

● THE NEWSLETTER OF IFM HEALTHCARE

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BRIEFING ENCOUNTERS: DEVELOPING INFORMATION PRODUCTS IN SOCIAL CARE

[http://www.shef.ac.uk/~sc
harr/scare/home.htm](http://www.shef.ac.uk/~sc
harr/scare/home.htm)

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Background

Recent policy imperatives have demanded closer partnership working between health and social services to meet the needs of clients, reflecting the development of seamless services as a core principle within the NHS Plan (Monaghan and Cooke, 2004). In contrast to social care where information service provision is underdeveloped, health librarians are well positioned to meet the challenge of providing services across the health-social care interface. Social care practitioners share several information characteristics with health managers such as their heavy reliance on person-based sources of information, in preference to printed sources, and a pre-eminent barrier in the form of shortage of

time for information seeking (Booth, Booth and Falzon, 2003).

In developing a gateway to national and regional core databases and electronic resources the Trent-based Social Care Access to Research Evidence (SCARE) group sought an information product that could be used to demonstrate the value of such resources to practical decision-making in social care. A model was suggested that harnesses some of the functionality of the National electronic Library for Health Management Briefings (as regularly featured in this newsletter) and yet, at the same time, recognises the differences between the cultures of social care and health management. Hence the concept of a SCARE Briefing was born.

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SCARE Briefings

A SCARE briefing is “a summary of information on a particular topic to update practice at the health and social care interface. It is a concise document summarising the knowledge base in a particular area to act as a ‘launch pad’ or signpost to more in-depth material. It is produced through a clear methodology involving identification of a focused question, comprehensive searching of multiple sources and filtering of materials for quality”.

Ten SCARE briefings have already been commissioned by the Social Care Institute for Excellence (SCIE) on the following topics:

- Preventing falls in care homes
- Access to primary health care for people with learning disabilities
- Aiding communication with people with dementia
- Transition of young people with physical disabilities or chronic illnesses from childrens’ to adults’ services
- Short breaks (respite care) for children with learning disabilities
- Parenting capacity and substance misuse
- Attention Deficit Hyperactivity Disorder (ADHD) – what it is and what works in its treatment
- Preventing teenage pregnancies in the looked after population
- Palliative care in care homes
- Discharge of older people from hospital to community care

Primary target audiences for the briefings include practitioners (such as social workers) and policy makers in social care. Working from the assumption that these are busy people with substantial caseloads and little free time in which to conduct their own research, the briefings provide a summary of up-to-date research and policy findings. The intention is that such briefings are updated regularly to incorporate new research and policy. The briefings are limited to a maximum of five sides of A4 to enable people who use it to see the essential points and yet be

able to “drill down” to greater detail in more specialised areas of interest. The briefings are Web-enabled with the accompanying reference list linking (in most cases) to an abstract or full-text version of the cited reference.

Briefing Methods

Each briefing brings together essential issues and debates with sources of further information relevant to practice and policy-making. Following a brief outline of the topic clearly-labelled sections present brief details of findings from the research evidence and the views of service users: information for this latter section is obtained from research studies and user focus groups. To ensure that the briefings are of value to practitioners, implications for policy and practice are discussed and clear action points provided. Resources include relevant good practice examples (usually linked to additional web-based information) and sources for further research such as freely-available databases, web pages and information from relevant organisations.

The briefing process operates as shown in Figure 1.

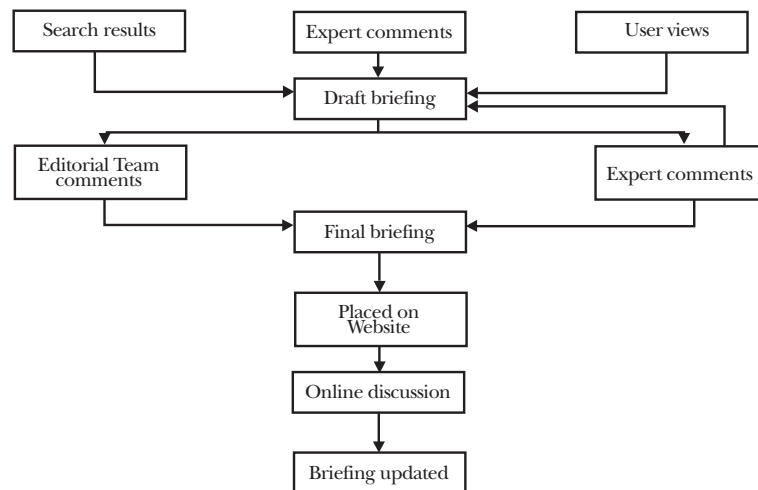
Critical to this process is consultation around briefing drafts which are commented upon by experts to inform production of subsequent drafts. This process is overseen by the Editorial Team which assesses expert comments on briefing content and also considers issues of presentation. The role of the Editorial Team is particularly important where

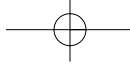
experts have diverse opinions: when this happens, the team need to make a considered judgement on how the briefing should present this diversity. A future development will be the creation of a moderated discussion list to enable briefing users to make comments and suggestions on the content, indicate useful resources and input into future updates.

Also vital is that the information on which briefings are based is accurate, up-to-date and relevant. The information search strategy must reflect the exact question or topic addressed by the briefing and the existence of alternative terms as well as acknowledging the wide variety of sources for social care information: medical and social science databases, grey literature, government policy documents and legislation, specialist academic research units and voluntary bodies (Grayson and Gomersall, 2003). As social care information exists in varied forms and many places, information searching is flexible and individualised to each briefing. Information from experts about information sources and specific publications is also important in locating the best resources for each briefing. In order to assess information quality, several criteria are used:

- No sources older than 10 years old are used unless essential to the topic
- Quantitative and qualitative studies are considered equally and assessed according to relevance and quality of the research

Figure 1 – Production Process for SCARE Briefings





- Systematic reviews and other evidence reviews will normally be included if recent and of direct relevance
- Evidence from the UK is prioritised, particularly in policy issues, but studies from
- Europe, the US and the rest of the world are used, where appropriate

Briefings aim to reflect the full range of information as conceived by SCIE's Sources of Knowledge for Social Care (Pawson et al., 2003) as shown in figure 2

Future Plans

Whilst the first briefing is already available at a pilot web site (see <http://www.shef.ac.uk/~scharr/scare/home.htm>), the briefing process and content is continually evolving. The original briefing template from the NeLH Management Briefings has seen changes to the layout, style and section headings to make briefings more relevant and attractive to users. Involvement of experts has also been expanded so that each briefing is now assessed by both academics and practitioners: the potentially wide range of views has therefore made the existence of a moderating body (the Editorial Team) an important part of the process. The future inclusion of moderated discussion on completed briefings is an exciting (but unknown) development that gives a voice to briefing users, whatever their background. This feedback should allow briefings to be updated, become more focused and be of maximum relevance for the target audience. Briefing production is also occurring against a backdrop of developments in attempting to classify and rank social care knowledge from diverse sources. The Editorial Team hope that the content of briefings and use of the evidence will continue to reflect

Figure 2 – Sources of Knowledge for Social Care

Source 1	Source 2	Source 3	Source 4	Source 5
Organisational knowledge gained from management and governance of social care	Practitioner knowledge gained from the conduct of social care	Policy community knowledge gained from wider policy environment	Research knowledge gathered systematically with predetermined design	User and carer knowledge gained from experience of service use and reflection thereupon

the changes likely to take place in the assessment of social care knowledge in the future.

Associated Developments

The SCARE briefings are one initiative in a portfolio of developments designed to extend our activities across the health and social care interface. Following the information and training needs survey referenced above (Booth, Booth and Falzon, 2003) the SchARR-based Information Resources section of the Trent Institute for Health Services Research (TIHSR) has worked with Caroline White, a Library and Informatics Trainer for a local Trust, to deliver a programme of information skills training in social care. Outputs have included a hands-on workshop for practitioners, a cascade-style orientation day for health care librarians and a forthcoming Web training package. Materials from this Social Care Information Skills Training in Electronic Resources (SCISTER) programme are further being used in developing the first full NeLH e-learning course for librarians on Information for Social Care. The provision of seamless information services across the health and social care interface is an opportunity and prospect to be welcomed by all those involved in delivering information for the management of care.

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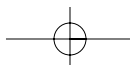
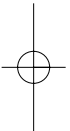
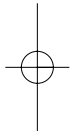
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FINDING THE EVIDENCE IN THE SOCIAL SCIENCES

<http://www.evidencenet.org>

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The rise of research review

Social science literature in all its many forms is achieving a higher profile, with the government's commitment to evidence based policy (EBP) making. The notion that policy making and practice should be explicitly based on evidence played a central role in the 1999 Modernising government White Paper (Cabinet Office, 1999), and EBP now has the kind of mantra status held by concepts like 'efficiency' and 'value for money'. It takes several forms – for example, the piloting of initiatives, combined with ex post or real time evaluation – but in recent years there has been increasing emphasis on the review of documented past experience. The rationale is a simple one:

- There is little that is truly new in this world, either problems or solutions.
- A lot of time and effort is wasted re-inventing wheels.
- It is sensible to take advantage of past experience and knowledge, not just for lessons about 'what works' but also 'what doesn't work'.

As EBP has developed, it has become abundantly clear that the idea of policy making or practice based solely on the rational assessment of evidence is a naïve one. In the real world there are

other, equally compelling, kinds of evidence to take into account (public opinion, for example). Political expediency retains all its power to influence decisions, and nor is ideology wholly dead. Those in the field prefer now to talk of 'evidence informed policy', or 'evidence for policy', phrases which reflect the realisation that documented evidence is only one of the ingredients in the decision making melting pot.

Nonetheless, interest in the power of such evidence to deliver useful lessons remains high, fuelled in part by the well established example of evidence based medicine. Government departments and research organisations are commissioning and conducting increasing numbers of reviews of evidence in social policy fields. These range from 'scoping' studies which map the literature, to largely descriptive 'narrative' reviews of research, to 'systematic' reviews of evidence which identify, appraise and synthesise key research studies using a pre-determined protocol.

Bodies like the Social Care Institute for Excellence (SCIE) and the Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre) have been set up by government to develop review practice and provide a steady stream of policy-

and practice-relevant syntheses of evidence. The Economic and Social Research Council has also contributed by funding the ESRC UK Centre for Evidence Based Policy and Practice (the Centre) [see 1] and its eight associated research units, or Nodes. All of these, and other, organisations are 'learning by doing' – how to develop the review question, how to judge the quality of evidence, how to select those bits of evidence that are relevant to the question, how to distil the key messages, and how to get them across to potential users. Many, if not all, of these issues are contentious, and the debate on review methodology is a vigorous one.

Largely missing, however, is consideration of two issues that we regard as fundamental to the production of useful, high quality reviews of evidence – effective literature searching and acquisition of relevant documents. A review may be of impeccable quality in terms of inclusion criteria, data extraction, synthesis of evidence from different research methodologies, dissemination strategy, and so forth. But if the raw material on which all this work is based is not fully reflective of the topic, the substantive results of the review – which are the sole concern of its potential users – may be at best unbalanced, and at worst plain wrong.

Searching in the social sciences

Our role as part time information staff at the Centre has confirmed many lessons from past experience of providing information support for academic researchers, and others, in social policy fields (Grayson and Gomersall, 2003). These will be well known to those in the information world but – and it is a crucial but – they are news to many social scientists.

- The pattern of knowledge production in the social sciences is diverse, and this is reflected in its documented outputs. Peer reviewed journals are important but so too are books, practitioner journals, official publications of all kinds, and report literature. These other sources include not just research studies, but also the contextual information

that is essential if reviews of evidence are to be useful in the real world. Few libraries in academic institutions or government departments hold comprehensive collections of social science literature and their holdings of grey literature are particularly weak.

- The pattern of secondary bibliographical sources is equally diverse. The knowledge of many academic reviewers (and researchers generally) is limited to the mainstream databases supplied via JISC [see 2], which are mainly US-based and dominated by the peer reviewed journal literature. Few are aware of smaller scale, specialised databases such as Caredata, ChildData, AgeInfo or Planex that have a UK focus and are rich in report literature and other non-peer reviewed journal material [see 3].
- The terminology of the social sciences – and especially the applied social sciences – is diffuse, imprecise and constantly changing. It is frequently ‘non-technical’ in nature and application, overlapping ordinary, everyday language and difficult to distinguish from it. Consistent indexing is hard to achieve, and thesaurus editors face a constant battle to keep controlled languages up to date. Constructing search strategies in these circumstances is difficult, and effective information retrieval requires considerable skill and ingenuity.
- The retrieval capabilities of social science databases are highly variable. The bigger, generally academic, sources have thesauri, the full range of Boolean search operators, the ability to combine searches, and a range of options for manipulating and downloading searches. Smaller scale databases, while containing unique and valuable material, are often run on a comparative shoestring with crude thesauri (or none at all) and a more limited set of search tools and operators.

The development of review practice is starting to bring home to researchers that literature searching is more than a rather

mechanical (perhaps lower level) activity required to provide the raw material for review. Some are now beginning to realise its intellectual demands, and several of the Centre’s Nodes have used some of their funding to employ staff with information retrieval expertise. However, most researchers are still dependent on their own resources for searching, and experience from the Centre suggests that many could do with help.

Document supply

The ESRC Centre for Evidence based Policy and Practice realised at an early stage in its existence that acquisition of documents was going to be a real problem for those Nodes carrying out systematic or narrative reviews. Social science collections in university and government department libraries are variable in quality and size and in many cases quite severe restrictions have been placed on the number of documents which can be acquired through inter-library loan due to cost or pressure of demand. A full systematic review can often require the evaluation of well over a thousand pieces of research evidence of which only a small proportion might be available locally, usually in the form of peer reviewed papers in academic journals.

Coverage of grey literature, other than the proportion available through the internet, is poor, and collections of government reports and papers from independent research institutes variable. Accordingly the Centre made arrangements with the British Library Document Supply Centre (DSC) to provide the nodes with direct access to its collections through e-mail ordering (Artel), and this has proved highly successful with some Nodes acquiring many hundreds of documents from DSC for their research evaluations. It is no exaggeration to claim that many systematic reviews could not have been completed satisfactorily without this facility. The acknowledgment by some Nodes of the value of the grey literature that they have obtained through DSC has been an additional bonus and emphasised the very real research value of many reports from outside the academic world. The success of this service has encouraged us to examine to

possibility of extending direct document supply from DSC to our 400 plus Associates many of whom are in the process of creating systematic or narrative reviews for policy makers in the social care or social policy fields.

Capacity building

Most academic researchers have access to some, if not all, the bibliographic databases they might need at their desks but relatively few, in our experience, know how to use them effectively. The Centre has responded with a series of basic and advanced information retrieval courses for researchers in its Nodes, and these have helped to improve searching skills and broaden awareness of relevant information sources. Involvement in courses run by the Centre for Management and Policy Studies [see 4] has also contributed to capacity building for researchers in government departments where levels of support may be even lower.

However, it is clear that far more needs to be done, and at an earlier stage. The Centre’s 2003 summer school for some 30 postgraduate students engaged on EBP-related theses revealed alarmingly low levels of database knowledge and information retrieval skills. Although the ESRC’s Postgraduate training guidelines (2001) require that PhD students are trained in ‘basic’ bibliographical skills, provision appears extremely variable. Some university libraries had offered nothing at all to this particular group of students. Others gave only the most basic help, for example a list of available databases in hard copy or on the library’s web page. A few did provide short courses or practical demonstrations, but these were invariably restricted to mainstream databases supplied via JISC. Experience of information skills training as undergraduates was equally patchy. Access to inter-library loans was also extremely restrictive in many cases with some students being limited to only 25 documents each year.

Once these young people move on to post-doctoral research, relatively few are likely to benefit from professional information retrieval expertise or document supply support unless they work in a department with its own

specialist provision. Many university libraries seem able to do little for researchers beyond providing networked access to a range of databases, and stocking (or acquiring) some of the information they need. In the crucial areas of information retrieval and document supply, researchers have essentially been left to their own PCs and their own devices, perhaps in the mistaken belief that the support of professional librarians has been rendered obsolete by the keyboard and the mouse.

Our experience at the Centre suggests that nothing could be further from the truth. Researchers – especially those engaged in review activity – need to be empowered through initial information skills training, continuing professional development, and the ad hoc advice and support of information experts if they are to produce work of the highest quality for policy making and practice. Once made aware of the benefits of improved skills in this key element of research practice, many will respond enthusiastically.

Given its limited resources, the Centre's direct impact on capacity building can never be more than modest. However, by raising the issues we hope to encourage the wider library and information profession – especially in the universities and in government departments – to take up the challenge of making a vital contribution to improving the quality of UK social science research.

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Additional Web References

- 1) See <http://www.evidencenetwork.org>
The Resources section of this website includes details of SCIE, the EPPI-Centre and many other EBP-related organisations.
- 2) Part of the remit of JISC (Joint Information Systems Committee) is providing access to electronic sources such as bibliographical databases. See <http://www.jisc.ac.uk>
- 3) Details available via the Resources section of <http://www.evidencenetwork.org>
- 4) CMPS describes itself as 'Europe's leading provider of training and development for public sector managers'. See <http://www.cmeps.gov.uk>



E-KNOWLEDGE ON SOCIAL CARE

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

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Imagine being able to enter a vast social care library without stepping beyond your front door. This information goldmine really exists, it's free and it's called the electronic Library for Social Care (eLSC)

Up to date research from around the world, publications, expert advice, high-quality resources to help you study – all at your fingertips, any time of the day or night. That's the electronic Library for Social Care (www.elsc.org.uk). Social Care Institute for Excellence (SCIE) flagship web service, eLSC offers access to a wealth of social care knowledge. Whether you use social care services or are a carer; are a social care employee or studying to be a social worker; are a researcher, a local authority councillor or social services manager; or simply someone with an interest in social care and social policy seeking to learn more, there will be something for you.

While there's plenty to look at now, with new things being added every day, we know that there's always room for improvement. So, SCIE has big plans to develop eLSC – both by increasing the amount of information on the site and also by making it even easier for everyone to use.

So what's currently on eLSC? For a start, there's CareData, a unique database of abstracts to keep you up to date with social work publications. You can have a virtual flick through the Journal of Social Work in Europe, look up social services departments' web sites or mug up on social care law. You can get hold of SCIE

publications or find out what's happening in the field of children and families by going to the Research in Practice area of the site.

Everyone who wants it should have access to the very best, most accurate and up-to-date information in a way that suits them. So we're also looking at how to make eLSC user friendly for young people with learning difficulties.

We don't pretend that we always know best – we go to the experts in each area to produce high-quality material for the library. We're in touch with other specialist libraries, such as the National electronic Library for Health (NeLH), to share resources and make sure we develop along the same, logical lines.

We've got together with the Association of Social Care Communicators to create a part of the site that will both help social services departments communicate better with the public and give their local communities the low-down on services.

A series of 10 online research briefings aimed at staff working in close collaboration with their colleagues in the health services have been commissioned from the Social Care Access to Research Evidence network. The last one will be up on the site by the summer.

IFMH

WORLDWIDE

IFM HEALTHCARE NEWS

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

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Welcomes to...

IFMH is pleased to welcome four new members to the committee.

Vivian Grainge, University of Oxford (Email: vivian.grainge@public-health.oxford.ac.uk Tel: 01865 226947) will be working with Valerie Wildridge as Joint IFMH Publicity Coordinator, and **Heather Williamson**, NHS Information Authority, has joined Susan Mottram as Joint IFMH Study Day Coordinator. If you have any suggestions for future study day topics, please contact Heather at heather.williamson@nhsia.nhs.uk or telephone her on 0787 941391.

IFMH is also delighted that **Richard Bridgen**, Grantham and District Hospital (Email: richard.bridgen@ulh.nhs.uk Tel: 01476 565232 Ext: 4321) and **Eve Hollis** (Nuffield Orthopaedic Centre NHS Trust (Email: ehollis@gwmail.jr2.ox.ac.uk Tel: 01865 227361) have joined the committee as 'ordinary' members. As well as taking forward individual projects, the arrival of Richard and Eve will help IFMH in ensuring it maintains its breadth of vision and relevance to its members. Welcome to you all.

A temporary departure...

On a personal note, I will be on maternity leave from July 2004 until February 2005. Julie Glanville, IFMH Membership Secretary, Treasurer and former IFMH Chair, has kindly agreed to represent IFMH in my absence. If you have any queries about IFMH business, Julie can be contacted at

jmg1@york.ac.uk or on telephone 01904 433496.

Dates for Your Diary

6th September 2004

IFMH will be hosting a session at the HLG conference in Dublin, 6th – 8th September 2004. Speakers are currently being confirmed, although the likely topic under discussion will be health policy information.

27th September 2004

The copy date for the next issue of Inform. If you would like to contribute to the IFMH newsletter, please contact Helen Carter, Joint Editor of Inform at helen.carter@cairns-library.ox.ac.uk or telephone her on 01865 221939.

22nd November 2004

The next IFMH study day will be on the topic of public health information. The IFMH annual general meeting will be held during the lunchtime session. All comers welcome.

Look out for further details of all these events, which will be distributed on the IFMH members' discussion list. For details on how to join the discussion list, please visit the following web site: <http://www.ifmh.org.uk/>

IFMH

WELCOME

IFM HEALTHCARE COMMITTEE MEETING: 27TH FEBRUARY 2004 DIGEST OF MINUTES <http://www.ifmh.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>*

Study Days

The Study Day on Quality Information for Social Care held on 23rd February was very successful and highly rated by attendees. Copies of the powerpoint presentations from the day are now available on the IFMH web site. The event was attended by a number of social care practitioners as well as librarians and information professionals.

The topic for the next study day will be in the area of Public Health, and the event will be held sometime in November.

The charge for Study Days has been fixed since 2001, and it was felt that it is now necessary for it to be raised slightly. A policy for managing cancellations is currently under development.

Previous problems with the online Study Day booking form have now been rectified.

Treasurer's Report

The group discussed whether some of the group's capital could be spent to the benefit of members or potential members. A number of suggestions were put forward including subsidising student attendance at Study Days

and sponsoring a VSO librarian working in the healthcare area. The suggestions will now be investigated further.

Membership

Reminders have been sent out for the 32 outstanding renewals. Ten new members signed up as a result of the February Study Day. Membership subscriptions have been held steady for three years and will now be increased very slightly to reflect increased costs.

HLG

IFMH have been invited to participate in discussions about how to take forward the HLG manifesto produced following the HLG Away Day in November 2003.

HLG Conference, Dublin

The IFMH 'slot' at the Belfast Conference will be held from 3-4.30pm on the 6th September. It is hoped to have the AGM at the close of this period. IFMH will also have a stand at the conference.

IFMH
2004

SOCIAL CARE: RESOURCE GUIDE

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As social policy / social care focuses on provision of health care and services, it is vital that information is current and informative. For this reason, the resources included in this resource guide are from educational institutions, government departments and voluntary agencies

GATEWAYS TO INTERNET RESOURCES...

Resource Discovery Network: www.rdn.ac.uk

Select the "Health and Medicine" section to search for health related resources, or select the "social sciences" section to search for social care related resources

Social Science Information Gateway: www.sosig.ac.uk

SOSIG is an Internet service that provides easy access to quality information relating to social sciences. It forms part of the Resource Discovery Network (as detailed above). It contains an Internet catalogue of resources, as well as a social sciences search engine.

Social Care Institute for Excellence: www.scie.org.uk

The Social Care Institute for Excellence gathers and publicises knowledge about how to make social care services better. SCIE is an independent organisation created in response to the government drive to improve quality in social care services (<http://www.scie.org.uk/links/scqplcafilet.pdf>) across England and Wales.

SCIE has three main functions:

- Reviewing knowledge about social care
- Developing practice guides and other resources based on that knowledge

- Promoting the use of practice guides in policy and practice

Electronic Library for Social Care: www.elsc.org.uk

ELSC is the definitive gateway to social care information and knowledge. It is SCIE's flagship web service for spreading social care knowledge and good practice. The site provides:

- Free single point of access to a wide range of social care resources
- Free access to information about social care
- Free access to practice information
- Free access to knowledge of value to users, carers and supporters
- Free access to skills tutorials to help critically appraise research
- Free access to skills tutorials to help use the web effectively to find social care knowledge

PUBLICATIONS ONLINE...

Early Pamphlets in Social Policy:

www.lse.ac.uk/library/pamphlets/SocialPolicy/social_policy_pamphlets.htm

18th, 19th and 20th Century pamphlets are available to print or download free. Social policy documents covered include: the poor and origins of the welfare state, health, housing, pensions and unemployment insurance.

DATABASES...

Check your local health/social care library for access details for the following databases:

ASLIB Index to Theses:

Index to theses contains bibliographical information on theses accepted for higher degrees by the universities of Great Britain and Ireland, and by the Council for National Academic Awards.

ASSIA: Applied Social Sciences Index and Abstracts:

References with abstracts and some full text links to journal articles from around 650 UK, US and international journals (from 1987) on social services, health, economics, politics, race relations and education.

BHI: British Humanities Index:

References and abstracts and some full text links to articles from key British journals and newspapers on a broad range of subjects including the arts, humanities, politics and society.

CaredataWeb (accessible through www.elsc.org.uk)

References and some full text of journal articles, research papers and books on social work, social care and related subjects (housing, education, health).

ChildData:

Covers health and welfare of children and young people. ChildData also contains the full text of the UN Convention on the Rights of the Child.

DH-Data: Health Administration and Medicine Toxicology (available through Dialog Data star – Athens password required):

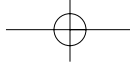
DH-Data is jointly produced by two services at the Department of Health (UK): The Department of Health Library and Information Service and the PH (Protection of Health) Information Unit. The core subjects covered by the Department of Health Library are health service and hospital administration. The PH Information Unit specialises in medical toxicology and environmental health.

Legislation Direct:

Text of Acts and Statutory Instruments in force.

Regard: www.regard.ac.uk

A (free) national database service containing references and contact information to completed and ongoing social science research.

**Social Services Abstracts:**

References with abstracts of journal articles (from 1980 to date) on current research in social work, human services and related areas, including social welfare, social policy and community development.

Zetoc (available via National electronic Library for Health www.nelh.nhs.uk - Athens password required)

Gives the tables of contents information for approximately 20,000 current journals and 16,000 conference proceedings published per year. All subjects are covered.

SOCIAL CARE JOURNALS...

Check your local health/social care library for details. Some popular journals for Social Care include:

- British Journal of Guidance and Counselling
- British Journal of Social Work
- Child Abuse and Neglect
- Childhood
- Children
- Childright
- Community Care
- Critical Social Work
- Disability and Society
- European Journal of Social Work
- Family Policy
- Findings
- International Social Work
- Journal of Learning Disabilities – London
- Journal of Social Work Practice
- Social Research Update
- Sociological Review
- Sociology – Cambridge
- Welfare Digest

OTHER RESOURCES...**Acts of Parliament UK****Legislation:**

<http://www.hmso.gov.uk/acts.htm>

Full text of Acts of Parliament from 1988-to date

Care and Health.com professional community for social work:

<http://www.careandhealth.com/arch/policywatch.asp>

Collection of resources on social care and social work education, training, careers/jobs and care practice and placements.

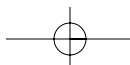
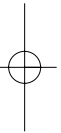
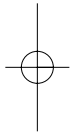
General Social Care Council:

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

The General Social Care Council is the social care workforce regulator. It registers social care workers and regulated their conduct and training

Online Dictionary of Social Sciences:

<http://webref.org/sociology/sociology.htm>



SURF'S UP - INTERNET SITES OF INTEREST

Caron Hartley

Research Librarian, Kings Fund Information and Library Service

Anthea Sutton

Information Officer (Reviews and Special Projects), ScHARR

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New sites

Clinical Practice Innovation

<http://www.ucl.ac.uk/cpi/>

Clinical Practice Innovation is the process of improving clinical practice by increasing practices which are intended or effective and reducing those which are not. Synonyms are "implementation of research results" and "getting research into practice". It does not include finding, appraising or assembling evidence nor the process of writing practice guidelines. This site provides a toolkit and other practical resources, such as case studies, to help clinicians improve their own practice and that of their teams and peers, and thus patient outcomes. Where possible the material is based on sound evidence, mostly originating from studies of medical practice; these are also of relevance to other health care practitioners.

Expert Patients Programme

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

The Expert Patients Programme is a self-management course giving people the confidence, skills and knowledge to manage their condition better and be more in control of their lives. The web site provides general information on the programme, patients' stories, research and publications. Also details of the ways that people can get involved in the Expert patients programme, attend Expert Patients courses, train as a tutor and participate in research trials.

General Medical Services (GMS) Contract Sites

These aren't strictly new sites but they are continually being updated with new material regarding the implementation of the new contract from 1st April.

BMA - GMS Contract pages

<http://www.bma.org.uk/ap.nsf/Content/Hub+GPC+contract>

DH - GMS Contract

<http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPAY/GPCContracts/fs/en>

NHS Confederation - GMS Contract Negotiations

<http://www.nhsconfed.org/gms/>

NPDT - nGMS/PMS support

http://www.npdt.org/scripts/default.asp?site_id=21

NatPACT - Primary Care Contracting

<http://www.natpact.nhs.uk/cms/111.php>

Make Time for Health

<http://www.maketimeforhealth.org>

A new web site from the Commission for Patient and Public Involvement in Health designed to attract applications from members of the public to become members of the new Patient and Public Involvement (PPI) forums. The site includes information relating to PPI forums and full details of how to apply to be a PPI forum member.

Mental Health in Primary Care

http://www.nelmh.org/home_primary_care.asp?c=16

The National electronic Library for Mental Health has introduced a Mental Health in Primary Care section onto its site. Standard Two of the National Service Framework for Mental Health emphasizes the importance of primary care in addressing mental health problems. The section has been written to support primary care professionals, primary care organizations and local user groups in their delivery of primary care mental health services. It deals with conditions frequently seen in primary care, or those that have a high profile, and which can be managed effectively by general practitioners (GPs) and their teams, supported as appropriate by secondary care. Resources include: interactive summary cards covering the six mental health disorders most commonly found in primary care, diagnostic checklists, core management skills and therapeutic approaches.

Move4health

<http://www.move4health.com/>

Move4Health campaigns and lobbies to make the physical, cultural, political and social environment more conducive for people being active. It also publicises how activity can promote health and wellbeing, contribute towards tackling the burden of psychological and physical disease to help reduce health inequalities in the UK.

Muslim Health Network

<http://www.muslimhealthnetwork.org/>

The Muslim Health Network has been established to play a principal role in promoting, preserving, and protecting health and health education amongst Muslim Communities in the UK. The strategic aspirations of the network are to improve the standard of health and well being within the community through information, support, news, advice, events and the promotion of general health issues. The web site contains a wide range of resources including: Health Today which contains articles on general health and social issues affecting the community; Lifestyle which hopes to motivate, inspire and encourage a change in perspective towards healthier living and Knowledge Base which contains

information and reviews of select illnesses by professionals.

NatPACT - Commissioning Friend for PCTs

<http://www.natpact.nhs.uk/cms/99.php>

A new area of NatPACT's web site, supporting PCTs as they develop their commissioning role. Part of a series of NatPaCT resources to support PCTs, it focuses specifically on the role of the PCT in Whole Systems Commissioning of Acute Services, including specialist commissioning and is intended to provide a route map of the essential steps the PCT should take in developing and following a process to ensure the delivery of high quality, responsive and timely acute care for its population. It is for PCTs and local health systems to decide how to apply the material in the Friend to their own circumstances. The web resource includes: topics; resource guides; case studies and lists of external web sites.

NeLH Child Health and Paediatrics Specialist Library <http://rms.nelh.nhs.uk/childhealth/>

The NeLH Child Health and Paediatrics Specialist Library addresses a wide range of topics related to the health and well being of children. It's primarily aimed at professionals involved in the care of children, but it is hoped that it will be of value to all users when seeking information on a wide variety of aspects of child health. It was developed working with many different groups in Child Health and this collaboration allowed the Specialist Library to index over 1,000 resources at the time of launch on the 26th January. The Library is maintained by the Paediatric Information and Education Resource (PIER).

Practicebasedevidence.com <http://www.practicebasedevidence.com/>

A website established in January 2004, focused on the needs of mental health services. Practice-based evidence offers a different approach to developing capable practitioners to that based on research-based evidence based practice movement, promoting the value of the messages from service user and practitioner experiences and strengths based practice.

ResearchMindedness in Social Work and Social Care

<http://www.resmind.swap.ac.uk/>

The Research Mindedness Virtual Learning Resource is now accessible in a beta version. It has been funded by SCIE to help students and practitioners of social care and social work make greater and more effective use of research in their studies and in practice. It aims to help its audience understand what being research-minded means, assist them in assessing their current level of research-mindedness and provide them with a range of resources including guides to finding research, looking at research in context, making sense of research and to being a researcher

Safe and Healthy Working

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

Safe and Healthy Working is a new occupational health and safety service for small and medium sized enterprises in Scotland. The site provides free advice and a range of informative resources on workplace topics for employers, employees and health & safety professionals.

UK Voluntary Register for Public Health Specialists <http://www.publichealthregister.org.uk/home.html>

The UK Voluntary Register for Public Health Specialists is now in operation and the Joint Board is receiving applications. This multidisciplinary register will provide public protection by ensuring that only competent public health professionals are registered and that high standards of practice are maintained. Details of admission procedures, portfolio assessment and other information can be found on this web site.

Changes to existing sites

Department of Health

<http://www.dh.gov.uk>

UK Central Government Web Archive - Department of Health
http://crawl04.archive.org/ukgov/200307-*/http://www.doh.gov.uk/

DH completely restructured their site, removing some material and changing the URLs of all remaining pages on February 16th

2004. If you can't track down the information that you require (and that you remember being on the old site) then please look at the archive site, where a copy will have been saved.

Some useful resource addresses:

Publications' Library (replacing COIN & POINT)
<http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsLibrary/fs/en>

National Research Register (NRR)
<http://www.update-software.com/National/default.htm>

Research Findings Register (ReFer)
http://www.info.doh.gov.uk/doh/refr_web.nsf/Home?OpenForm

Statistics
<http://www.dh.gov.uk/PublicationsAndStatistics/Statistics/fs/en>

Changes to the Cochrane Library

The Cochrane Library is available on the Update Software platform at the moment, but in the future it will be hosted by Wiley Interscience, and will have a new interface. The launch date for the new Wiley interface has not yet been finalised, but the prototype can be viewed here, providing opportunities to try it out and provide feedback:
<http://www3.interscience.wiley.com/cgi-bin/mrwhome/106568753/HOME>

Resource

<http://www.resource.gov.uk/home.asp>

Resource is now to be known as the Museums, Libraries and Archives Council (MLA). The Museums, Libraries and Archives Council (MLA) is the national development agency working for and on behalf of museums, libraries and archives and advising government on policy and priorities for the sector. MLA's roles are to provide strategic leadership, to act as a powerful advocate, to develop capacity and to promote innovation and change.

SIDELINES

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

Sidelines articles for this issue focus on health professionals' and patients' use of the Internet, developments in publishing practice and recent research on the impact of health services research and public health networks.

Dash P, Gowman N, Traynor M 2003. Increasing the impact of health services research. *BMJ* 237:1339-1341.

This describes a report from the Health Foundation and Nuffield Trust reviewing health services research in the United Kingdom. The report suggests managers and policy makers are not able to base decisions about reforming health services on the best available evidence. Only 2-3% of the health services research budget is spent on health research. It is unclear how much of the information generated is used in practical health care decisions. The article highlights three questions:

- is research pursuing the right agenda?
- is research examining the right questions in the right way?
- are the results of research being communicated to and applied by the people who need them?

Generally the authors found that researchers and managers were frustrated about the applicability of some health services research. The recommendations of the report include:

- establishing a more client centred approach to commissioning research;

- enabling users, funders and researchers to assess the value of different approaches to generating research needed by health service decision makers;
- increasing opportunities for cross-sectorial collaboration at every stage of the research process;
- looking outside the health and public sectors for sources of relevant research & information;
- increasing the development of skills required to analyse, access and utilise research;
- presenting research & analysis in user friendly formats;
- developing, at a local level, new roles to support the implementation of the conclusions of research.

Fahey DK, Carson ER, Cramp DG, Muir Gray JA 2003. User requirements and understanding of public health networks in England. *Journal of Epidemiology and Community Health* 57:938-944.

This paper reports on a cross sectional survey of 60 public health professionals working in England. In-person interviews, using a mixture of open and closed questions, were conducted to determine the professionals' understanding of the term "public health network" and to explore the functions that they would like these networks to perform.

The paper introduces public health networks and then describes in detail the

methodology undertaken, from selecting respondents, to question design and data analysis. A good response rate of 75 percent was achieved although the sample was biased to particular regions in England and particular types of organisations. 58 of the 60 respondents had an understanding of the term "public health networks" and although only 22 of the 60 respondents were asked if they were in favour of such networks, 82 percent of those who replied were in favour. The functions that the respondents would most like to see provided by the public health network were:

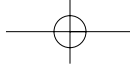
- identification of expertise and maximisation of scarce resources
- education, training and CPD
- information/knowledge management.

The majority of the respondents (93%) were also in favour of a web site for local and national networks but not individual sites (23%).

The authors concluded that public health professionals have a similar, but broader, understanding of "public health networks" than the government and that the public health network is more likely to be successful if its priorities are maximising scarce resources, identification of expertise, CPD/education and knowledge management. They also suggested that web sites should be created to provide information on current projects of the network with a facility to search for people, expertise and reports.

Jorgensen P.C., and Gotzche P. 2004. Presentation on websites of possible benefits and harms from screening for breast cancer: cross sectional study. *BMJ* 328:148-51.

A recent study showed that 61% of women make their own decisions



regarding mammography, so the quality of information available to them is of the utmost importance. The authors of this article assessed 27 websites to see if the information they provided matched current findings relating to screening for breast cancer.

The websites were divided into three categories; those that were provided by government organisations, those that were provided by advocacy groups (for example, cancer charities) and those that were provided by consumer groups. All sites were assessed to see if a balanced account of benefits and harms were provided and whether the source of funding appeared to have an impact on the advice given.

The government and advocacy groups all recommended screening (at least implicitly), whilst the consumer groups questioned its value.

All of the advocacy sites accepted industry sponsorship, whilst only one out of the three consumer sites accepted funding, and all three of the consumer sites pointed out the risks of accepting industry sponsorship.

Most sites omitted information on possible harms and emphasised the potential benefits of screening.

The main potential harm of breast screening is that of the false positive result. The level of over diagnosis appears to be about 30%. All of the consumer sites mentioned the dangers of over diagnosis and over treatment, but only four of the remaining twenty-four sites did so. Five of the government or advocacy websites claimed that screening led to fewer mastectomies, whilst research suggests that the opposite is true.

In conclusion, the authors found that the websites of consumer

groups were more balanced and comprehensive than those of advocacy groups or government sites. This article suggests that improvements are required in the level of information given to women about breast screening; the harms as well as the benefits must be presented

Delamothe T., and Smith R. 2004. Open access publishing takes off: the dream is now achievable. BMJ 328:1-3.

This BMJ editorial discusses recent advances in the drive towards open access publishing. The aim of this method of publishing is to make the full text of original research articles freely available via the World Wide Web.

Rather than the current 'reader pays' system of journal subscription, medical publishers such as BioMed Central and the Journal of Clinical Investigation operate an 'author pays' system where authors are charged for an accepted article to cover the costs of processing the article and for its electronic distribution.

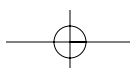
The main motivation behind this change is the cost of journal subscriptions, which are increasing far faster than the underlying rate of inflation. As librarians are forced to cut back on journal subscriptions to stay within budget, publishers increase their prices even further to compensate for lost profits. The result is that medical research, mainly funded by governments, universities and charities, has been available only at higher and higher costs to its users.

Open access publishing and an 'author pays' system offers the research community a way out of this problem, as publishing on the world wide web is virtually cost free. Any fixed costs passed on to the research community are lower than the costs of paying for journal subscriptions under the current system.

Benigeri M., and Pluye P. 2003. Shortcomings of health information on the Internet. Health Promotion International 18(4):381-6.

Recent studies have shown that the majority of Internet users use the World Wide Web to seek health information. When used correctly, with good quality resources, the Internet can be a valuable tool in the dissemination of health and medical information from healthcare professionals to the general public. However, the web has several shortcomings, such as the quality of health information available on the Internet, uneven access to the Internet across society, patient difficulties in finding, using and understanding health information on the Internet, and the potential for harm and the risk of over-consumption.

This article discusses each of these issues. The authors conclude that the Internet can offer great promise for educated people, who know how to find and critically assess useful information on the Internet about self-care and disease prevention. However, for many others, including the less educated, the elderly and those with multiple health problems, the Internet will only offer benefits if health information is designed according to users' needs and capacities. Internet access needs to be increased and supported, and health information needs to be more accurate, relevant and easier to find. Health care professionals must be integrated into the process of diffusing medical information on the Internet, for example by suggesting web sites to patients. Finally, the authors suggest that the impact of medical information on the Internet should be measured in order to determine the extent to which the promise held by this new medium is fulfilled.



Smith J. J., Mallard-Smith R. J., Beattie V., and Beattie D.K. 2003. Use of information technology in general practice. *Journal of the Royal Society of Medicine* 96:395-397.

The use of information technology (IT) by an increasingly computer-literate population is growing, and with it are expectations for easily accessible, good quality health information and advice on the Internet.

This paper presents the results of a questionnaire survey to assess how the Internet and the NHSNet are being used in general practice, and what other IT services are being offered to patients, particularly via practice-based websites. The questionnaire was sent to 141 randomly chosen general practices in southern England (London, Buckinghamshire and Hertfordshire). 77 (55%) questionnaires were returned, with 60 practices reporting a connection to the Internet and 71 to the NHSNet. This data immediately displays a fundamental misunderstanding of what the NHSNet provides, as connection to NHS Net automatically allows access to the Internet. Furthermore, it was found that specific facilities provided by NHSNet, such as access to patient results and direct hospital outpatient bookings are being little used. Further research would be useful to identify why NHSNet is being underutilised, why there is obvious confusion about what it can provide, and how these problems can be resolved.

Two further problems were revealed by the questionnaire. The costs involved in setting up and maintaining a practice website are usually under-estimated, and there is a problem of data security on existing websites. None of the practices using online forms for transmitting patient data had

secure connections.

Although the study highlights some of the problems that might explain the slow uptake of IT in general practice, the authors do recognise that their findings have to be qualified by the low response rate to the questionnaire.



NELH NETWORKING

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

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

2004 has started with a bang and the momentum looks set to continue, if not speed up! At the time of writing, we're beginning discussions to develop the National Library for Health for England, which will integrate digital libraries with librarians across the health community. This is an exciting development which will help us all to take better advantage of opportunities offered by NHSU, the NHS Care Records Service and Map of Medicine, which we'll all become more familiar with over the next year. However, despite such an agenda of change, much of our activity remains "business as usual". We've been concentrating in particular on building and extending our personal networks of librarians. Last summer, we met over 300 librarians (shorthand for anyone working in a library setting!) at our roadshow events. From here, we developed the Digital Libraries Network (DLnet) and recently, held the first DLnet residential conference. Aside from that, we've also been busy building links with specialised groups, such as clinical librarians and primary care librarians, to help promote evidence-based decision-making in those areas. This round-up looks at some of the ways we've been working with librarians over the last few months – if you haven't been involved, get in touch with us!

DLnet

We started planning DLnet early in 2003 with the following ideas at the forefront of our minds:

- We work better collectively than individually
- Lack of awareness of library resources and services remains high
- Promotion is the first stage of training
- Sharing of knowledge and know-how is crucial

For the next 5 months, we brainstormed ideas with colleagues and eventually came up with a plan for a new network, DLnet. We launched DLnet with a series of roadshow events across the country. This was a great opportunity to get out and meet people, to get some feedback on what people wanted and to revitalise our communications. DLnet was a crucial factor in the success of last year's Awareness Week – without the dedication and creativity of DLnet members, Awareness Week would have been much smaller (and less fun).

DLnet offers a range of benefits both for us as the co-ordinators and for the members. We get an easy route to over 200 librarians, which helps us to tell them the latest news, developments and opportunities. Members get the support of being a part of a network and some personal benefits, such as sponsorship and free events. If you haven't already signed up, take advantage now at www.nelh.nhs.uk/dlnet - there's no commitment involved, you contribute what you feel you can.

Recently, we ran a survey of DLnet members and this will help us to further build the network

and to offer tools, services and resources which really help our members. We also try to keep in touch with members as much as possible, by email, conference calls and face to face events. The first DLnet residential conference was a huge success with fun had by all. But on a serious note, we all gained new knowledge, skills and contacts, which makes the 2 days away from work, very worthwhile. Find out more at www.nelh.nhs.uk/dlnet/events

Primary Care Librarians

Supporting the needs of primary care professionals is an important area of work for the NeLH team. As part of this work, we are looking at ways of supporting library staff working in primary care. This work began last year when we commissioned Sue Lacey-Bryant (report available from URL given below) to explore the role of the primary care or outreach librarian. Sue was able to talk to a range of librarians and found some variation in the way primary care professionals were supported but the message from librarians emphasised the need for more support. We decided the next step was to get primary care librarians together and held a workshop in January.

The workshop went extremely well with many attendees appreciating the opportunity to network with others. We learnt a lot about the role and typical day of primary care librarians and the attendees were able to learn a lot from each other. As well as facilitating an online meeting in May, we'll also be running another workshop in January 2005. Presentations and notes from the workshop can be found at www.nelh.nhs.uk/dlnet/primarycare

Clinical Librarians

We're also working more closely with clinical librarians and recently sponsored a survey of UK clinical librarians, run by the clinical librarian team at Leicester (led by Linda Ward). We'll also be sponsoring the 2nd UK Clinical

Librarian Conference

(<http://www.le.ac.uk/li/lgh/library/c/confpape04.htm>) to take place in London on 4-5 November 2004.

The conference will also host the NeLH Evidence in Practice awards, where we're inviting librarians to submit entries showing how they have helped to change practice or some aspect of health care by using evidence.

More information available at <http://www.le.ac.uk/li/lgh/library/cl/nelhprize.htm>

Continuing Professional Development

And last, but by no means least, we support librarians across the health community through the NeLH Librarian Development Programme. The biggest area of work for 2004-2005 is the FOLIO programme of online training.

Many of you may remember the pilot, ran last Spring. March sees the launch of a 2-year programme, delivered by ScHARR Information Resources. The first course, "Information for Social Care", has attracted considerable interest.

Keep an eye on

www.nelh.nhs.uk/folio for information on future courses. We also sponsor events, sponsor conference places and host events. If you have an idea, why not get in touch?



NeLH: MANAGEMENT NEWS

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

Lynette Cawthra

Joint Project Manager, NeLH Management

Email: l.cawthra@kingsfund.org.uk

We are now a few months in to the new-look National electronic Library for Health Management. The resource management system (RMS) we now use to display our information is also used by the specialist libraries for Cardiovascular Diseases, Child Health & Paediatrics, and Musculoskeletal Diseases. The RMS enables the user to cross-search the different libraries, and the librarians to share records. Other specialist libraries will be migrating to the new system in the near future. Let us know how easy you find it to use.

Many of the areas covered by NeLH Management are of interest to those working at the interface between health and social care. Increasingly NHS managers need to liaise with their counterparts in social services. We have a briefing called 'How do social services departments work?' for those at the base of the learning curve! Other relevant NeLH briefings are:

- Partnership working
- Care trusts
- Intermediate care
- Urban regeneration

In March we launched a pilot news alert service for users of the site. We send out an email once or twice a week with details of new policy announcements, important publications and other headlines of interest to health managers, with Web links to click on for further information. Initial enthusiasm has been high - if you would like to get these alerts and offer us feedback on them, send an email to listserv@jiscmail.ac.uk with SUBSCRIBE SCHEMA as the only words in the body of the email. Material from these news alerts is added to the 'What's New' box on our home page, and

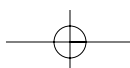
is used to inform our team's development of new 'hot topics'. In turn these 'hot topics', after a couple of months and once a substantial body of information and documentation has built up on the subject, are turned by the team into the more detailed 'management briefings'. A recent example of this is 'foundation trusts'. Until the legislation which brought the trusts into being was enacted this was kept as a 'hot topic' on the site, with details of press coverage and journal articles regularly added to it. Once we knew for sure what the shape of foundation trusts was going to be, and the timetable for their implementation, we started work on turning that hot topic into a briefing. This is a substantial piece of explanatory text for managers answering such questions as 'What do I need to do?' and 'Whom can I contact?', with plenty of Web links to click through to for more detailed information.

Thanks to those of you who contact us to let us know what you think about what's on offer on the site. If you've kept meaning to comment, please do so - it's always great to hear professionals' opinions, particularly when you work so closely with our key constituency, NHS managers.

(Send feedback on the site to Lynette on 020 7307 2560 / l.cawthra@kingsfund.org.uk)



Management Briefing		NHS
03/22	<i>National electronic Library for Health</i>	
December 2003	Compiled by <u>Sue Duffy</u>	Health Management
	Care Trusts:	
	integrated health and social care	
What are Care Trusts?	<p>A care trust is 'an NHS organisation to which local authorities can delegate health-related functions, in order to provide integrated health and social care to their local communities'¹. The first came into being in 2002 and there are currently eight in existence.</p> <p>Care Trusts were announced in the NHS Plan², and are an extension of the partnership working enabled in the Health Act 1999. The 'flexibilities' in this Act gave NHS bodies and local authorities the opportunity to pool budgets to commission and provide services on behalf of all the partner organisations, delegate overlapping or closely contingent commissioning responsibilities to a single lead agency and integrate service provision into a single organisation.³</p>	<p>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</p>
What are they important?	<ul style="list-style-type: none"> • They are part of the modernisation agenda, aiming to ensure integrated services that are focused on the needs of patients and users. • They extend the options for service integration, offering a structural solution where patients have complex care needs. 	
What do I need to do?	<ul style="list-style-type: none"> • Read the briefing on Care Trusts on the DoH web site. • Review current partnership working and options for integrating services.⁴ Structural solutions will not always be the best option. An evaluation of the first fully integrated mental health service in England⁵, which predated the formation of Care Trusts, identified characteristics which indicated that organisations were ready for partnership. • Decide if a Care Trust is the best way of integrating services, or whether Health Act flexibilities or other joint working arrangements between Primary Care Trusts and local authorities would be more suitable.⁶ There is some evidence that the government is reconsidering whether the Care Trust option is in fact the best means of integrating health and social services.⁷ 	
What are the benefits?	<p>The first Care Trusts only came into existence in April 2002, and there has been no formal evaluation of their performance so far. The benefits anticipated by the government were:</p> <ul style="list-style-type: none"> • The creation of a stable organisational framework which will enable staff to shape a new organisation around patient and user needs. • Working across organisational boundaries which will mean greater potential for tailored and integrated care, greater accessibility and one-stop shops for services. • Governance arrangements can ensure that both local councils and the NHS are involved in commissioning and provision of services.⁸ 	



What are the benefits?	An evaluation of the Somerset Partnership and NHS Trust has been carried out, which looks at the impact of the service integration on service users, carers and staff members. ⁹ The effects on staff in three of the first four Care Trusts have been investigated. ¹⁰	
Whom can I contact?	<ul style="list-style-type: none"> • Contacts for the Care Trust team at the Department of Health are listed at http://www.doh.gov.uk/caretrusts/contacts.htm 	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.
Where can I find examples of good practice?	<ul style="list-style-type: none"> • A list of demonstrator sites can be found at http://www.doh.gov.uk/caretrusts/infodemosites.htm • Contact details for the Somerset Partnership and NHS Trust can be found at http://www.somerset.nhs.uk/services/mentalhealth • The Audit Commission report Integrated Services for Older People, contains case studies giving examples of good practice.¹¹ 	
Resources	<ol style="list-style-type: none"> 1. The Department of Health has a Web site giving up-to-date information and the latest documents relating to Care Trusts. 2. The Integrated Care Network Web site gives access to resources on all aspects of integrated care, as well as a discussion area for raising questions and sharing experiences. 	
References	<ol style="list-style-type: none"> 1. Department of Health. Care Trusts – Home page. 2002. Available from: http://www.doh.gov.uk/caretrusts/ 2. Department of Health. NHS Plan. London: Stationery Office; 2000 3. Hudson B, Young R, Hardy B, Glendinning C. National evaluation of notifications for use of the Section 31 partnership flexibilities of the Health Act 1999. Leeds: Nuffield Institute of Health; 2001 4. Hardy B, Hudson B, Waddington E. Assessing strategic partnership: the partnership assessment tool. London: ODPM, 2003 5. Gulliver P, Peck E, Towell D. Evaluation of the Integration of Health and Social Services in Somerset: Part 2 – Lessons for other localities. MCC Building Knowledge for Integrated Care 2002;10(3):33-38 6. Hudson B. Ten reasons not to trust Care Trusts. MCC Building Knowledge for Integrated Care 2002;10(2):3-11 7. Batty D. Care Trusts to go under the microscope. SocietyGuardian.co.uk September 25 2003. Available from: http://society.guardian.co.uk/modsocialserv/story/0,1477,1049714,00.html 8. Department of Health. Care Trusts – background briefing. 2002. Available from: http://www.doh.gov.uk/caretrusts/briefingmar02.pdf 9. Gulliver P, Peck E, Towell D. Evaluation of the Integration of Health and Social Services in Somerset: Part 1 – Final results. MCC Building Knowledge for Integrated Care 2002;10(2):32-37 10. Revans L. Pioneers Together. Community Care 2003 April 3: 28-31 11. Audit Commission. Integrated services for older people. London: Audit Commission, 2002 	
Comments	Please address all comments, suggestions or ideas for improvement via NeLH Management.	This briefing will be reviewed and updated in June 2004

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

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