

## GETTING TO KNOW YOU: LEARNING TO WORK WITH CHI IN CLINICAL GOVERNANCE REVIEWS

**Dorothy Halfhide**  
**Library Information Services Manager, Peterborough Hospitals NHS Trust**  
**Email: [dorothy.halfhide@pbh-tr.nhs.uk](mailto:dorothy.halfhide@pbh-tr.nhs.uk)**

*This report is based on Dorothy's personal experience, and has not been endorsed by Peterborough Hospitals NHS Trust or the LKDN Quality and Statistics Panel.*

In the past few years clinical governance has grown in importance and relevance to many of those working in the NHS. It has sometimes seemed a nebulous concept, but its overall aim is to create "a framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish" (Sclally et al 1998). Library and knowledge services have important roles to play in several of the headings

used in reviewing clinical governance, notably (but not exclusively):

- Clinical audit
- Risk management
- Research and effectiveness
- Education, training and continuing personal and professional developments

Progress towards developing good clinical governance has so far been a focus of the work of CHI, the Commission for Health Improvement. Please note that this organisation is changing, and the new Commission for Health Audit and Inspection (for England) begins in April 2004. There will also be new arrangements under the National Assembly for Wales. Reviews by such external bodies will continue to be the way in which

### IN THIS ISSUE

- 1 Getting to know you: learning to work with CHI in clinical governance reviews
- 4 IFM Healthcare News
- 5 Digest minutes of IFMH committee meetings
- 6 Performance Management: Resource Guide
- 8 Surfs Up
- 10 Sidelines
- 14 Modernising the Knowledge Infrastructure for NHS Scotland
- 17 Partnership Working in Action
- 19 NeLH Management News
- 20 Performance Indicators: NeLH Management Briefing
- 22 Information for Authors
- 23 IFM Healthcare Committee members

the quality and effectiveness of clinical governance arrangements are demonstrated to the public and to the healthcare community – and even form a component of processes like the “star rating” system, which is very important to managers.

CHI strives to be independent, rigorous and fair, and works with the best available evidence. However, it seemed to me in 2001 that something was not working well in the review process for NHS libraries, and I decided (on a personal basis) to investigate further.

For those who have not been closely involved, it may be worth explaining the process of a CHI review. Every review team includes an NHS doctor, nurse, professional allied to medicine such as a pharmacist or occupational therapist, a lay member and an NHS manager. These reviewers may be supplemented to reflect the nature of the organisation under review; for example a mental health trust review will include a service user on the team, a PCT review will include someone with specific experience of working in primary care. A CHI review manager will lead and manage the team for the duration of the review. The reviews generally began in acute trusts, across England and Wales, and then moved on to look at mental health, ambulance and primary care trusts.

There are several components of the CHI clinical governance reviews (note that the process for investigations of organisations with particular problems is different), which are used to gain a rounded picture of how things are done. During **Phase One**, a dedicated CHI team assists the organisation being reviewed to collate the necessary data, to run a staff survey to prepare in other ways for the later phases of the review. In **Phase Two** the

review manager and the rest of the team work with the organisation, meeting to brief them and carry out the visit week. In **Phase Three** the CHI team writes a report of the review and the organisation formulates an action plan on the basis of the findings of the review. **Phase Four**, in which CHI takes a minor role, is concerned with the delivery of improvements in line with the agreed action plan and the monitoring of that delivery by the Strategic Health Authority

The overall process is a long one, and includes a tremendous amount of collating information and preparing for a visit. The person responsible for coordinating this in a trust, and for liaising with CHI, is chosen by the directors and may not necessarily be an instinctive library user. It is important to work with this person if the Library is to feature at all in the review, and some services have used the information gathering phase to demonstrate their knowledge management skills within their trust.

In my own case, I knew the Assistant Director working on the review for the Trust. I hoped that the library service would benefit if improvements were identified in our local review, as priorities for future investment would probably reflect action points following that review. I also knew, though, that CHI did not always mention libraries. While some excellent services are recognised, others are not. There seem to be particular issues when libraries are actually managed by a higher education institution rather than an NHS Trust, but even some leaders inside the NHS were just not mentioned. On the other hand reviews were just not consistent – mention might be made of something like 24 hour access for users, or a current awareness service, in some cases but not in others where it existed. There seemed to be no external standards that

CHI reviewers were using to review libraries. Rather, it appeared to me, they were reflecting their own experiences of library use and commenting on relatively better or worse services from those they were used to.

Starting to raise this issue on LIS-MEDICAL and LIS-NURSING convinced me that something ought to be done. It wasn't only that services weren't recognised in the reviews. Where the library service and their work went unrecognised it often had an unfortunate effect on library managers and staff. I started to pull together information from the reviews that had been published on the Web, and continued doing this until Summer 2003. I also accepted comments from those whose services had been reviewed, and looked at the news about CHI.

In producing some informal guidance to those preparing for a CHI review, I was able to summarise the main facets of a library service that received positive mentions. These included twenty four hour access to libraries and/or information technology, helpful staff, formal training sessions (including critical appraisal skills) and a variety of “innovations” such as Internet cafes and information services for the public. Some reviews also pointed out problems with library services, particularly restrictions of services for some staff members. Lack of access to IT and training were frequently mentioned – though often not within library staff's control. It seemed that there should be some constructive way in which the good points of the library service, and the areas which needed development, could be brought together. It seemed unlikely that CHI review team members, with varied backgrounds, would be able to do this in many cases.

It emerged that the relaunched HELICON accreditation

checklist (National Electronic Library for Health 2003) would be a suitable structure within which to review NHS and health-related higher education libraries. Since the elements to be assessed have been arrived at by experienced health library managers, their general approach is generally acceptable. It is also a format that can make sense to other managers. Pam Prior, as Head of the RLG/LKDN's Quality and Statistics Panel, gently provided encouragement to CHI managers until a decision was made to use the report from any HELICON accreditation that had been carried out as important evidence in conducting a CHI review. Questions reflecting this have also been inserted in the information requested in Phase One of the reviews. Val Trinder has written a summary of the situation on health library accreditation called a "Signpost" for the internal use of CHI and its review teams.

From the earlier CHI reviews there have always been some successes when the CHI visit was informed by the output of a good HELICON accreditation. It is hoped that, as more Workforce Development Confederations adopt the accreditation process their reports will be helpful for CHI/CHAI's work. However, this gives us another (perhaps short term) problem where accreditation visits and reports have not taken place. In this case, it is hoped that library managers will begin to work to demonstrate how their services meet the requirements for accreditation. In many cases (including that of my own library) it is clear that we have not collated evidence of good practice. However, we have many of the component parts from which to start building our case we would need for accreditation, and bringing these together will be useful for this purpose, or for CHI and other visits.

There is also a general wish that accreditation of services in the NHS and supporting education should be streamlined, and work is underway in several quarters to do this. The Quality and Statistics Panel of the LKDN is looking to encourage the integration of as many varied assessments of library services as possible, and hopes that the HELICON accreditation scheme will form the basis of this.

My involvement in this area over the last couple of years has shown me that some libraries have benefited greatly from external assessment that reinforces how well they are doing. On the other hand, CHI reviews have been challenges or non-events for other people, and it is clear that a proactive and positive approach, while not effective in every case, is likely to be the best way of working with CHI.

I am happy for people to tell me of their experiences in CHI clinical governance reviews, and anticipate continuing my interest in this area for some time yet. My contact details are Dorothy Halfhide, Library Information Services Manager, Laxton Library, Peterborough Hospitals NHS Trust, Thorpe Road, Peterborough, PE3 6DA Tel: 01733 874662 Email: [dorothy.halfhide@pbh-tr.nhs.uk](mailto:dorothy.halfhide@pbh-tr.nhs.uk)

#### References

Scally, G. & Donaldson, L.J. (1998) 'Clinical Governance and the Drive for Quality Improvement in the New NHS in England', *British Medical Journal*: 61-65.

National Electronic Library for Health. (2003) 'The Helicon Scheme' National Electronic Library for Health <http://www.nelh.nhs.uk/librarian/accreditation.asp> [accessed 5 January 2004]



# IFM HEALTHCARE NEWS

<http://www.ifmh.org.uk/>

*Maria J Grant*

*Chair, Information for the Management of Healthcare (IFMH)  
Salford Centre for Nursing, Midwifery and Collaborative  
Research, University of Salford  
Email: [m.j.grant@salford.ac.uk](mailto:m.j.grant@salford.ac.uk)*

## **RIWA 2003/4**

The third biennial Research in the Workplace Award 2003/4 was launched at the beginning of February 2004. Applicants are asked to be a member of one of the sponsoring organizations and, with IFMH contributing to the award fund that means you! Projects can relate to any aspect of service provision, development or theory, and should be achievable within one calendar year. With a closing date of Wednesday 31st March 2004, there is still time to submit an application. For further details visit the IFMH web site at:  
<http://www.ifmh.org.uk/>

## **HLG Away Day**

As a subject group of the Health Libraries Group (HLG), representatives from the IFMH committee was invited to contribute to the HLG away day in December 2003. The focus of the day was to clarify the future role of HLG and any implications this might have for IFMH and Libraries for Nursing – also an HLG subject group. The HLG objectives for 2002-5 formed the basis of the discussions (to develop a clear position in health care; to develop a diverse and active membership; and to improve committee role and process), and the notes from the meetings

are currently being finalized. Further details will be available shortly.

## **Welcome to...**

IFMH is pleased to welcome two new members to the committee. Anthea Sutton, SchARR, has been appointed as Editor of the IFMH web site. If you have any comments about the site, please contact Anthea at [a.sutton@sheffield.ac.uk](mailto:a.sutton@sheffield.ac.uk) or telephone her on 0114 222 0775. Helen Carter, Health Care Libraries at the University of Oxford, who will be working with Bertha Low as Joint Editor of Inform, has also joined us. Helen will be leading on the next edition of Inform, so if you have any suggestions about items you would like to see included in Inform, contact Helen at [helen.carter@ Cairns-library.ox.ac.uk](mailto:helen.carter@ Cairns-library.ox.ac.uk) or telephone her on 01865 221 939.

IFMH is keen to strengthen the representation of committee members from the health service – whether this is in England, Scotland, Wales or Northern Ireland. If you think this might be something you would like to get involved with, please ring for a chat on 0161 295 7284 or email me at [m.j.grant@salford.ac.uk](mailto:m.j.grant@salford.ac.uk)

IFMH

WORLDWIDE

# IFM HEALTHCARE COMMITTEE MEETING: 2ND OCTOBER 2003 DIGEST OF MINUTES <http://www.ifmh.org.uk/>

**Karen Macpherson**  
**Secretary, Information for the Management of  
Healthcare (IFMH)**  
**Email: [kmacpherson@htbs.org.uk](mailto:kmacpherson@htbs.org.uk)**

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*An archive of summarised minutes from IFMH committee meetings is available on the IFMH web site at:  
<http://www.ifmh.org.uk/archive.html>*

Membership of IFMH continues to rise with the total number of members now standing at 105. There are currently several vacancies for new committee members. Anyone interested in joining the committee should contact Maria Grant ([m.j.grant@salford.ac.uk](mailto:m.j.grant@salford.ac.uk)).

IFMH is now registered under York University's Data Protection Licence.

The Winter 2003 of Inform, will follow a slightly different format from usual. Instead of focussing on an IFMH Study Day it will comprise of articles covering a range of different subjects. A template for Inform, detailing usual content, has been prepared and is available on request. To assist with requests for items from past issues of Inform, in future all issues (except the three most recent) will be made available full-text on the IFMH web site. Where possible, full-text of past issues will also be added to the site.

Booking forms and flyers will shortly be distributed for the Study Day on 'Performance

Management' taking place in Birmingham on the 14th of November. The date for the next study day has been confirmed as 23rd February with the theme being 'Finding Quality Information in Social Care'. Further details available at: <http://www.ifmh.org.uk/studydays.html>

Discussions are taking place with Helicon regarding IFMH participating in the Research in the Workplace Award 2004.

The HLG conference will take place next year in Belfast and IFMH will be involved in reviewing abstracts for this, hence helping to ensure that health management issues are well covered. The group might also host a session at this event.

IFMH committee members will participate in an 'Away Day' in late November organised by the Health Libraries Group. The aim of this day is to clarify the future role of HLG and the implications of this for the subject groups IFMH and Libraries for Nursing.

IFMH

WINTER  
2003

# PERFORMANCE MANAGEMENT: RESOURCE GUIDE

**Lindsey Baker**  
Lead Health Librarian, Herefordshire  
Clinical Library Service  
Email: [Lindsey.Baker@hhte.nhs.uk](mailto:Lindsey.Baker@hhte.nhs.uk)

Regardless of what sector we work in, we all need to evaluate our services. Performance management is just one of the terms used to describe this process. Other terms include:

- Performance measurement
- Impact assessment
- Best Practice
- Benchmarking
- Best value
- Quality assurance

This guide looks in detail at resources to support the library manager in assessing how well their service is doing.

## BOOKS...

Abbott, C. (1994)  
**Performance Measurement in Library and Information Services: An ASLIB Know How Guide**, London: ASLIB.  
<http://www.aslib.co.uk/pubs/2001/12/05.html>

This practical guide covers the types of indicators to use, and the role of performance measurement in library and information services management. It is ideal for all who wish to measure the performance of their service and are unsure where to start.

Banwell, L. (2000)  
**'Evaluating Information Services' in Andrew Booth & Graham Walton (ed.) Managing Knowledge in**

**Health Services**, pp. 173-182, London: Library Association Publishing.  
<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=34572>  
This chapter describes evaluation in such a way as to support its practical use in healthcare libraries.

## CURRENT LITERATURE...

O'Connor, P. (2002)  
**'Determining the Impact of Health Library Services on Patient Care: a Review of the Literature'**, Health Information and Libraries Journal 19 (1): 1-14  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list\\_uids=12075845&dopt=Abstract](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12075845&dopt=Abstract)

This review examines both the methods employed and the outcomes reported in a series of impact studies conducted in four countries since the late 1980s.

Cram, J. (1996) **'Performance Management: Measurements and Reporting in a Time of Information-Centred Change'**, Australian Library Journal 45 (3): 225-38.

This article proposes the implementation of an integrated hierarchical performance management model noting the benefits of moving reporting practices from an efficiency and usage focus to value focus. (The author may be contacted by email: [jcram@qednsl.gov.au](mailto:jcram@qednsl.gov.au))

## PRESENTATIONS...

"Value your Service" is a project for health librarians in the West Midlands. It will facilitate the development of impact measures for health libraries and act as a forum for the exchange of ideas both within the project group and with the wider health libraries network.

<http://www.wish-uk.org/library/value/>

The following presentations were given at a variety of training sessions for this regional project:

Butler, L. **Performance Management in Practice: Learning from 'Best Value'**. Slides from a presentation 09.09.02.  
<http://www.wish-uk.org/library/value/linkfiles/LindaButler.ppt> [accessed 01.12.03]

Dixon, P. **Value Your Service: A Guide to Performance Management**. Slides from a presentation 09.09.02.  
<http://www.wish-uk.org/library/value/linkfiles/PatDixon.ppt> [accessed 01.12.03]

Doherty, T. **Evaluation of Library Skills Training**. Slides from a presentation 09.09.02.  
<http://www.wish-uk.org/library/value/linkfiles/TheresaDoherty.ppt> [accessed 01.12.03]

Trinder, V. **Making a Difference Where it Matters: Developing Health Libraries**. Slides from a presentation 09.09.02.  
<http://www.wish-uk.org/library/value/linkfiles/ValTrinder.ppt> [accessed 01.12.03]

## ACCREDITATION OF LIBRARY SERVICES...

The following extract is taken from the HeLicon scheme, **"Accreditation of Library and Information Services in the Health Sector"**

The success of all service

organisations depends on the extent to which they continually assess and meet their clients' needs and thus their commitment to the principles and processes of quality improvement. Part of the quality improvement process in libraries, is the development of standards that can be used to assess and support library and information services in providing cost-effective, client-centred services.

The Checklist is designed to be used in assessing a wide range of health library and information services including NHS libraries, academic health libraries, consumer health information services and information services serving the pharmaceutical industry, voluntary organisations, local authorities, professional and regulatory bodies, think tanks and research units. The Checklist is a generic document that focuses on the components that every library and information service should have to support their clients in the health sector, particularly in evidence-based decision making and life-long learning.

**Documentation for the HeLicon scheme can be found at**

<http://www.nelh.nhs.uk/librarian/accreditation.asp> [accessed 01.12.03]

#### **TOOLKITS...**

Urquhart, C. & Hepworth, J. (1995) **The Value Toolkit: The Value of Information Services to Clinicians**, Aberystwyth: University of Wales, Department of Information and Library Studies. This toolkit is designed to enable information services to:

- Assess the impact the information service is having on clinical decision-making
- Secure evidence of this impact in order to support information service development
- Identify ways in which the effect of the information service on clinical decisions may be enhanced

#### **REPORTS...**

**Library Performance Measurement and Quality Management System: Performance Indicators for Electronic Library Services.**

EQUINOX.

<http://equinox.dcu.ie/reports/pilist.html> [accessed 01.12.03]

This report presents the finalised set of electronic library performance indicators (PIs) devised during the EQUINOX project, after consultation with the professional community.

#### **WANT TO KNOW MORE?**

**“Beyond Performance Indicators in Education Libraries”**

**24 March 2004**

This one day course will benefit not just HE librarians, but also Health Sector librarians who are interest in moving beyond performance assessment to evaluating the impact of their work on teaching, learning and research.

[www.cilip.org.uk/training\\_events/cilip\\_courses/c40624.html](http://www.cilip.org.uk/training_events/cilip_courses/c40624.html)



# SURFS UP - INTERNET SITES OF INTEREST

Caron Hartley  
Research Librarian, King's Fund Information  
and Library Service  
Email: [c.hartley@kingsfund.org.uk](mailto:c.hartley@kingsfund.org.uk)

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## New sites

### Be Evidence Based

<http://be-evidence-based.com>

The Be Evidence Based.Com web site is owned and managed by the Centre for Evidence-Based Social Services, Institute of Health & Social Care Research, in the Peninsula Medical School at the University of Exeter. It is designed to provide easy access to key findings from critically appraised research in the field of Social Care. A new partnership with the Social Care Institute for Excellence (SCIE) as part of the Electronic Library for Social Care (eLSC) initiative has meant that this resource is now freely available. The site is still being developed and new material added.

### BioethicsWeb

<http://bioethicsweb.ac.uk>

BioethicsWeb is a gateway to evaluated, quality Internet resources relating to biomedical ethics, including ethical, social, legal and public policy questions arising from advances in medicine and biology, issues relating to the conduct of biomedical research and approaches to bioethics. BioethicsWeb is affiliated to the BIOME life sciences hub and the Resource Discovery Network (RDN), but is developed and managed by the Wellcome Library for the History and Understanding of Medicine at the Wellcome Trust. It can be browsed by category or MESH term or free text searched.

### BMJ Learning - Appraisal & Learning

<http://www.bmjlearning.com/planrecord/index.jsp>

An online guide from the BMA in association with the RCGP, aiming to help medical practitioners through the maze of appraisal and revalidation. Resources include needs assessment, planning and recording, appraisal forms and learning events. Non BMA members have access to a range of the resources.

### Chronic Disease Management

[http://www.natpact.nhs.uk/chronic\\_disease\\_management/](http://www.natpact.nhs.uk/chronic_disease_management/)

A site from the National Primary and Care Trust Development Programme (NaTPaCT) covering two approaches that PCTs are exploring to chronic disease management. These two US initiatives (Kaiser and Evercare/United Healthcare) manage patients with chronic conditions by redesigning integrated services modelled around patients with complex needs. The aim is to provide alternatives to hospitalisation by building capacity and developing services in primary and community settings. The site includes details of the initiatives and a forum for discussion.

### HSJ - Health Improvement microsite

<http://www.hsj.co.uk/healthimprovement>

This HSJ microsite is dedicated to their expanded public health and health improvement coverage. From the 6th of November they have been adding material to the site.

Sections include: comments on policy and practice in the area; a short list of relevant links and material relating to the recent Wanless review.

### Mental Health and Wellbeing resource

<http://www.mentalhealth.harpweb.org.uk/index.php>

This web site from the Health for Asylum Seekers and Refugees Portal (HARP) has been designed to help health professionals in assisting asylum seekers and refugees with mental health issues. The web site has provided a range of topics using a variety of sources and approaches relevant to the overall mental well-being of asylum-seekers and refugees.

### Mental Health Care

<http://www.mentalhealthcare.org.uk/>

This is an information and research news site developed by the Institute of Psychiatry, the South London and Maudsley NHS Trust and mental health charity Rethink. The web site is aimed at professionals and the friends, relatives and carers of anyone with a mental illness. Currently it deals with Schizophrenia and Bipolar Disorder.

### Job Planning

[http://www.modern.nhs.uk/script/default.asp?site\\_id=51&id=16263](http://www.modern.nhs.uk/script/default.asp?site_id=51&id=16263)

Job planning is a core element of the new consultant contract. This site from the Modernisation Agency Consultant Contract Implementation Team offers various resources aimed at assisting consultants and their managers establish effective job planning processes.

### NHS jobs

<http://www.jobs.nhs.uk>

NHS Jobs is the new national NHS site for jobs and careers, launched in December 2003. Here you can search and apply for numerous jobs in the NHS. It is designed to run in tandem with NHS Professionals <http://www.nhsprofessionals.nhs.uk/>, the site for temporary health

care professional jobs in the NHS. However, currently the site carries only a range of the vacancies available. The full service will be rolled out in 2004.

### **OTseeker**

<http://www.otseeker.com>

OTseeker is a database that contains abstracts of systematic reviews and randomised controlled trials relevant to occupational therapy. It's produced by a group of Occupational Therapists working at a range of Australian academic Institutions, but has an international focus. Currently under development, new resources are being added all the time. It is allied to PEDro - the Physiotherapy Evidence Database <http://www.pedro.fhs.usyd.edu.au>, an initiative of the Centre for Evidence-Based Physiotherapy (CEBP) in Sydney, Australia

### **Out-of-Hours Development & Implementation**

<http://www.out-of-hours.info/>

The Out-of-Hours website aims to be the point of access to up-to-date resources supporting the modernisation of out-of-hours services in England. It is run in partnership with the Department of Health and NHS Direct. The project originated in the Independent Review of GP Out-of-Hours Services commissioned by the Department of Health in the year 2000 - Raising Standards for Patients. New Partnerships in Out-of-Hours Care. The site contains a variety of resources ranging from the history of the review, Out-of-Hours development news and information on the four projects the implementation team currently have in hand, provider accreditation, an exemplar programme, provider development and supply of medicines. An email alert is also available.

### **Research Tools & Methods**

[http://www.sosig.ac.uk/research\\_tools/](http://www.sosig.ac.uk/research_tools/)

This new subject section of the

Social Science Information Gateway (SOSIG) replaces the "Social Science General" section, providing more of a focus on generic research resources applicable across all social science disciplines. Key online tools and resources to support both quantitative and qualitative social science research across the disciplines are listed.

### **Redesigned/Amended sites**

#### **Centre for Reviews and Dissemination (CRD)**

<http://www.york.ac.uk/inst/crd/>

The Centre for Reviews and Dissemination (CRD) was established in January 1994, and aims to provide research-based information about the effects of interventions used in health and social care. This includes the DARE and NEED databases. Recently it has redesigned its web site with the intention of making it quicker and easier to get to the information that you want. Also, it has displayed the CRD free enquiry service <http://www.york.ac.uk/inst/crd/crdenquiry.htm> more prominently on its pages. Over the next six to twelve months, the dissemination team will be adding more information to the website and highlighting new items on a weekly basis.

#### **Chartered Management Institute**

<http://www.managers.org.uk/>

The Chartered Management Institute redesigned their site this year. There are several freely available resources of interest in the section on Accessing the Latest thinking, including the Spotlight series, a feature designed to highlight particular management techniques or processes, some of their reading lists and management facts and FAQs. However, most content is limited to members of the Institute.

### **Health Scotland**

<http://www.hebs.com/healthscotland/>

Health Scotland is a special health board created on 1 April 2003 by bringing together the Public Health Institute of Scotland (PHIS), <http://www.phis.org.uk>, and the Health Education Board for Scotland (HEBS), <http://www.hebs.org.uk>. These interim Health Scotland pages provide updated information on Health Scotland and links to the Health Education Board for Scotland (HEBS) and the Public Health Institute of Scotland (PHIS) web sites, which will operate as usual whilst work on the development of a new Health Scotland site is undertaken. Some general information about Health Scotland and details of news and events are already present on the site. At some point in the future, all resources will be combined on the Health Scotland site.

### **HPA - Infections**

<http://www.hpa.org.uk/infections/>

The web site of the Public Health Laboratory Service (PHLS) has been decommissioned and information relating to infectious diseases in England is now to be found in the Infections section of the Health Protection Agency site.

### **UKOLUG**

<http://www.ukolug.co.uk>

UKOLUG have launched a new web site for the electronic information community, offering a range of new features, including a new online journal elucidate (only available to members). Resources include news, activities of UKOLUG, factsheets and links listings.

# SIDELINES

Steven Duffy, Julie Glanville, Su Golder, Kate Light, Lisa Mather, Lindsey Myers and Gill Ritchie  
Centre for Reviews and Dissemination, University of York  
Web site: <http://www.york.ac.uk/inst/crd>

Sidelines articles for this issue focus on information quality, information retrieval, information use by health care professionals and developments in web-based resources. We would also like to draw your attention to some potentially useful 'beginner' articles that may be of interest to recommend to clients.

Borrill, Z., Houghton, C., Sestini, P. & Sullivan, P.J. (2003) **'Retrospective Analysis of Evidence Base for Tests Used in Diagnosis and Monitoring of Disease in Respiratory Medicine'**, *BMJ* 327: 1136-8.

This study assesses the quality of common clinical tests used in one outpatient respiratory medicine clinic over a period of three months. Examining the case notes of new outpatients referred to the clinic, the first three eligible tests ordered for each patient, along with the question they were being used to answer, were recorded. These tests were divided into three groups: Group A were tests aimed at making a diagnosis; group B were tests carried out to assess a previously diagnosed condition; and group C was a trial of therapy. MEDLINE was searched for each test question using a published sensitive search strategy. The best evidence retrieved for each question was graded using criteria devised by the Centre for Evidence Based Medicine. Only half the tests were used to make a diagnosis and only one fifth of tests to assess a known condition were supported by level 1a-1c evidence. There was no evidence to support trials of

therapy.

A final diagnosis may be based on a series of different tests. Patients undergoing a series of tests that include high quality evidence based tests along with inaccurate or unassessed tests may result in an incorrect final diagnosis. The authors concluded that their study reflects the practice in a single outpatient clinic and that the proportion of evidence based tests in other clinics may be higher. However, a need for further high quality research into medical tests used within respiratory medicine is required.

Loong, T. **'Understanding Sensitivity and Specificity with the Right Side of the Brain'**, *BMJ* 327: 716-9.

Using a series of diagrams this article attempts to explain the concepts of sensitivity, specificity, positive predictive value and negative predictive value. The author takes a hypothetical population of 100 people, of whom 30 have a disease, and demonstrates sensitivity and specificity. Sensitivity refers to how good a test is at correctly diagnosing people who have the disease, while specificity refers to how good the test is at identifying those that are well. Positive predictive value refers to the chance that a positive result will be correct, while negative predictive value is concerned with negative test results. Positive and negative predictive values change according to the prevalence of the disease. The positive predictive value will fall as the prevalence of the disease falls, while the negative predictive value will rise. A low

prevalence means that the person undergoing the test is unlikely to have the disease, and therefore a negative test is likely to be correct.

Taking a real example of a test for diagnosing systemic lupus erythematosus, that has a sensitivity of 94%, a specificity of 97% and a prevalence of 33 in 100,000, the author demonstrates that while there are many more true negative than false negative results, there are also more false positive than true positive results. The test has a negative predictive value of 99.9% but a very low positive predictive value of around 1%. For patients tested with symptoms of the disease the prevalence is higher than 33 in 100,000. Therefore, the positive predictive value will be higher than 1% as these patients are from a population with a higher prevalence of the disease. The author concludes that because of our dependence on the linguistic (left) side of our brain we have difficulty in comprehending how a test with 94% sensitivity can only be correct 1% of the time.

Lanier, D.C., Roland, M., Burstin, H. & Knottnerus, J.A. (2003) **'Doctor Performance and Public Accountability'**, *Lancet* 362: 1404-8.

The paper illustrates efforts being made to improve professional performance in health care in three countries: the UK, the USA and the Netherlands. It was found that traditional approaches to improving performance (including continuing professional education, clinical audit and peer review) were aimed at the individual clinician, and only had a limited effect. More recently efforts have been made to implement improvements nationally, with attempts to reshape clinical routine and organisational procedures. Strategies have included the introduction of evidence-based guidance, more

effective use of information technologies, and greater involvement of doctors in continuous quality improvement programmes. It is not yet known how effective these strategies have been, and it is expected that the effectiveness of any strategy will be dependent on the local or national circumstances within which the initiative is applied.

From the experiences of the 3 countries the study suggested that professional leadership is vital if a culture valuing good professional practice is to be engendered. It also found that government has a substantial effect on professional performance through the introduction of regulations and other forms of centralised supervision. However, the authors concluded that sustained success would be dependent on the continued inclusion of doctors in any performance improvement strategies and that increased public accountability will fuel further efforts towards improving professional performance.

Rogers, J.E., Wroe, C.J., Roberts, A., Swallow, A., Stables, D., Cantrill, J.A. & Rector, A.L. (2003) **Automated Quality Checks on Repeat Prescribing**, British Journal of General Practice 53: 838-44.

Good clinical practice in primary care includes periodically reviewing repeat prescriptions. However, manually checking all repeat prescriptions is impractical. This study investigated the feasibility of computerising the application of repeat prescribing quality checks to electronic patient records in primary care in the UK.

A machine-readable drug information resource, based on the British National Formulary (BNF), was installed in 3 general practices in Greater Manchester. The computer

software raised alerts for each repeat prescription when the electronic patient record showed no valid indication for the medication prescribed. Semi-structured interviews took place to assess clinicians' reaction to the software.

There was no valid indication in the electronic medical records for 14.8% of the repeat prescriptions, but 62% of these alerts were incorrect. A number of reasons were cited for the incorrect alerts, including errors in the drug information resource, locally idiosyncratic clinical coding, the BNF not listing all current clinically accepted indications for a drug, and the inability of the system to recognise an 'obvious' indication only inferable by a clinician. The interviewed clinicians supported the idea behind the software, but could not accept it unless the high number of incorrect alerts could be reduced. The authors feel that this would only be feasible with a change in clinical coding practice.

Holt, T.A. & Ohno-Machado, L. A Nationwide **Adaptive Prediction Tool for Coronary Heart Disease Prevention**, British Journal of General Practice 53: 866-70.

The National Service Framework for coronary heart disease recommends that patients with a greater than 30% risk of developing coronary heart disease in the following 10 years should be treated with a similar priority to those with established disease. The challenge to primary care teams is how to identify those at-risk individuals who lack cardiovascular symptoms.

This article discusses the standardised electronic recording of cardiovascular risk factor information collected in primary care using a nationwide data collection system. This can then be used to create a new strategy, using an adaptive

prediction model, for targeting primary prevention interventions at high-risk individuals.

An adaptive prediction model uses existing data and classification 'gold standards' to predict in which class a new case belongs. In this example, the adaptive prediction tool would function as a pattern recognition device, using cardiovascular risk factor data from across the country to identify patients at increased risk of coronary heart disease. In principle, the model could improve the accuracy of predictions currently made through the Framingham algorithm over time, by responding to significant trends in the patterns of CHD in the UK as those patterns develop during the 21st century.

Woloshin, S., Schwartz, L.M. & Ellner, A. **Making Sense of Risk Information on the Web: Don't Forget the Basics**, BMJ 327: 695-6.

This article highlights issues surrounding the use of web-based risk calculators. Such calculators generate tailored risk assessment information based on personal factors such as age, diet, family history, pre-existing medical conditions etc. However, their usefulness depends on their accuracy and whether they are complete and balanced.

Three important aspects of the quality of risk calculators are highlighted: clarity, context and uncertainty.

The issue of clarity means that the user should be made aware of what specific risk is under consideration, for example whether it is the risk of contracting a disease, or of dying from it. The majority of calculators estimate only the chance of developing a disease, not the probability of death from the disease. The context issue relates to the fact that it is

important that users are given risk information in context. For example, how does their risk compare to that of other people, or how does the risk of developing one disease compare to the risk of developing another. The uncertainty issue lies in the idea that risk factor calculators should give an indication of the sense of uncertainty inherent in risk prediction, and the strength of evidence behind the factors used.

Examples of good quality web based resources for risk prediction and assessment of these tools are provided in this article.

Bird, D. (2003) **Discovering the Literature of Nursing: a Guide for Beginners**, Nurse Researcher 11 (1): 56-70.

This article is aimed at nurses and offers an introduction to literature searching. David Bird breaks the process down into six clearly defined stages, and guides the reader through each aspect of the process.

1) The first stage is to choose appropriate sources of information. This article concentrates on electronic bibliographic databases. It explains how to choose a database, and how to access some of the major databases.

2) The second stage is to formulate a search strategy. This section starts with a useful paragraph that explains why this is necessary and concludes with an example search strategy.

3) Section 3 covers combining search terms and explains how to use Boolean operators.

4) Stage 4 is about entering the search criteria and explains the differences between systems that use a single search box and those that allow combinations of more than one search set.

5) Stage 5 describes

browsing the search results and suggests useful criteria to help the searcher shortlist relevant articles from the results.

6) Finally, stage 6 looks at accessing the full text of items, covers the increasing existence of full text links and suggests alternatives for when these are not available.

The article concludes with a practice search for PubMed. There are several extensive appendices, covering the databases available through the NHS, and a selection of other databases, which are available for free on the Internet.

Cooper, J.E. (2003) **Prospects for Chapter V of ICD-II and DSM-V**, British Journal of Psychiatry 183: 379-81.

This article discusses the development process of the psychiatric chapter of the eleventh revision of the International Statistical Classification of Diseases and Related Problems in the light of the publication of A Research Agenda for DSM-V and of the appointment of a new Director General of The World Health Organisation (WHO).

A Research Agenda for DSM-V is published by the American Psychiatric Association and so reflects the views of the contemporary research community of America. Despite this, it has several sections that John Cooper feels could make a valuable contribution to the consultation process for ICD-11. In particular the chapter on personality disorders and relational disorders offer a useful discussion of an area that is often avoided because of its difficulty. Cooper disagrees with the suggestion made in A Research Agenda for DSM-V that, with suitable international input, it could be used as a replacement for ICD-11. He suggests that ICD-11 could perhaps be used as a

replacement for DSM-V.

The article ends with a discussion of how WHO might increase the sales potential of Chapter V of ICD-11, and thereby increase the number of people who have access to the ICD classification, and also increase the revenue available to the WHO.

Leung, G.M., Johnston, J.M., Tin, K.Y., Wong, I.O., Ho, L.M., Lam, W.W. & Lam T.H. (2003) **Randomised Controlled Trial of Clinical Decision Support Tools to Improve Learning of Evidence Based Medicine in Medical Students**, BMJ 327:1090-3.

In this randomised controlled trial Leung et al. aimed to assess the effectiveness of learning Evidence Based Medicine (EBM) through a clinical decision support tool on a handheld computer (InfoRetriever) compared to using a pocket-sized card containing guidelines for clinical decision making. The third intervention was a control.

169 fourth year medical students were randomly divided into three equal size groups: a control group, an InfoRetriever group and a pocket card group. The InfoRetriever group were given InfoRetriever, software designed to give rapid access to current medical evidence and containing several evidence databases, on a Personal Digital Assistant. The pocket card group were given a pocket card containing guidelines on clinical decisions designed to prompt students to apply EBM techniques in their clinical learning. The groups assigned an active intervention also received two interactive teaching sessions. The authors describe several limitations to their study but conclude that providing students with a handheld computer through which quick access to valid evidence can be obtained

“can improve learning in evidence based medicine, increase current and future use of evidence, and boost students’ confidence in clinical decision making.”

De Lusignan, S. (2003) **The National Health Service and the Internet**, Journal of the Royal Society of Medicine 96: 490-3.

This paper presents a brief summary of NHS core Internet site provision followed by a discussion of the patterns of usage of the Internet by both patients and professionals.

The core information services are listed as the ‘official NHS gateway’, NHS Direct Online, and the National electronic Library for Health. Other websites do get a mention, however, including the National Library of Medicine (which provides access to PubMed), sites to help assess Internet sites such as Health on the Net (HoN) and Judge Health and other patient information sources such as Patients UK, NetDoctor and Contact a Family.

Patterns in use of the Internet for health information by patients and professionals are summarised from a number of studies identified by a search on MEDLINE and the Internet. The author concludes that the Internet is used in inconsistent and suboptimal ways and presents some suggestions of ways for general practitioners (GPs) to use the Internet more efficiently.

Walsh, K, & Dillner, L. (2003) **Launching BMJ Learning: Online Learning Resources Based on the Best Available Evidence**, BMJ 327: 1064.

This paper promotes bmjlearning.com, a web based learning resource launched by the BMJ for general practitioners (GPs). The site is currently free but users are required to register. The

editorial describes the background to the aims and development of bmjlearning.com and some of the facilities available on the website. For instance, users can record their learning experiences (recommended to help the appraisal process for GPs), test their consultation skills on the interactive case histories, and “read, reflect and respond” to issues listed. The “just in time” modules offer a way for busy professionals to keep up to date. The disadvantage of the site is the current lack of breadth in the topics covered by the learning resources. However, the interactivity of the site goes somewhere to making up for this. Since the article was written further developments have taken place on the site including an events listing which can be searched by area, type of event, target audience and even cost and childcare. Although the site is aimed at GPs it covers many areas of interest to other health professionals.



# E-LIBRARY IN SCOTLAND: MODERNISING THE KNOWLEDGE INFRASTRUCTURE FOR NHS SCOTLAND

<http://www.elib.scot.nhs.uk/>

*Ann Wales*  
*Library Services Coordinator for NHS Scotland*  
*Email: ann.wales@nes.scot.nhs.uk*

I hope in this brief article to position ongoing development of the NHS Scotland e-Library within the wider context of NHS policy in Scotland and the Strategy for Development of NHS Scotland Knowledge Services led by NHS Education for Scotland.

## **Policy Context**

The Scottish Executive declared its commitment in Partnership for Care (Scottish Executive 2003), the White Paper for NHS Scotland, to exploiting the power of knowledge in order to create a modern health service for Scotland in the 21st Century. NHS Education for Scotland, a new Special NHS Board with a remit to support best practice in education and training for all NHS staff, likewise commits through its strategic plan (NHS Education for Scotland 2003a) to provide knowledge support for all staff groups to realise delivery of high quality patient care and to maximise improvement in Scotland's health.

Two key government documents call for action with regard to NHS

Scotland Knowledge Services. Learning Together (Scottish Executive 1999), the education and training strategy for NHS Scotland, requires that "...within five years (i.e. by 2004) all staff groups in the NHS in Scotland have ready access to comprehensive and improved library and information services designed and resourced to meet their needs". It is emphasised that provision is to be made for **all** staff categories - not merely those in clinical areas. HDL (2000) 01: Learning resources and the knowledge base of healthcare (Scottish Executive 2000) confirms that access to the knowledge base is essential, stating explicitly the need for an integrated national and local approach to development of NHS Scotland Library Services, and proposing establishment of a national e-Library as a basis for an equitable, coordinated service.

Currently, the Knowledge Services available to NHS Scotland are fragmented, poorly accessible, and characterised by inequities across different geographic areas and

different staff groups (Scottish Library and Information Council 1997; NHS Education for Scotland 2003b). There is a general absence of identifiable management responsibility for Knowledge Services at Scottish Executive or NHS Board levels. The consequence is a poorly developed, uncoordinated, outmoded knowledge infrastructure, no longer fit for purpose for the needs of a modern health service. There is consequently an urgent need to make knowledge support for NHS Scotland more equitable, accessible and integrated, at the same time as delivering better value for money in the management and delivery systems. The NHS Scotland e-Library project has already played a key role in initiating this process. The new Strategy for Development of Knowledge Services for NHS Scotland plans that in coming years the e-Library and its associated developments will create a new knowledge service which will become a significant tool in delivering the objectives of Partnership for Care (Scottish Executive 2003) and NHS Education policy.

## **Evidence of Need**

Evidence of need for knowledge service development for NHS Scotland dates back to the review of NHS Scotland Library Services, chaired by the Chief Executive of the Scottish Council for Postgraduate Medical and Dental Education, and published in 1997 as *Enabling Access to the Knowledge Base of Healthcare* (Scottish Library and Information Council 1997). This review highlighted inconsistencies in management and funding streams and consequent inequities in access to the knowledge base throughout NHS Scotland. It called specifically for development of a national electronic library to underpin a coordinated national and local approach to knowledge service development.

A recent survey of funding and activity of the 86 NHS libraries in

Scotland (NHS Education for Scotland 2003b) shows that, leaving aside the NHS Scotland e-Library project, the situation across the service as a whole has in fact deteriorated since 1997. Escalation in print journal prices and the intensifying economic pressures on Trusts and Boards mean that few libraries are able to fund more than a basic traditional service and have limited capacity for providing access to vital electronic information sources. Lack of NHS management commitment to delivery of Knowledge Services responsive to NHS need has created a high risk situation for many existing services.

Two user needs analysis studies have been conducted during 2003: one focusing on representatives of different NHS staff groups (Burnett et al 2003a); the other on the needs of Managed Clinical Networks and new primary care configurations (Burnett et al 2003b). Key findings are:

- Remote access to the knowledge base is now essential for all NHS staff.
- Integration of knowledge sources and linking with patient record systems is vital to simplify access and ensure application of knowledge to delivery of patient care.
- Services tailored to the needs of individuals and staff groups are required to address the problem of information overload.
- A proactive approach to service provision, using "push" mechanisms to alert users to new information in their field of interest is an important next stage in service development
- Gaps are evident in existing services, with regard to evaluated evidence, the needs of non-clinical staff, and the new staff roles created by modernisation of the NHS.
- New, cross-boundary health service models and emerging new roles for NHS staff create a need for a knowledge management culture that facilitates sharing of tacit knowledge
- Users recognise that the role of the librarian needs to change from administrator

of print repositories to educator, knowledge navigator and expert searcher.

- Cultural issues and a widespread deficiency in information skills training at all levels currently constitute barriers to effective use of the knowledge base.

### **Definition of Knowledge Services**

The new Strategy for Development of NHS Scotland Knowledge Services set out by NHS Education for Scotland covers Knowledge Service management in its full sense. The NHS Scotland e-Library is regarded as a core part of the emerging new knowledge infrastructure, which also includes the wider dimensions of knowledge service delivery, relying on complementary resources and formats and on the expertise of information practitioners and managers.

### **Evaluation of the New Service Model**

Making the case for a Knowledge Services strategy founded on the NHS Scotland e-Library as a core component of a modernised and more equitable knowledge infrastructure has required evaluation of the impact of the e-Library in its pilot form.

Feedback from users shows that, while amendments are still needed to interface and content, healthcare staff are responding positively to the advent of a powerful new service to promote more effective and efficient patient care. Comments received from evaluation interviews illustrate the high value already accorded by NHS staff to the role of the NHS Scotland e-Library service in transforming access to the knowledge base. Real-life scenarios of e-Library usage have demonstrated the ways in which the e-Library makes a significant impact on direct delivery of patient care and longer term service development.

Activity statistics show a steadily increasing uptake and integration of the new knowledge service within the work of the NHS, with an increase of almost 100%

evident between August and October 2003. Over 50% of hospital doctors, over 16% of nurses, and 27% of Allied Health Professionals registered for the e-Library service in the period between January and October 2003. However, efforts need to be focused particularly on improving uptake in primary care and non-clinical user groups.

Cost-effectiveness calculations show that the NHS Scotland e-Library achieves significant savings through economies of scale. Based on current usage statistics and costs, access to full text of an article from the NHS Scotland e-Library currently costs less than £0.30 per article, as compared to £5 per article for delivery from the British Library and does away with the administrative workload required by print-based document delivery schemes.

### **Strategy for Development of Knowledge Services 2004-2007**

This strategy aims to respond to and encompass the themes outlined above - namely, the changing context of health care delivery in NHS Scotland, a growing understanding of user needs, a holistic concept of Knowledge Services, and evaluation of the NHS Scotland e-Library model of service delivery.

The overall aim defined by this strategy is "a state of the art nation-wide knowledge service for NHS Scotland, which will empower and support the NHS workforce in the delivery of high standards of care throughout all stages of the patient journey".

This vision requires Knowledge Services that are:

- Transformed and modernised by application of new technology
- Capable of delivering knowledge to point of need on an equitable basis to all staff groups and all geographic areas.
- Facilitated by skilled information practitioners and managers linking the technology to user needs and information-seeking behaviour.

To realise this vision, six inter-related development strands require to be worked through during a three year period:

1) Expansion of e-Library content including journals, books, databases, free websites, etc., to ensure provision of knowledge appropriate to the needs of the full spectrum of NHS staff.

2) Development and implementation of technical standards and solutions that will make possible integration of distributed local and national knowledge sources, and mobilisation of knowledge to integrate with patient records and care pathways.

3) Application of knowledge management principles to facilitate:

- Development of online learning communities
- Sharing of knowledge across disciplines and sectoral boundaries, to match the knowledge needs of new healthcare models such as Managed Clinical Networks and Community Health Partnerships
- Creation of tailored, proactive Knowledge Services that "push" relevant knowledge personalised to individual need out to users.

4) Provision of national and local information skills training and outreach programmes to meet the needs of staff groups currently under-served in this respect - for example, in remote and rural areas and primary care.

5) Intensive training of the librarian workforce to enable fulfilment of the new roles of educators, facilitators, managers and expert searchers, as required by the new service.

6) Production of quality assurance mechanisms for NHS Scotland Knowledge Services.

Achieving these goals rests upon integration and a growing interdependence among the following key development strands.

- A coordinated national and local approach, with local

NHS Boards accepting management responsibility for service development responsive to local need and underpinned by national principles and priorities.

- Consolidation and further development of the NHS Scotland e-Library, as a comprehensive and increasingly interactive national knowledge service, with an emphasis on application of interoperability technologies and standards to facilitate partnership with other knowledge services providers at local and national levels.
- Development of "Managed Knowledge Networks", involving information practitioners and users, working across disciplinary, sectoral and health board boundaries to share knowledge and best practice via "Subject Portals" within the NHS Scotland e-Library.

As can be seen from the above, the e-Library is far from a standalone initiative. It should be viewed first and foremost as a vehicle for coordinated, equitable and holistic development of Knowledge Services throughout NHS Scotland. What seems to be called for in this new development phase is a higher strategic profile for Knowledge Services and fuller recognition of impact on service outcomes, involving new partners to achieve a wider sense of ownership and spirit of deeper integration with the health service as a whole.

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# PARTNERSHIP WORKING IN ACTION

<http://www.nelh.nhs.uk/>

*Alison Turner, Fran Wilkie and Nick Rosen*  
*National electronic Library for Health*  
*Email: nelh@nhsia.nhs.uk*

Thanks to the commitment of a network of librarians and partners, the NeLH Awareness Week 2003 (24-30 November) has proved incredibly successful. During the week, the NeLH signed up with over 100 Partners in a variety of organisations to deliver a range of events and activities. Alongside this, a team of information professionals delivered over 70 Phone-In Learning Sessions. Designed as quick, convenient and confidential, the sessions proved highly successful. Around 3 in 5 participants completed online evaluations, of whom over 90% said they would recommend the training to colleagues.

## Introduction

In the previous issue of this newsletter (Turner 2003), I outlined our plans for raising awareness of digital library resources across the health community. A key part of our campaign is now completed and it's a good time to report back on the impact we've all had on the awareness and use of digital resources.

The NeLH autumn promotion campaign, culminating in NeLH Awareness Week, aimed to increase health professionals' recognition of the wealth of knowledge resources now available to them. The campaign was rolled out to librarians and trainers in September and to end users in October.

The campaign was split into two intertwined parts starting October and finishing November. Firstly the simultaneous promotion of digital resources in over 100 organisations during October and November using posters/ leaflets, giveaways, displays in and out of libraries, and placing of special link awareness links on intranet pages. To cover additional expenses, £100 was given to each organisation that could be used for marketing purposes.

Secondly, Phone-In training Sessions (PILS) using a teleconferencing facility were delivered by local librarians supported by the NeLH Communications team during Awareness Week. Additionally an email campaign consisting of newsletters and recommendations was mounted, through which senders would recommend the site and/or the NeLH Phone-In Learning Sessions.

This year's Autumn campaign was built on the foundations of a pilot scale Awareness Week held in November 2002 to assess the feasibility and acceptability of a national campaign of this nature. Feedback from local organisers and librarians found it to be a "useful hook" to hang activities from. Last year's initiative was "Highly Commended" by Chartered Institute of Library and Information Professionals (CILIP) in its 2003 Public

Relations and Publicity Awards PR Award Scheme.  
[www.cilip.org.uk/news/2003/211103b.html](http://www.cilip.org.uk/news/2003/211103b.html)

## Awareness Week Partnership scheme

Librarians and trainers in over a hundred organisations completed a marketing plan selecting from sixty promotional activities that were most appropriate for their health communities. Examples included leaflets attached to payslips or presentations in main corridors through to posters in staff toilets. Low cost portable display material was provided including give-aways and information leaflets. Each community was given £100 for expenses and which local organisers were given latitude to use creatively eg fruit or sweet give-aways, extra staff time, local printing or portable display boards.

During Awareness Week, visitors to the NeLH site were asked to complete a short survey. Over 3500 forms were completed which are currently being analysed. Visitors were asked what had prompted them to visit the NeLH site. The most popular response was "my librarian", which clearly indicates the impact of personal contact from a local associate. In one trust, the number of NeLH pages downloaded before Awareness Week was around 5000 – during Awareness Week, this rose to 56,000!

Awareness Week Partners were very creative in designing new and innovative ways of reaching people. Without their commitment and enthusiasm, it's unlikely the campaign would have been so successful. At the time of writing, the NeLH team are collecting and collating feedback from participating librarians. This will feed into a report, which will be published on the NeLH site.

## Phone-In Learning Sessions

Phone-In Learning Sessions (combining telePHONE and INternet) featured as a key element of Awareness Week. Aimed predominantly at healthcare professionals, but in fact open to all, the sessions were designed to run for around 10 minutes. This was considered the optimum time for fitting into professional's daily schedules whilst being long enough to pass on key basic messages about the NeLH.

The Phone-In Learning Sessions followed the format of a tour, focusing on selected digital resources. Participants were guided through an online presentation by experienced information professionals. All participants required were: a telephone, an internet connection, and 10 spare minutes. The online component of the tour was kept deliberately simple so that participants weren't required to download plug-ins or wait for long downloads. Sessions were offered throughout the day and night on a freephone number, so that staff could take part at a time convenient to them. The sessions also had the advantage of being confidential – those embarrassed by their lack of knowledge to join a conventional training session could remain anonymous.

Over 70 sessions were delivered in total, covering a range of resources:

- Tour of NeLH resources
- The Cochrane Library
- Clinical Evidence
- Prodigy
- Specialist Library for Health Management
- Specialist Library for Child Health
- Specialist Library for Musculoskeletal disorders and diseases
- Specialist Library for Mental Health
- Health Technology Assessment Programme

## Results

Preliminary results show that Awareness Week and the overall campaign were hugely successful:

- Over 45,000 visits to the NeLH during Awareness Week
- 120,000 unique hosts per month visiting NeLH in October and in November, an increase of over 20,000 from September
- Over 670 sessions of Phone In telephone training delivered
- 104 organisations signed up as NeLH Partners
- Number of visits per month increased from 159,000 (September) to 200,000 (October and November)
- 60,000+ pieces of literature distributed by librarians and other champions
- 3500 completed user surveys

Of the 671 individuals who dialled into the Phone-In training, 405 completed an online evaluation (60% response rate). Of these 405, 91.3% said they would recommend the training to a colleague and a further 8% said they would recommend the training with slight improvements. Comments related to the content and delivery of the sessions – here is a taster:

- It was very clear and concise and although one could do it on ones own it was good to be taken through the tour by a voice and a kind one at that!
- I have not completed training in this manner before and found it very convenient.
- I think this sort of training is excellent, but what you are doing in this week is only a taster. I would like longer sessions on some of the resources e.g. Cochrane
- This training method is helpful but I do not think it can be used for users with little computer knowledge.

There were some difficulties with the freephone number; it transpired that some organisations block access to

0800 numbers. However, participants were able to access calls by liaising with their local switchboard. It was felt a freephone number was important for those having to access the training from home.

## Conclusions

It would seem that health professionals appreciate the benefits offered by Phone-In training and this is an area of delivery the NeLH team will explore further. Recordings will shortly accompany the online tours developed for Awareness Week. These will be particularly useful for individuals who are new to NeLH but will also act as useful refreshers for existing users. The tours are available at [www.nelh.nhs.uk/tour](http://www.nelh.nhs.uk/tour)

Working in partnership offers a number of benefits – we can maximise the impact of a national campaign joined up with local campaigns, we avoid duplication of effort and we get to share ideas and experiences. The NeLH team will continue working with Digital Libraries Network (DLnet) partners to build on the success of this campaign and to plan future campaigns for 2004.

More detailed reports of Awareness Week 2003 can be found at [www.nelh.nhs.uk/awareness](http://www.nelh.nhs.uk/awareness)

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# NeLH: MANAGEMENT NEWS

<http://www.nelh.nhs.uk/management>

*Lynette Cawthra and Andrew Booth*

*Joint Project Managers, NeLH Management*

*Email: [lcawthra@kehf.org.uk](mailto:lcawthra@kehf.org.uk) and [a.booth@sheffield.ac.uk](mailto:a.booth@sheffield.ac.uk)*

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The new National electronic Library for Health Management went live during NeLH Awareness Week in November. The site aims to be a 'one-stop gateway' to evaluated and filtered resources on all aspects of health management. We have moved all our content across to the NeLH's new 'resource management system', which will ultimately be used by all the specialist libraries (formerly Virtual Branch Libraries). Three other specialist libraries moved to the new system during the week: Cardiovascular Diseases, Child Health and Paediatrics, and Musculoskeletal Diseases.

Andrew Booth led two phone-in learning sessions during the NeLH Awareness Week on the features of the new Library. The slides from this presentation are still available (<http://www.nelh.nhs.uk/awareness>) and act as a quick way of orienting yourself if you haven't used the site before. We are extremely keen to receive feedback from librarians about the structure and indexing of the site, and encourage you to ask your library users how easy they find it to use.

The new home page – <http://www.nelh.nhs.uk/management/> – is divided into three sections:

- A browsable hierarchical list of health management topics
- A listing of our most recent management briefings and hot topics
- A what's new? section which is regularly updated

These three features meet the needs of different types of users. Occasional users can use the browsable list of health management topics to get an

overview of resources available in each area. Regular users can check the right hand column on the page to see whether we have added a new briefing or a new Hot Topic. We hope that you will become a daily user – checking the middle 'What's New?' panel for the latest health policy news and developments in the Specialist Library itself.

It is also possible to search across the Health Management Library. The search box searches the title, keywords and abstracts of all records in our database as well as the full text of all our Management Briefings.

The combined King's Fund and SCHARR team which is working on NeLH Management has started building up the 'Hot Topics' section of the site. New topics include: star ratings, the consultant contract, 'out-of-hours' services and children's trusts. Suggestions of new ideas for this section are always very welcome. We will be monitoring web sites and journals in order to keep adding new information to these 'Hot Topic' pages. Once this information content has reached a certain level, the Hot Topic will be formalised as one of our Management Briefings. We're working on an email alerting service which will let you know whenever a new briefing is published plus news of government initiatives and publications, and other headlines of interest to health managers. For more on this, keep watching the 'What's New?' panel on the home page!

Please ring Lynette with your feedback on the web site on 020 7307 2560 or email her at [l.cawthra@kingsfund.org.uk](mailto:l.cawthra@kingsfund.org.uk)

# Management Briefing



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National Electronic Library for Health

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Compiled by Julie Glanville

Health Management

## Performance Indicators:

### Comparing service outcome and quality

**What are Performance Indicators?**

Performance indicators (PIs) are intended to measure the activities, outcome and quality of health care organizations. They underpin and inform the Performance Assessment Framework (PAF). A range of high level indicators have been chosen to reflect the emphases of the PAF: health improvement; fair access to services; effective delivery of appropriate health care; efficiency; the patient/carer experience of the NHS and health outcomes of NHS care. There are also clinical indicators. The current indicators have been published annually since 1999.<sup>1</sup> The 2003 PIs were published by the Commission for Health Improvement in July 2003 as part of wider performance ratings. In the future PIs will be published by the Commission for Healthcare Audit and Inspection.

**What are...?  
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**

**What are they important?**

PIs are comparative data which allow Trusts to assess their performance relative to other similar organizations. The latest PIs seek to measure the quality and outcomes of health care, as well as throughput and volume. Although the indicators are still largely dependant on routinely collected data from the Hospital Episode Statistics<sup>2</sup>, they are expanding to collect other data such as patients' views.

PIs need to be interpreted with care. They have been criticized for encouraging organizations to aim at an unevaluated average performance, and for presenting single and possibly inappropriate measures of performance when the outcome is the result of a complex series of interactions and influences. Data quality has also been an issue. Local ownership of the indicators has been questioned along with the need to repackage the indicators if they are to be useful in encouraging change at a local level. There is also potential for indicators to generate perverse incentives.<sup>2</sup>

**What do I need to do?**

PIs are most helpful when used to compare the performance of highly similar organizations where they can provoke discussion around any unusual levels of performance. Trying to achieve change based on an analysis of the indicators will be a complex process.<sup>2</sup>

- Explore the Department of Health Performance Indicators Web site and monitor CHAI.
- Obtain relevant circulars.
- Learn about the purpose of performance indicators.
- Assess critiques of the indicators which may provide information about their appropriate use.
- Explore the NHS Benchmarking Club.
- Explore how others have used the indicators at a local level to achieve change.
- Learn about effective behaviour change.

<p><b>What are the benefits?</b></p>	<p>Performance Indicators reflect the current emphasis on improving quality and outcomes and form part of a complex structure of quality initiatives including NICE, the National Service Frameworks, Clinical Governance and CHI/CHAI. Performance indicators are being used to encourage accountability and public involvement. Trying to achieve organizational change in areas highlighted by the indicators should provide greater insight into the mechanisms which drive change.</p>	
<p><b>Whom can I contact?</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">NHS Benchmarking Club</a></li> <li>• The <a href="#">NHS Performance Analysis Section</a> who have produced the PIs to date, and <a href="#">CHI/CHAI</a> who will produce future publications.</li> </ul>	<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><b>Where can I find examples of good practice?</b></p>	<ul style="list-style-type: none"> <li>• Appleby and Harrison<sup>2</sup> has useful examples of the use of performance indicators</li> <li>• Search the <a href="#">National Research Register</a> for ongoing and completed projects</li> <li>• Read the <a href="#">articles gathered by CHI/CHAI</a> on current thinking and experience</li> <li>• Explore how <a href="#">Local Authorities</a> and <a href="#">Social Services</a> departments respond to performance indicators.</li> </ul>	
<p><b>Resources</b></p>	<p>Articles and Papers</p> <ul style="list-style-type: none"> <li>• CHI. (2003) <a href="#">Rating the NHS: How will NHS performance ratings be developed? [online]</a></li> <li>• Marshall M et al. (Oct. 2002) <a href="#">Quality indicators for general practice: A practical guide for primary health care professionals and managers</a>. London: RSM Press.</li> <li>• Freeman T. (2002) Using performance indicators to improve health care quality in the public sector: a review of the literature. <i>Health Services Management Research</i>, 15(2): 126-137.</li> <li>• (2002). <a href="#">Performance indicators</a>. <i>British Journal of Healthcare Computing and Information Management</i>, 19(5): 18-30.</li> <li>• Appleby J &amp; Harrison A (eds.). (2000) <a href="#">Health Care UK: the King's Fund review of health policy</a>. Spring 2000 issue. London: King's Fund.</li> <li>• Giuffrida A, Gravelle H &amp; Roland M. (1998) <a href="#">Performance indicators for primary care management in the NHS</a>. York: Centre for Health Economics (Discussion Paper 160).</li> </ul> <p>Resource Sites</p> <ul style="list-style-type: none"> <li>• The <a href="#">Performance Indicators and Ratings 2002/03</a> Web site at CHI gives the indicators by Trust. More detailed technical supporting information and guidance on use can be found on the <a href="#">DH Web site</a></li> </ul>	<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><b>References</b></p>	<ol style="list-style-type: none"> <li>1. CHI and Department of Health. 2003. <a href="#">Quality and performance in the NHS: NHS performance indicators</a>. [Online] [Accessed 2003 March]</li> <li>2. Appleby J &amp; Harrison A, editors. <i>Health Care UK: the King's Fund review of health policy</i>. Spring 2000 issue. London: King's Fund; 2000.</li> </ol>	<p>This briefing will be reviewed and updated in April 2004</p>

# INFORMATION FOR AUTHORS

## Scope

IFMH Inform is the official newsletter of IFM Healthcare, a subject group of CILIP's Health Libraries Group. It provides a forum for information professionals working or interested in health and social care management and other related topics. The editor invites articles from presenters of study days and regular authors. We would also welcome submitted articles on examples of good practice, research and resources. If you would like a sample copy of Inform, please contact the Publicity Coordinator:  
[VWildridge@kingsfund.org.uk](mailto:VWildridge@kingsfund.org.uk)

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Copy should be submitted in Word format (no headings or footers) to the Editor; email: [helen.carter@cairns-library.ox.ac.uk](mailto:helen.carter@cairns-library.ox.ac.uk) All articles should have a title, author's name and contact details (the email address will be published - please let us know if you wish to withhold this information). Articles should be approx. 1500 words in length.

## References

References should be in the 'Harvard' style (see <http://www.lib.monash.edu.au/vl/cite/harvex.htm>). Authors are responsible for the accuracy of the references.

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IFMH Inform is printed in black and white. Therefore, all illustrations, tables and graphs, need to be clear and readable in black and white.

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# IFM HEALTHCARE

PO Box 539  
 York YO2 4XA  
 Email: [jmg1@york.ac.uk](mailto:jmg1@york.ac.uk)  
 Web: <http://www.ifmh.org.uk>

IFM Healthcare's aim is to improve the provision of all formats of information to health and social care managers and other professionals, and enable its members to keep up to date on issues related to the management and delivery of healthcare.

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IFM Healthcare is a sub-group of CILIP's Health Libraries Group.

If you have an enquiry about any specific aspect of our work e.g. a study day, please contact the committee member concerned. For all other enquiries, or if you are unsure to whom to speak, please contact the IFMH Chair.

Maria J Grant <b>Chair &amp; IFMH Inform Editor (maternity leave cover)</b> Salford Centre for Nursing, Midwifery and Collaborative Research University of Salford tel: + 44 (0)161 295 7284 email: <a href="mailto:m.j.grant@salford.ac.uk">m.j.grant@salford.ac.uk</a>	Karen Macpherson <b>Secretary</b> NHS Quality Improvement Scotland tel: + 44 (0)141 225 6982 email: <a href="mailto:kmacpherson@htbs.org.uk">kmacpherson@htbs.org.uk</a>
Julie Glanville <b>Treasurer and Membership Secretary</b> P.O. Box 539 York YO24 4XA tel: + 44 (0)1904 433496 email: <a href="mailto:jmg1@york.ac.uk">jmg1@york.ac.uk</a>	Anthea Sutton <b>Web Editor</b> SchARR University of Sheffield tel: + 44 (0)114 222 0775 email: <a href="mailto:b.low@hsrc.org.uk">b.low@hsrc.org.uk</a>
Bertha Yeun Man Low <b>Joint IFMH Inform Editor</b> West Midlands Library and Information Services Development Unit tel: + 44 (0) 121 414 7862 email: <a href="mailto:b.low@hsrc.org.uk">b.low@hsrc.org.uk</a> <b>(currently on maternity leave)</b>	Helen Carter <b>Joint IFMH Inform Editor</b> Cairns Library Oxford University email: <a href="mailto:helen.carter@cairns-library.ox.ac.uk">helen.carter@cairns-library.ox.ac.uk</a>
Susan Mottram <b>Joint Study Day Co-ordinator</b> Health Sciences Library University of Leeds tel: + 44 (0) 113 343 6973 email: <a href="mailto:b.low@hsrc.org.uk">b.low@hsrc.org.uk</a>	<b>Joint Study Day Co-ordinator</b>  This post is currently vacant. Please contact Maria Grant if you would like to join the Committee.
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