGs/Ts are working with other providers
- Client group: particularly wanting to improve services to older people
- Location: primary care and community
- Impact: better coordination of service
- Professionals: primary care, social care, voluntary agencies, carers
- Service: specifically the issue of older patients being discharged from hospital

I'm a voluntary service provider and am interested in others' experience of collaborating with public bodies involved in regeneration work.

- Expectation: discover what other voluntary organisations are doing in the area of regeneration and social exclusion, and examples of how they are working with other agencies
- Client group: mental health, particularly interested in experiences from any voluntary agencies
- Location: community
- Impact: take advantage of government policy for improved service coordination
- Professionals: health care, social care, local

government, voluntary agencies, service users

- Service: any in this area of regeneration

We're trying to get patients to cooperate with us in service planning. Have you got anything that might help?

- Expectation: examples and experiences of other PCTs or in primary care generally
- Client group: any interested and willing patient
- Location: primary care but particularly within PCTs
- Impact: have responded to government exhortations that we should be doing this and to make it work
- Professionals: all in the PCT team
- Service: patient input into service planning, satisfaction etc

Once you are clear on what your enquirer needs, the next step is to search for the information. The sources of partnership information, particularly in the field of health and social care, could perhaps be the subject of a whole new article. However, major sources include HMIC which holds information on partnership working within health and social care, with voluntary organisations, the private sector - particularly the Private Finance Initiative (PFI) and Public Private Partnerships (PPP) - joint training, and the involvement of users and carers in service planning. If you do not have access to HMIC, the King's Fund Information and Library Service can carry out literature searches for you (sorry, had to give us a plug). The former National Institute of Social Work's database, Caredata, can be found on the Electronic Library for Social Care (<http://www.elsc.org.uk>) Web site, and for a gateway with evaluated resources, try SOSIG, the social sciences gateway (<http://www.sosig.ac.uk>).

The HLG conference highlighted a few of the many and diverse partnerships which are happening within the health information profession. 'Joined-up' government is encouraging more sectors and agencies to work together. Hopefully, when these agencies come seeking assistance

from Librarians, we will have the knowledge, skills and confidence to meet their needs, particularly when they themselves aren't quite sure what it is they've been asked to do.

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PARTNERSHIP: RESOURCES GUIDE

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During the last Health Libraries Group Conference in July 2002, various themes of partnership have been explored. Among them, the partnership between health and social care was the most popular. Other major themes included partnership between health sector and local authorities or higher education, and partnership across organisational units. The following lists some of the resources highlighted during the conference and related studies.

Directorates of Health and Social Care <http://www.doh.gov.uk/jointunit/index.htm> are responsible for leading on joint working aspects of developments set out in the NHS White Paper. They are involved in the development of Health Improvement Programmes, Primary Care Groups and National Service Frameworks. There are four Directorates across England: Northern, Midlands and East of England, London, and Southern.

The National electronic Library for Health (NeLH) and the electronic Library for Social Care (eLSC) have completed a six-month project to 'join up' knowledge in health and social care. The draft report is available at www.doh.gov.uk/ipu/nhsa/hiljnelh.pdf. Recommendations for a fully co-ordinated and integrated health and social care sector include:

- Better access to research and practice information across the health and social care sectors.
- Higher quality research and practice information across the sectors.
- Enhanced staff capacity to handle a range of electronic and traditional information sources.
- A network of regional health and social care libraries to support the

national electronic library and information initiatives.

- Exploitation of relationships with other library and information partners, notably the JANET network and higher education libraries, and the public libraries system.

Further discussion on NeLH, eLSC, as well as National Knowledge Service can be found in: Turner A, Fraser V, Gray JAM, Toth B. A first class knowledge service: developing the National electronic Library for Health. *Health Information and Libraries Journal* 2002;19(3):133-145. Available at <http://www.doh.gov.uk/ipu/nhsa/hiljnelh.pdf>

Margaret Haines' presentation on knowledge management in health and social care at West Midlands South Workforce Development Confederation <http://www.wmswdc.nhs.uk/Presentations/KM/worcester227.ppt> also outlines the vision for the National Knowledge Service.

Workforce Development Confederations <http://www.wdconfeds.org/> are partnership organisations bringing together local NHS and non-NHS employers to plan and develop the whole healthcare workforce. Guidance on their roles is available at <http://www.doh.gov.uk/workdevcon/guidance.htm>

To help improve services through integration of local authorities and the NHS, the Department of Health launched on 24th October 2002 the Integrated Care Network, which will co-ordinate a central information resource, develop action learning sets, provide consultancy, spread good practice and knowledge and arrange national information meetings (Chief Executive Bulletin

5-12 September 2002, issue 134; available at: <http://www.doh.gov.uk/cebuletin12september.htm>)

NHS Beacon Programme http://www.modern.nhs.uk/scripts/default.asp?site_id=16 identifies services that have been particularly innovative in meeting specific healthcare needs, and encourages them to share their experience. Run a topic search <http://www.modern.nhs.uk/scripts/search/default.htm> on "partnership working" for joined-up projects.

Care Direct <http://www.caredirect.gov.uk> is a service being developed by the Department of Health in partnership with some local councils for people aged 60 years and older and their carers and relatives. It helps older people to get in touch with the organisations that provide social care, health, housing and social security benefits.

seamlessUK <http://www.seamless-uk.info/seamlessuk.info/index.html> is in the process of creating a web-based citizens' gateway integrating information from key national and local suppliers in a joined-up way. The initial emphasis will be on information about employment, benefits, health, education and active citizenship. Mary Rowlatt of Essex County Council explains the creation of seamlessUK in *Managing Information* 2002;9(8):46-49.

Plamping, D, Gordon, P, Pratt, J. Modernising the NHS: practical partnerships for health and local authorities. *British Medical Journal* 2000;320(7250):1723-1725. This article describes a range of behaviours that organisations may usefully employ when working together and suggests that different behaviours serve different purposes. Available at: <http://bmj.com/cgi/content/full/320/7251/1723>

Partnership arrangements under Health Act 1999: summary of framework and possibilities. King's Fund 2000. This document summarises the content and main implications of

the arrangements of partnership that are possible within the terms of Health Act 1999. Available at: <http://194.66.253.160/eHealthSocialCare/assets/applets/overview.PDF>

Holton, M. The partnership imperative: joint working between social services and health. *Journal of Management in Medicine* 2001;15(6):430-445. This paper explores the partnership between social services and primary care, in one geographical area, in relation to five potential types of obstacle: structural; procedural; financial; professional; and status and legitimacy. It examines the theory of partnership and the government's attitude towards it.

Partnerships under pressure: a commentary on progress in partnership working between the NHS and local government. King's Fund 2002. This report provides a commentary on the progress being made by the NHS and local government as they work together to improve services for older people and people with long-term illness of disability. Available at: <http://www.kingsfund.org.uk/assets/applets/PartnershipsUnderPressure.pdf>.

Former Local Government National Training Organisation (LGNTO) has developed the Smarter Partnership Toolkit <http://www.lgpartnerships.com> to promote learning and skills development which leads to more effective collaborative working.

SURF'S UP

Caron Hartley, King's Fund

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A brief roundup of some of the new sites and resources that have become publicly available on the Internet.

Google <http://www.google.com> has recently added a new service to its stable – Google Answers <https://answers.google.com/answers/main>. This aims to be an open forum where researchers ask questions from members of the public for a fee. Anyone can apply to be a researcher <https://answers.google.com/answers/main?cmd=apply>. Previous questions and answers are archived on the site so have a look and judge for yourself the quality and range of questioning and answering. Time will tell if it's a match for the various free online reference answering sources -including UK based Ask-A-Librarian <http://www.ask-a-librarian.org.uk/> provided by the massed ranks of the UK public library service reference desks.

The BBC has taken the plunge into websearching with BBCi Search <http://www.bbc.co.uk/>. This has caused no little controversy amongst the commercial search engine providers and those who think that it's not part of the BBC's core remit. However I expect that it will be extremely successful – once people have found where it is on the cluttered BBCi homepage! It's simple and fast, provides UK focused searching as well as global searching, filters for undesirable content, accepts no paid listings or advertising and provides some 'BBCi recommended' sites for each search (editorially selected by the BBC as the best website to answer the query). It's built on Google's powerful search index and technology but the searching experience is different to Google UK <http://www.google.co.uk>, offering less of the advanced features.

There is a new version (April 2002) of the PubMed Tutorial available -

http://www.nlm.nih.gov/bsd/pubmed_tutorial/m1001.html. Plenty of information on how to use this web based version of Medline. Note though that you will need a copy of Macromedia Flash player to see some of the animated diagrams.

Another new website from the Modernisation Agency was launched in March - The National Primary and Care Trust Development Programme (NatPaCT). <http://www.natpact.nhs.uk/home.php>. The NatPaCT programme was set up to provide organisational development support to PCTs as part of the Shifting the Balance of Power initiative. The site includes a news section, a library of useful websites, the organisational competency framework, an initiatives database and a discussion forum. The site is still developing but should provide a useful resource for the future.

Also worth remembering is the National electronic Library for Health Hitting the Headlines resource. This is found on the front page of the NeLH site in the top right hand corner <http://www.nelh.nhs.uk/>. Staff from the NHS Centre for Reviews and Dissemination (CRD) provide a rapid assessment of the original research behind recent high profile medical/scientific news stories and evaluate how accurately the journalists have reported the findings of the research. Previous stories are archived on the site too at <http://www.nelh.nhs.uk/hth/archive.asp>.

The Hi Quality website www.hiquality.org.uk was launched in March 2002 by the Centre for Health Information Quality <http://www.hfht.org/chiq/>, a division of the Help for Health Trust <http://www.hfht.org> and is designed to help raise standards in internet health information. The site helps you to assess the quality of health information,

giving guidance and practical tips, so you can judge information credibility and quality for yourself. Hi Quality's three driving principles are that all health information must be accurate, clear and relevant. The ChiQ site also contains some information on the new Trianglemark service <http://www.hfht.org/chiq/triangle.htm>. The Trianglemark will only be shown when health information is of the highest quality and meets C-H-i-Q standards.

Research Councils UK is a new high-level strategy group established to enhance the collective leadership and influence of the Research Councils and secure greater strategic co-ordination in the funding of science. This group comprises the Chief Executives of the seven Research Councils, and the Director General of the Research Councils. The Research Councils UK website was officially launched on the 1st May <http://www.research-councils.ac.uk/>. The site provides information on the work of this strategy group and also links to the seven research councils (including the Medical Research Council <http://www.mrc.ac.uk>, Economic and Social Research Council <http://www.esrc.ac.uk> and the Biotechnology & Biotechnology Sciences Research Council <http://www.bbsrc.ac.uk>) and the Arts and Humanities Research Board).

New social care websites reflect the recent changes in that field. The General Social Care Council (GSCC) launched its website recently – <http://www.gsc.org.uk> giving information on social care workforce regulation. The Care Standards Commission also launched in April <http://www.carestandards.org.uk/> as a new, independent public body set up under the Care Standards Act 2000, to regulate social care and private and voluntary health care services throughout England. Three weeks later, the Secretary of State for Health announced that a new Commission for Social Care Inspection would be taking over its role as part of its expanded remit for inspection. However, until the new body is established the CSC will continue to regulate all of the services that fall under their remit and work with service providers to improve their quality.

SIDELINES

Su Golder, Lisa Mather, Gill Ritchie, Kath Wright and Julie Glanville of the NHS Centre for Reviews and Dissemination at the University of York compiled this issue of Sidelines.

Search filters

Ingui JI, Rogers MAM. Searching for clinical prediction rules in MEDLINE. *Journal of the American Medical Informatics Association* 2001;8(4):391-397.

A prediction model can assist clinical decision making by giving the practitioner an estimate of the probability of a specific event occurring or of a disease being present. Searching for existing models in electronic databases can be unreliable, however, because of inconsistent indexing and terminology. Using word frequency analysis, a range of search filters, of varying degrees of precision and recall, are presented in this paper for retrieving clinical prediction rules from MEDLINE.

Service organisation

Grant C, Nicholas R, Moore L, Salisbury C. An observational study comparing quality of care in walk-in centres with general practice and NHS Direct using standardised patients. *BMJ* 2002;324:1556-1559.

This study was undertaken as part of the evaluation of the recently introduced NHS walk-in centres. It compares whether the centres, which are staffed mainly by nurses, provide an adequate level of care. Role players were trained to present themselves as patients in each of the three settings and adopt one of several clinical scenarios e.g. a 30 year old man with worsening asthma caused by over the counter ibuprofen. The management of each of the scenarios by the staff of the walk-in centres was assessed against a list of essential criteria. Overall, the walk-in centres compared well. The authors do, however, highlight the level of referrals from walk-in centres and the impact that this has on other healthcare providers.

Health and health service statistics

Street A. The resurrection of hospital mortality statistics in

England. *Journal of Health Services Research and Policy* 2002;7:104-110.

This paper discusses hospital mortality statistics, particularly in relation to those published by the Government in 1998, partly in response to the Bristol Royal Infirmary tragedy involving the deaths or serious injury of babies and children who had had unsuccessful heart operations.

The history of the publication of performance data of this kind is outlined: from Florence Nightingale in the 1860s encouraging London hospitals to collect and report their mortality rates, to the clinical indicators developed by the Scottish Office in the early 1990s. League tables of death rates for English hospitals were also available from 1992-1996, although they were not widely publicised. Possible reasons for the lack of public awareness of this information are suggested.

The authors describe the events that weakened public trust in the medical profession's ability to self-regulate, and led to the Government's decision to publish hospital mortality data in 1998. The article concludes with a discussion of whether the provision of this type of information is sufficient to prevent future tragedies and to promote general improvements in medical performance.

Glossaries

Weed DL, McKeown RE. Ethics in epidemiology and public health I. Technical terms. *Journal of Epidemiology and Community Health* 2001;55:855-857.

This article provides a glossary of ethics terms relating to the field of epidemiology and public health. The terms come from a variety of sources, including bioethics, philosophical ethics and the ethical problems that underlie professional practice. This article

presents the first in a series of two glossaries of terms, and defines the more technical terms of ethics, such as communitarian ethics, obligations and virtues. The second glossary will be concerned with more applied terms such as equipoise, informed consent, privacy and the precautionary principle. Each of the nineteen terms included in the current list comprises a short descriptive paragraph, with links to related references where appropriate.

Databases and websites

Black N Payne M Improving the use of clinical databases. *BMJ* 2002;324:1194.

This brief article describes the development of the Directory of Clinical Databases (DoCDat), a searchable web site of clinical databases available in the United Kingdom. DoCDat provides information on what databases exist along with an independent assessment of their scope and quality. This provides potential users with information on the databases' inclusion criteria, dates covered, geographical area, access routes, and methodological strengths and weaknesses. A trained interviewer gathers this information in order that an independent assessment is obtained.

The directory may be searched by medical condition, healthcare intervention and geographical area. The overall aim of DoCDat is to promote greater access to and use of existing clinical databases. The creators of the database also aim to facilitate dialogue between database publishers and provide advice on how quality of their products could be improved.

The Directory of clinical Databases is available at <http://www.lshtm.ac.uk/docdat>

Wolfe RM, Sharp LK, Lipsky MS. Content and design attributes of antivaccination web sites. *JAMA* 2002; 287(24):3245-3248.

This study systematically evaluates the design attributes and content of antivaccination web sites. Conducting a search using the metasearch engine Copernic

2000 to search ten search engines simultaneously between August and September 2000 identified the web pages. 772 links were analysed and twelve web sites were identified as containing antivaccination information. The analysis of links from these sites yielded a further ten sites, giving 22 sites which were included for data extraction.

The study evaluated only those pages on the original site, excluding links to other web pages, as this implied more 'ownership' of the material and provided a standardised method of assessing each site.

In terms of content the results showed the most common claims were that vaccines caused idiopathic illness, and eroded immunity. Adverse reactions to vaccinations are underreported and vaccination promotion is motivated by profit.

The most common design attributes were the inclusion of links to other antivaccination sites, information on how to legally avoid vaccination, and the inclusion of personal accounts of how children had allegedly been killed or harmed by vaccinations. Three broad themes emerged. Firstly, concerns about vaccination safety and effectiveness. Secondly, concern that governments suppress reports on adverse reactions and collude with the pharmaceutical industry, and finally a preference for the use of alternative therapies as methods of enhancing immunity.

The study did not evaluate the accuracy of medical references provided on these web sites, but a separate review found that sites that contain references to scientific papers frequently misrepresent their contents. Many claims were supported by references to alternative medical literature. The authors comment that their results show that these sites' views are largely unsupported by peer-reviewed scientific literature and that parents may be persuaded by accounts of personal experience rather than scientific evidence.

Bayat A. Science medicine and the future: Bioinformatics. *BMJ* 2002;324:1018-22.

This paper describes the developing discipline of bioinformatics. Bioinformatics is defined as the 'application of computation and analysis to the capture and interpretation of biological data'. It is an interdisciplinary field incorporating computer science, mathematics, physics and biology. Its main function is to manage and interpret complex biological data. The tools used are computer software programmes and the Internet, many of which are in the public domain and can be freely accessed by the academic community.

The mapping of the human genome and the discovery of genome sequences of other organisms has resulted in ever increasing amounts of data and the development of software for retrieving, sorting, analysing, predicting and storing DNA and protein sequence data. A variety of Internet databases of bioinformatic information are available and some of the better known and established are:

- Entrez browser, produced by the National Centre for Biotechnology Information. This database retrieval system allows the integration of DNA and protein sequence databases.
- The European Bioinformatic Institute archives gene and protein data from genome studies of all organisms.
- Ensemble: a database produced by the European Bioinformatic Institute and the Sanger Centre. This produces and maintains automatic annotation on eukaryotic genomes.
- BLAST (basic local alignment search tool) is a database that searches for genes with a similar nucleotide structure enabling comparison of an unknown DNA or amino acid sequence with other sequences.

Bioinformatics is also used for the analysis of gene variation and expression, analysis and prediction of gene protein structure, cell modelling and analysis of molecular pathways to

understand gene disease interactions. The completion of the human genome project in 2003 will result in a database of all the variations in the human sequence. This will enable the identification of disease genes and aid the development of new drugs and gene therapy. OMIM (Online Mendelian Inheritance in Man) is a search tool to obtain information on genetic disorders that is already being used in the clinical setting to aid diagnosis and treatment plans.

It is anticipated that in the future bioinformatics data will be able to identify potential adverse drug reactions by the use of genetic tests and develop targeted medicines. Pharmacogenomics is the use of genetic information to individualise drug treatments. Patients will have their own unique genetic profile enabling individualised therapy free from side effects.

A useful list of bioinformatic websites and databases, journals and introductory textbooks is included in the paper.

Consumer health information

Wagner TH, The-wei H, Hibbard JH. The demand for consumer health information. *Journal of Health Economics* 2001; 20:1059-1075.

The increase in demand for consumer health information is well documented. This paper stands out in that it is an evaluation of the effect of an information intervention that provided a free self-care reference guide direct to households, a free telephone advice service, computer-based information stations in public areas and web pages. The evaluation took place in the form of a questionnaire and is presented in detail. Not surprisingly providing free access to information sources increased their use. It also decreased reliance on physician advice: the effect was greatest for people with children, household PCs, chronic illnesses, or who live far from their GP. The authors conclude that the use of self-care resources may reduce demand on health care providers' time. However, this paper generates many questions. Can these formats of the information provided be considered direct substitutes? For

example, are patients more or less likely to act on information supplied by a physician than from a book or web site? How much did this intervention cost? What was the impact of this intervention on patient outcomes? And is this intervention cost-effective?

Evidence-based medicine

Freeman AC, Sweeney K. Why general practitioners do not implement evidence: a qualitative study. *BMJ* 2001; 323:1100-1102.

This paper examines a well-known problem with achieving an Evidence-Based Medicine approach: how to get research into practice. The authors report on a qualitative study undertaken to uncover the obstacles to implementing evidence in general practice. They set up three focus groups of general practitioners in three areas of the South West of England and report the groups' discussions. The authors conclude that the barriers to getting research into practice are multifaceted and vary from practice to practice. However, there are six common obstacles: the personal and professional experiences of the doctor; the patient-doctor relationship; a perceived tension between primary and secondary care; general practitioners' feelings about their patients and the evidence; and logistical problems. GPs were also well aware that their choice of words also affects a patient's decision to act on the evidence. This study gives the general practitioners' perspective on evidence-based practice and gives a sense of just how complex the implementation process can be.

Bradley DR, Rana GK, Martin PW, Schumacher RE. Real-time, evidence based medicine instruction: a randomised controlled trial in a neonatal intensive care unit. *Journal of the Medical Library Association*, 2002;90(2):194-201.

This paper reports the results of research into the effectiveness of providing trainee doctors with evidence-based medicine searching skills. The "real-time" training took place during ward rounds as it was considered that this would have a positive effect on the trainees' motivation. The outcomes measured in the study

were: analysis of pre- and post-intervention surveys; analysis of search strategies from pre-, post- and six-months post-intervention; and precision and recall measures from standardised searches. The study concludes that those who had received training improved their skills and maintained them six months after the project's completion.

NeLH: WHAT'S NEW?

Alison Turner, Library Partnership Co-ordinator, National electronic Library for Health, NHS Information Authority
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2002 is proving a very busy year for the NeLH Team – since the last issue of Inform, we've been involved in several launches and publicity drives, a range of partnership projects, a programme of development work and let's not forget the business planning and procurement side of things! This means there's lots to report on so without further ado....

The N-Team!

Not quite The A-Team, more the N(eLH)-Team. I thought it was worth mentioning the team structure as it has recently changed. Over the summer, the team has been reorganised to concentrate on 4 main streams of work:

- Communications and Communities
- Service Delivery
- Development
- Procurement and Management

The eagle-eyed readers will have spotted the change in my job title. I'm now the Library Partnerships Co-ordinator for the NeLH, which means I'm responsible for keeping you all informed but also for identifying opportunities for working more closely together in the future. I sit in the Communications and Communities team.

Common knowledge for all

September saw the launch of public access to the Cochrane Library and Clinical Evidence in England. This is an important step to providing a common knowledge base for all, a move which is supported in the Department of Health's response to the Bristol Inquiry (www.doh.gov.uk/bristolinquryresponse/). Available through the NeLH, the Cochrane Library and Clinical Evidence provide the level of information that "expert" and well-informed patients may find useful although of course will not replace the need for patient-

focused services such as NHS Direct and NHS Direct Online (www.nhsdirect.nhs.uk).

Update Software and BMJ Publications Group, the publishers of the Cochrane Library and Clinical Evidence, use geolocation software which for most people, will mean one fewer username and password to remember. Users can still register for an individual username and password, to create their own account, should they need to save searches.

The launch event, at the e-health conference in London, was aimed primarily at patient organisations and we anticipate that this will be the major information route for patients. At the time of writing, it's a little too early for feedback but we're interested in any experiences you may have of patients or the public using the NeLH.

Promoting NeLH to the health community

2002 has seen a flurry of promotional activity, from new flyers, to triangular pencils to joint work with library units. Ironically, we use an awful lot of paper to promote an electronic resource but this does seem to work. Earlier in the year, we inserted flyers with the BMJ and Health Service Journal – usage statistics suggest an increase in hits at around the same time.

In September 2002, we received the final results of a market research study, which began in March. During the first stage of the research, a series of focus groups and depth interviews were held, to gather qualitative data about users' experiences of the NeLH. The second stage, focused on the gathering of quantitative data, from 200 telephone interviews (100 users and 100 non-users) and 224 online questionnaires. Some of the key points raised are:

- Many users return to NeLH for repeat visits and quoted the following reasons for using NeLH: emphasis on quality; the one-stop shop aspect; quick and easy to use.
- Non-users quote the following as main reasons for not using the site: lack of awareness; poor access to computers; the name and URL are not memorable; lack of training and support.
- A clear, simple and strong message is needed to raise awareness of the NeLH amongst the health community.
- Lack of time to use information services is a major barrier for health professionals and managers.

A wide range of publicity materials has been produced and disseminated, with the help of health librarians. The NeLH Publicity page (www.nelh.nhs.uk/publicity) was developed to enable librarians and others to view and download materials. We have also partnered with "regional" library units on promotional drives - most recently, with the SWICE, HEROINE and WISH portals. This is not only a good way of sharing costs, but helps in linking the NeLH and health libraries in the mind of the user.

A key area of work for the future is developing training support. Many librarians are promoting NeLH resources alongside their own services and often don't have the resources to produce materials. For a national resource such as NeLH it is not appropriate to duplicate so we are now working on an online "swap shop" of training materials, hosted on the Librarian Portal (www.nelh.nhs.uk/librarian). The NeLH will also be working closely with information providers and others, such as the Cochrane Library Trainer, to provide access to good quality training resources. The first step towards a central training resource has been taken (www.nelh.nhs.uk/training) and partnership working is underway to develop this further.

Supporting national priorities

A new resource to support health professionals and managers working with National Service Frameworks was launched in September. The resource provides a gateway to key documents and sites (guidelines, pathways and patient resources) related to the implementation of NSFs. Supporting resources will be commissioned as appropriate – the new Mental Health Promotion resource (see below) is an example. We also provide access to the Cancer Service Collaborative Change Case Studies from the [Service Improvement Guides](#). At the time of writing, zones have been launched for the NSFs in cancer, coronary heart disease, diabetes and mental health, with a zone in preparation for the NSF on older people. (www.nelh.nhs.uk/nsf/).

As already mentioned, we have also launched a new resource specifically for mental health promotion. This provides information on how to promote mental health, prevent mental health problems and improve quality of life for people with mental health problems. Forming part of the NSF zone for Mental Health, this results from a partnership between the NeLH and Mentality, a national charity solely dedicated to promoting mental health (www.mentality.org.uk). Future work will focus on a forum to enable professionals to debate the existing evidence and to contribute their own work to the evidence base (www.nelh.nhs.uk/mentality).

Expanding our collection

- The new NeLH Guidelines Finder has been developed in collaboration with SEEK (Sheffield Evidence for Effectiveness and Knowledge) <http://www.shef.ac.uk/seek>. Holding details of over 440 national guidelines with links to full text where available, the database can be browsed by topic or searched keyword. (www.nelh.nhs.uk/guidelinesfinder/).
- The search engine has been expanded to incorporate: Scottish Intercollegiate

Guidelines Network (SIGN), NeLH Hitting the Headlines Features, BestBETS, ReFeR, and peer-reviewed journals such as BMJ, JAMA and the New England Journal of Medicine.

- 100 full text pathways are now available on the Care Pathways Database. Details of over 2000 care pathways are included in total. Future work is focused on the development of a know-how section. <http://www.nelh.nhs.uk/carepathways.asp>

As always, we're interested in hearing your views – visit our online feedback facility and tell us what you like (or don't like) and how you use NeLH in your work.

What next?

In my new role, I'm developing a communications and partnerships plan, which should be available on the web site shortly. In the meantime, I thought it would be interesting to review some of our existing partnerships with librarians:

Examples of successful partnership projects		
NeLH Evaluation	Christine Urquhart, University of Wales Aberystwyth	Summer 2001
Zetoc project	Pam Prior, West Midlands	September 2001
Search Engine Testing	Librarians Testing Panel	November 2001
Joint promotion with HEROINE	John Hewlett, Northern & Yorkshire	January 2002
Launch of Librarians Portal	RLG, HLG, NHS Libraries Advisor	January 2002
Joint promotion with SWICE	Sally Hernando, South West	February 2002
Intranet Template	Claire Honeybourne, University Hospitals of Leicester NHS Trust	Summer 2002
Evaluation of NeLH VBLs and portals	Christine Urquhart, University of Wales Aberystwyth	July 2002
Joint promotion with WISH	Pam Prior and Bertha Low, West Midlands	July 2002
Guidelines Finder	SEEK – John van Loo, University of Sheffield	August 2002

For those of you who came to Edinburgh for the HLG conference, thanks for all your feedback and helpful comments. It was great to see some familiar faces and some new faces too. The workshop on the Librarian Portal went really well and I have a long list of useful ideas which I'm gradually working through.

NeLH MANAGEMENT

**Lynette Cawthra, King's Fund;
Joint Project Manager, NeLH Management
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The NeLH Management (www.nelh.nhs.uk/management) goes from strength to strength, and now has 1,500 evaluated Web resources in its database. From risk management to clinical networks, if there's high quality information out there that's relevant to NHS managers we're drawing it into our Web (site)! Suggestions of URLs to add are always welcome.

One of the most-used parts of our site is the calendar section. This covers forthcoming conferences and other events of potential interest. Again, contributions are welcome.

The Management Briefings section of the site continues to be much praised and, increasingly, copied in other areas. We're delighted - imitation is, after all, the sincerest form of flattery. There are now 35 briefings on 'hot topics' for managers up on the site, in Word and html versions, with many more in the pipeline. New topics include: shared services, benchmarking, health impact assessment and health needs assessment. Don't forget that we're happy to pay a £100 honorarium to any librarian who writes us one of these brief, peer-reviewed summaries of information needed by those undertaking management tasks. We'd also like to encourage 'dual teams' of librarians and practitioners to consider producing a briefing between them - the information professional doing the literature search and sift, and the manager drawing on this to write the text. Any takers?

We have started producing condensed, bullet point versions of some of the briefings, making them available on the site as Powerpoint sets for integration into presentations, briefings and training packages. If there's a particular briefing you'd value

having in this format, let us know - your votes will count as we decide which briefings to tackle!

Thanks are due to all of you who help promote the NeLH Management. We're happy to send out publicity flyers to you, if you would find these useful to display or hand out at training sessions.

Within the next few months we will know more about the longer-term future of all the NeLH virtual branch libraries, which are being rechristened 'specialist libraries'. At the time of writing a tendering process is underway, inviting bids for work on the specialist libraries from April 2003 to March 2006. Watch this space...

Benchmarking: a brief introduction

What is... benchmarking?

- Benchmarking compares practice and performance across organisations in order to identify ways to improve.
- Benchmarking usually encompasses:
 - Regularly comparing aspects of performance (functions or processes) with best practitioners;
 - Identifying gaps in performance;
 - Seeking fresh approaches to bring about improvements in performance;
 - following through with implementing improvements and
 - following up by monitoring progress and reviewing the benefits.⁵
- It is in essence, the identification, understanding, dissemination and implementation of best practice.¹
- **The Critical Care Cost Block Programme is an example of a financial benchmarking initiative. Annual cost data is collected from different organisations facilitating inter-unit comparisons and in turn, enabling the benchmarking of resource use⁷.**
- The National Reference Costs resource from the Department of Health reveals unit costs of NHS treatments and procedures allowing comparisons to be made by organisations⁸.
- The NHS is not new to benchmarking; performance indicators were established in 1983 followed by the Purchaser Efficiency Index and then the Patient's Charter.
- The Department of Health has recently concentrated on clinical measures when assessing performance.
- Since 1999 an objective has been to improve the overall performance of the NHS across all areas of the Performance Assessment Framework:
 - Improving People's Health
 - Fair Access to Services
 - Delivering Effective Health Care
 - Efficiency
 - Patient and Carer Experience
 - Health Outcomes¹

What are...?¹
Why are they important?
What do I need to do?
What are the benefits?
Whom can I contact?
Where can I find examples of good practice?
Resources
References
Comments

Why is it important?

Benchmarking can be used to improve the overall performance of the NHS through sharing and developing best practice.

What do I need to do?

- Find out about local benchmarking groups.
- Visit the resource sites listed to keep up to date with current developments
- Read 1,2, 4 and 6

<p>What are the benefits?</p>	<p>Successful benchmarking results in significant tangible benefits such as:</p> <ul style="list-style-type: none"> • step changes in performance and innovation; • improving quality and productivity; and • improving performance measurement. <p>Benchmarking can also have a beneficial effect on aspects needed to support continuous improvement, such as:</p> <ul style="list-style-type: none"> • raised awareness about performance and greater openness; • learning from others and greater confidence in developing and applying new approaches; • greater involvement and motivation of staff; • increase in willingness to share best practice and build consensus about what is needed to accommodate changes; • better understanding of the wider picture; • Increasing collaboration and understanding of the interactions within and between organisations.⁵ 	
<p>Whom can I contact?</p>	<ul style="list-style-type: none"> • The NHS Learning Zone: Benchmarking (See 'resource sites' section for links) NHS Benchmarking Club www.nhsbenchmarking.nhs.uk 	<p>Management Briefings are short briefing papers produced by experienced health management librarians. Their purpose is to provide a brief introduction to topics of current concern</p>
<p>Where can I find examples of good practice?</p>	<ul style="list-style-type: none"> • NHS Beacons www.modernnhs.nhs.uk/scripts/default.asp?site_id=16 • The NHS Learning Zone: Benchmarking (See 'resource sites' section for links) • The Essence of Care: patient-focused benchmarking for health care practitioners (A practical toolkit for nurses and others that focuses on core aspects of care) www.doh.gov.uk/essenceofcare/ 	
	<p>Resource Sites</p> <ol style="list-style-type: none"> 1. The NHS Learning Zone: Benchmarking www.doh.gov.uk/learningzone/benchmrk.htm Includes <i>Trust Benchmarking Database</i> http://194.189.27.190/doh/learn/trustben.nsf?OpenDatabase 2. Benchmarking Standards in health care subjects www.doh.gov.uk/hrinthenhs/benchmarking.htm The Benchmark statements for the health care professions are available on the QAA Web site at www.qaa.ac.uk/crntwork/benchmark/nhsbenchmark/benchmarking.htm 3. NHS Benchmarking Club www.nhsbenchmarking.nhs.uk 4. Public Sector Benchmarking Service www.benchmarking.gov.uk 	<p>Information is obtained from the HMIC database and from desk-based Web research. Readers are advised to consider further information before acting on information contained in Management briefings</p>
<p>References</p>	<ol style="list-style-type: none"> 1. NHS Executive (1999) <i>NHS performance assessment framework</i> http://www.doh.gov.uk/pub/docs/doh/paf.pdf 2. Audit Commission (2000) <i>Management paper: getting better all the time, making benchmarking work</i> www.audit-commission.gov.uk/reports/AC-REPORT.asp?CatID=&ProdID=1EE73790-5B19-4126-A379-3EED0F82335F 3. Morrell, C and Harvey, G (1999) <i>The clinical audit handbook: improving the quality of care</i>. Bailliere Tindall 4. Grout.P, Jenkins.A, and Propper.C (2000) <i>Benchmarking and incentives in the NHS</i>. Office of Health Economics 5. Public Sector Benchmarking Service www.benchmarking.gov.uk 6. Ellis JM. Sharing the evidence: clinical practice benchmarking to improve continuously the quality of care. <i>Journal of Advanced Nursing</i> 2000; 32:215-225. 7. Critical Care Cost Block Programme www.mercs3510.fsnet.co.uk/Cost_Block/cost_block.html 8. National Reference Costs www.doh.gov.uk/nhsxec/refcosts/refcosts/refcosts2001.pdf 	<p>This briefing will be reviewed and updated in February 2003</p>

