

# EXPLOITING THE POWER OF KNOWLEDGE IN NHS SCOTLAND: MANAGING KNOWLEDGE TO SUPPORT THE PATIENT JOURNEY

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The Health Libraries Group conference in Belfast provided a welcome opportunity to present the strategic vision and practical reality of managing knowledge to support the patient journey in NHS Scotland.

## 1. Vision

*Partnership for Care* (Scottish Executive 2003), the current strategy for NHS Scotland, is founded on the principles of collaboration and networking across traditional boundaries of discipline, sector and organisation. Fundamental to this coordinated approach is the concept of the patient journey, calling for design and management of services based first and foremost on the patient experience rather than demarcated organisational, sectoral and

professional perspectives.

The centrality of the patient journey model within strategic development for NHS Scotland requires an equitable, national "whole systems" knowledge management infrastructure, seamlessly encompassing transition from the "well patient" in the community, through diagnosis and treatment in primary and secondary care, to discharge into the community, accompanied by rehabilitation and follow-up or, perhaps, palliative care. The patient journey model calls for a coordinated approach to knowledge management, working across boundaries within the NHS itself – in primary, secondary and tertiary care, underpinned by health improvement. Moreover,

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this integrated knowledge system needs to encompass the needs of the extended healthcare family, including social work and other local authority services as well as the voluntary sector, higher and further education and others.

This integrated approach to knowledge support is especially appropriate for new cross-boundary healthcare configurations in NHS Scotland – for example, Managed Clinical Networks, which bring together staff in different organisations, disciplines and sectors involved in supporting the patient journey in a given healthcare condition; and Community Health Partnerships – integrated local authority/NHS functions responsible for delivery of care in the community.

## 2. Values: A strategy owned by NHS Scotland

*Exploiting the power of knowledge in NHS Scotland: a national strategy* (NHS Education for Scotland 2003) is founded on the patient journey model, challenging the status quo and providing a frame of reference which transcends organisational and professional perspectives. As the first-ever strategy for NHS Scotland Knowledge Services, it is vital that “*Exploiting the Power of Knowledge*” be fully integrated with NHS principles and priorities. Leadership of the strategic development process by NHS Education for Scotland, a Special NHS Board with a remit to support best practice in education and training for all NHS Scotland staff groups, has created a unique opportunity to formulate a Knowledge Services Strategy developed, delivered and owned within NHS Scotland itself, rather than being imposed “top down” by the Scottish Executive Health Department.

The management arrangements for initial development of the strategy have aimed to reflect this principle of shared health service ownership and responsibility, comprising a Subgroup of the NHS Boards’ Chief Executives Group, a service-wide Steering Group with senior management representation from all Scottish NHS Boards, and a Communicators’ Group, comprising a lead librarian nominated by their peers from each NHS Board.

## 3. Human- and technology-based Knowledge Networks

Basic analysis of the patient

journey vision reveals a hybrid system comprising complementary human-and technology-based networks. Three key elements can be identified:

- The NHS Scotland e-Library (<http://www.elib.scot.nhs.uk>) in effect operates as a system-wide technology network, providing a knowledge infrastructure that stretches across NHS Scotland.
- However, our strategy recognises from the first that in order for explicit knowledge provided by the e-Library - in the form of books, journals, databases, guidelines, etc - to be translated into decisions and actions, explicit and tacit knowledge need to be accessed, communicated and shared within multidisciplinary teams and extended healthcare networks. In practice, this means supporting the development of dynamic human knowledge networks committed to sharing knowledge in the pursuit of common objectives.
- The NHS librarian has a key role to play in mediating and facilitating the translation of explicit knowledge into practice within these human networks.

The e-Library currently provides a unique, system-wide combination of knowledge content, proactive knowledge services and support for knowledge sharing communities. These are all responses to requirements identified in the course of user needs analyses.

The founding strength of the e-Library is its unparalleled range of **knowledge content**, far surpassing the capacity of any single physical library. Over 4000 full text journals, 1000s of e-books, over 100 databases, an extensive collection of guidelines and evaluated web sites, are organised to enable flexible, sensitive and specific information retrieval.

### Proactive Knowledge Services

– including news feeds, alerts and expert searches - begin to carry the e-Library beyond the sphere of passive content collection. These services interact directly with individuals and communities, mobilising explicit knowledge to influence decision-making within the working context. The innovative “My Knowledge Space” feature puts users in charge of

their own knowledge support service. He can now personalise his own knowledge landscape, setting up a specialist homepage and alerting services which reflect his personal knowledge needs.

The patient journey model provides the pivotal point which links e-Library technology to the day-to-day human interactions and practical work of healthcare teams. The patient journey model means that for the first time knowledge services for NHS Scotland can be designed first and foremost around healthcare conditions and ultimately around the patient experience, rather than around demarcated professions, sectors or organisational units. This principle is presently most effectively embodied in the form of the Knowledge Portals within the e-Library.

**Portals** are currently available in the fields of cancer, coronary heart disease and mental health, with work underway on portals for stroke, diabetes, healthcare associated infections and remote and rural healthcare.

Knowledge Portals offer the technical infrastructure to support knowledge sharing across disciplines and sectors, creating **Managed Knowledge Networks** which link staff involved in the patient journey within a particular condition. More focused support for knowledge sharing is provided by the **Knowledge Exchange** facility, i.e. virtual workspaces devolved to management by communities of practice, and enabling sharing of documents, work in progress and tacit as well as explicit knowledge.

The principle of deploying the e-Library’s technical infrastructure to facilitate sharing of both explicit knowledge and tacit knowledge within human networks is at the heart of “*Exploiting the Power of Knowledge*”. The challenge now is to establish sound operational processes, which will translate the concept of Managed Knowledge Networks into a modern, working reality.

## 4. Implementation pathway

NHS Education has defined a six-step implementation pathway to realise the strategic vision. Development of a matrix of knowledge networks needs to be underpinned by robust national frameworks to support development of information literacy skills, evolution of the

NHS librarian role, and quality assurance. Consolidation of content and infrastructure of the e-Library will extend the technology-based knowledge network. Two main types of human knowledge networks are envisaged: cross-organisational knowledge networks and condition-specific national knowledge networks.

### Cross-organisation Knowledge Networks

As evidenced by the mapping exercises underpinning *“Exploiting the Power of Knowledge”*, the traditional library service model depends all too often on services operating as isolated units.

The e-Library, providing knowledge support as it does across boundaries of organisation, sector and geography, facilitates coordination of knowledge services within the NHS and can underpin partnership working between the NHS and other agencies.

### Actions underway to support cross-organisation Knowledge Networks include:

- **Development of “nested” local and national strategies.** NHS Education has been working closely with librarians and senior managers at unified NHS Board level during the past eighteen months to facilitate development of local board-wide strategies for Knowledge Services, underpinned by shared principles and priorities, and building upon the national knowledge infrastructure provided by the e-Library.
- Promotion of e-Library and NHS Library Service support across sectors, to public libraries, voluntary health organisations and LearnDirect Centres.
- e-Library architecture is founded on robust national and international standards for information management and information exchange. This approach has been adopted specifically with a view to enabling knowledge-sharing partnerships across organisational boundaries. Currently, the e-Library applies interoperability principles to sharing of knowledge content

with: Centre for Change and Innovation, Scottish Health on the Web, TRIP, SHOW, Health Scotland and the Resource Discovery Network. Looking to the future, we aim to extend this principle of knowledge partnerships to other national and local knowledge service providers.

- A feasibility study during 2003 defined the potential for development of a unified library management system, which will enable sharing of resources more widely across Scottish health libraries.

### Condition-specific Managed Knowledge Networks

These are envisaged as operating through, and being supported by, the subject-based Knowledge Portals for Cancer, Coronary Heart Disease, Mental Health and the other new portals now under development for stroke, diabetes and HAI.

They will function as fluid national networks, working across traditional organisational boundaries but with goals and values consistent with those organisations, and including clinicians, managers and information practitioners working in multiple sectors, geographic areas and disciplines to support the patient journey in these conditions. These condition-specific Managed Knowledge Networks will be responsible for promoting, developing and applying the knowledge support offered via the Knowledge Portals, and encouraging a knowledge-sharing culture that facilitates translation of knowledge into practice by healthcare staff involved in the patient journey in each condition.

It is proposed that the national Managed Knowledge Network for each condition be given strategic direction by a **Steering Group** and be managed operationally by an **Editorial Board**, both bodies drawing wide representation from stakeholders and practitioners within the service.

The objective throughout is to foster community ownership and shared responsibility for knowledge services development. The overall vision for the future is perhaps best expressed in the form of an integrated local and national knowledge matrix. Such a

matrix would enable, for example, a specialist nurse in cancer care, to access the international literature simultaneously with national and local guidelines, patient information produced by the relevant Cancer Managed Clinical Network, and also the physical books and journals and professional librarian expertise located within her local NHS Library

### 5. Evaluation

Full evaluation of current strategy for NHS Scotland Knowledge Services, focusing on outcomes rather than processes, is the challenge presented in development of the new quality assurance framework.

The e-Library itself, as the technology component of this new knowledge system, and the primary catalyst for service change and development, has been favourably evaluated in terms of uptake and beneficial impact on patient care. In a recent online questionnaire survey, over 90% of respondents agreed that the e-Library had saved their valuable time; over 70% stated that it had contributed to changes in decision-making and improved patient care.

In summary, I hope this overview has conveyed the combination of strategic ideas and practical factors, which have shaped the vision and values for development of NHS Scotland Knowledge Services and have defined our approaches to implementation and evaluation. Looking to the future, inevitably the creative process of managing and sharing knowledge will itself continue to challenge any transient status quo as we seek new ways of integrating knowledge with patient care pathways and shared decision-making. The fact that our effectiveness in managing knowledge must ultimately be measured by impact on patient care establishes that the shared commitment to a common purpose that forms the foundation of a network management model.

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# KNOWLEDGE NETWORKS: USE OF CONCEPT MAPPING TO SUPPORT LIBRARY AND KNOWLEDGE SERVICES EFFECTIVE COLLABORATION TO MEET USER NEEDS

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From a presentation given as part of a parallel session 'Are we being effective?' at the HLG 2004 in Belfast.

## Introduction

Concept mapping is being used by the Managed Knowledge Networks (MKN) project for Cancer, Coronary Heart Disease and Mental Health in the West of Scotland to map the information services available to these subjects and to map the information sources used during a patient's journey.

## Background

Managed Knowledge Networks is a project within the NHS Scotland e-Library <http://www.elib.scot.nhs.uk> and there has been information in previous issues of Inform on the development of the e-Library (Davies 2003/2004) and portals (Thain 2003/2004) plus the NHS Scotland Strategy for Knowledge Services (Wales 2003/2004).

There are 3 main objectives to the project:

- development of subject specific knowledge portals within the NHS Scotland e-Library;
- mapping of information services for each subject in the West of Scotland;
- establishing Managed Knowledge Networks to support the portals and services.

The mapping develops the ideas in the RIWA 2001 project looking at the information needs and the use of libraries by the members of the West of Scotland Colorectal Cancer Managed Clinical Network, which was also reported in Inform (Thain 2002).

## Mapping of services

The concept-mapping tool provides a pictorial representation of the information services available for the three priority areas in the West of Scotland. Information was gathered via

questionnaires and /or interviews with services from a variety of sectors:

- NHS libraries and knowledge services
- Local authorities and social care information services
- Public libraries
- HE/FE libraries
- Voluntary groups and charities

Where possible we included information services from all stages of the patient journey from being well and health promotion, recognition of symptoms, through acute episodes to being well again or living with chronic disease. The questionnaire for the health libraries was adapted for the non-health libraries. We wanted to gather information on how frequently non-health specific services accessed health information and what sources they used.

We then developed maps for each of the subjects. All maps use the same colour coding for types of services to enable comparisons. The Cancer and Coronary Heart Disease maps highlighted specific services for health information. The Mental Health map included all the local authorities and public libraries, as it is in the field of Mental Health that the cross sector team working is most developed. While gathering the information for the mental health map we began to understand the importance of signposting services and service mapping to this group of staff. This did make the map very busy and difficult to read. Using the software it is possible to drill down linking to other maps. In addition the software allows linking to web sites, additions of annotations and mouse over comments.

In the presentation I told the story of a cancer patient in Ayr to help put it in context and used the mapping tool to illustrate the information journey taken. The map enabled us to see the gaps in the services along the patient journey for example the lack of links between libraries both NHS and public and the voluntary sector services, even the health

improvement services. In many areas the public rely on charities and the public library for information to supplement what is provided in the clinic.

Maps illustrate the complexity of the provision of information in an area but the pictorial view of the services and their relationships can make it easier to:

- identify gaps;
- identify potential links;
- highlight overused routes and possible alternatives;
- aid planning of services;
- sign post users to local services;
- encourage communication between sectors and across boundaries.

Examples of cross boundary working highlighted using the maps include:

1. A cancer information centre funded by Macmillan Cancer Relief, under development in a public library supported by the staff of a health centre but without links to the NHS library.
2. Lanarkshire Health Improvement Department supports health points in the public library for health information.
3. A missed opportunity in East Renfrewshire where there is a health information worker in the public library with no links to the NHS libraries.

In addition, we included databases of community and support groups on the maps as staff had identified these as important sources of information that are often difficult to locate.

### **Knowledge Networks**

The MKN team is now using the maps to support the development of Knowledge Networks of service users and librarians to sustain the portals and ensure they accurately reflect user need. We will develop networks of knowledge services and information providers, condition specific healthcare staff and various staff groups. These will connect with each other in a matrix to aid communication and

knowledge sharing. The networks will contribute to the information and knowledge support of cross boundary organisations such as Cancer and Coronary Heart Disease Managed Clinical Networks and emerging community health partnerships, linking primary care and local authorities. They will encourage knowledge sharing and promote a better understanding of user needs helping the knowledge services staff to meet the challenges posed by

- Patient journey model;
- Aspirations for shared decision making;
- Multi-disciplinary team working;
- Managed Clinical Networks;
- Primary care led NHS;
- Multi-agency working: NHS, local authority, voluntary sector.

### **Conclusion**

The MKN maps illustrate the relationships between services in an area but they could be used to illustrate the information journey of the users of a particular service. The maps have proved a useful tool for the project. The software was simple to use and created effective diagrams. I am sure there are a number of occasions these could be useful to librarians.

Concept mapping tool I used is available on the Internet <http://cmap.ihmc.us/>.

Unfortunately it was not possible to include examples of the maps in the article but I will be happy to send some to anyone interested.

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# IMPROVING THE HEALTH OF THE DRAGON: PROVIDING ACCESS TO EVIDENCE FOR HEALTH POLICY OFFICIALS

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To provide an overview of the access to evidence that the Assembly Library Service provides to health policy officials in the Welsh Assembly Government it's useful to give some background on:

- how devolution works in Wales and;
- the establishment of the Assembly Library Service in 2002.

## **Wales: a quick guide to devolution**

In July 1997, the Government published a white paper A Voice for Wales, which outlined the proposals for devolution in Wales. These proposals were put to a public referendum of 18th September 1997, and with a small but significant majority endorsed. Once the referendum results came through the major piece of work started in drafting the Government of Wales Act (Great Britain 1998). Parliament passed the Act in 1998 and this established the National Assembly for Wales. The National Assembly for Wales (Transfer of Functions) Order 1999 (Great Britain 1999) then enabled the transfer of the devolved powers and responsibilities from the Secretary of State for Wales to the Assembly to take place on 1st July 1999.

## **What the National Assembly for Wales does...**

The Assembly decides on its priorities and allocates the funds made available to it from the Treasury. Within its powers, the Assembly develops policy and approves legislation, which reflects the needs of the people of Wales. Decisions about these issues are made by politicians who are accountable, through the ballot box, to voters in Wales. There are sixty Assembly Members - forty elected in constituencies, twenty elected through regional lists

Wales remains part of the UK and the Secretary of State for Wales and Members of Parliament (MPs) from Welsh constituencies continue to have seats in Westminster. Laws passed by Parliament in Westminster still apply to Wales.

The 60 Assembly Members delegate their executive powers (the making and implementing of decisions and laws) to the First Minister, who is elected by the whole Assembly and therefore usually represents the largest political party. The First Minister in turn delegates responsibility for delivering the executive functions to Assembly Ministers, who form the Cabinet. The Cabinet makes many of the Assembly's day-to-day decisions, and its Ministers are responsible for individual subject

areas such as health and education. The Cabinet is accountable to the rest of the Assembly, which scrutinises all its decisions and actions.

To quote *Wales: a better country* (Welsh Assembly Government 2003), the Welsh Assembly Government's strategic agenda:

"With devolution, our destiny as regards health, wealth, education, the environment, and the domestic agenda more widely, is increasingly in our own hands."

## **What Welsh Assembly Government officials do...?**

Welsh Assembly Government officials (civil servants) support the Assembly Cabinet. They help formulate and implement policies on behalf of the Cabinet, and administer the public services for which the Assembly is directly responsible. In Wales the Welsh Assembly Government (the First Minister and his Cabinet Ministers) is responsible for: the National Health Service, local government services from local transport to social services, education and training, support for economic development including advice and grants to businesses, road network, planning, environmental protection and the countryside, payments and advice to farmers, arts, culture, welsh language and sports!

## **The establishment of the Assembly Library Service in 2002**

Before the advent of the Assembly the Welsh Office had a Library Service, which was regularly reviewed as to its location and function. The following are taken from two of these reviews:

"... wondered if agreement could be sought to the use of the Crypt. At the present, this housed the Book of Remembrance, but it was thought that this might be more effectively displayed in the main entrance hall.... said the Crypt was ill-lit and ventilated, but the Library might possibly be relocated there".

"... the concept (of the library) is a worthwhile one".

These quotes reveal a little of the ways in which the library was perceived during this period, as a

useful and essential service worth relocating, but perhaps not requiring the best accommodation!

So in 2002 a team of 24 members of staff was faced with the challenge of brining forward a service, which for the first time would be exclusively for the Welsh Assembly Government officials and members of the public requesting items from the Publication Scheme.

Some of the constraints and opportunities we faced were:

- Only 4 members of staff had been in post for more than 2 years;
- The service officially moved from joint service for AMs (Assembly Members) to the Information and Knowledge Management Division in the Welsh Assembly Government and most importantly;
- None of us had a background in policy teams or had worked in other government libraries

### **Getting to know our health policy officials**

In early 2002 we were starting to grasp the concepts and processes around policy making and delivery. We recognised that a health policy commitment would appear in a manifesto of a political party, and if that party came into power the health policy officials would then work to the Minister to help translate the commitment into reality, in other words:

"There is no linear relationship between research and policy making; policy makers are influenced by other factors...none of which may have any kind of evidence base" (Bird 2003)

As can be seen through this quote we realised we needed to carry out a number of measures to increase both the library's knowledge of its customers and the customer's knowledge of the library in order to try and combat the lack of an evidence base. We wanted to try and create a link between research and policy. In order to do this we had to get to know our customers.

We did this in a number of ways including attending policy team branch meetings and prompting our Head of Group to send e-mails to the various heads of policy

divisions, on behalf of the subject librarians.

In addition to these strategies that got us out into divisions when answering enquiries, we forwarded a pilot survey form. This asked our customers to give us more background on why they needed the information, for example briefing Ministers. The pilot survey was a significant step in our increased understanding of the policy process.

### **Marketing and tailoring services**

We responded to the survey feedback and interaction with policy officials with targeted marketing initiatives and tailored services including:

- Proactive literature searches to contact policy officials with background evidence for their areas of responsibility;
- SDI service pilot to provide regular updates on specific policy areas;
- Responding to and soliciting feedback via our intranet and through personal contact;
- Reactive news service, where searches were undertaken to find the evidence base behind news stories of interest to our health policy officials and;
- Tailored training sessions.

An example of this interaction outlined in Wales: a better country is to enable access to a GP or primary care team within 24 hours. We identified the policy teams responsible for this commitment and undertook literature searches based on these commitments and forwarded them to the relevant individuals. We also developed an Information Needs Assessment sheet, which we were able to use when meeting policy officials.

### **The impact of our tailored services and increased understanding of the policy process**

As a result of the steps we've taken to get to know our health policy officials and to tailor services to meet our needs we've seen:

- Increased awareness & use
- Interaction at all stages of the policy process

- Improved customer satisfaction

As we are now far more aware of the stages involved in the policy process we are better placed to meet the needs of our customers. This has been illustrated through our recent involvement with the Children's National Service Framework for Wales in which Amanda worked with two researchers based at the University of Wales, College of Medicine. We were approached by the project manager of the NSF as a result of the library's marketing campaign.

We also now have a clear vision of customer requirements - more information available at their desktops, and examples of policy initiatives rather than weighty books. Electronic information is the preference as it is, in most libraries in today's world. Our aim is to continue to meet our customer needs by proactively introducing to them to new, relevant services.

We've received significant positive feedback - and we'll now need to manage user expectations as awareness of our services increase. In particular the following quote from a policy official summarises the distance we've travelled to become an essential resource in policy delivery:

"The information services offered by the library have been invaluable in sourcing key documents and strategies, along with accessible research support to enable a quick and timely review of what's happening elsewhere, along with a broadening of research scope around the subject area - at the end of the day a team approach is better than individual!"

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# MENTAL HEALTH LIBRARIANS JOIN FORCES TO IMPROVE LIBRARY SERVICES FOR PSYCHIATRY IN THE WEST MIDLANDS

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Our presentation at HLG outlined the work carried out by a programme improvement group of West Midlands Mental Health Librarians to improve access to knowledge resources and library services for psychiatry and mental health services in the region and to develop the specialist knowledge of the mental health librarians.

## **Why a Psychiatric Libraries Improvement Programme?**

The project group came about as a result of the library accreditation process which had shown psychiatry based library services to be in the lower half of quality, the low level of investment in psychiatric libraries and the poor uptake of training programmes in information searching by psychiatry trainees when these were offered.

The project was initiated in 2002 with the aim of scoping a vision for library and knowledge access for psychiatry and identifying models of library services to

address this vision. The task group has been supported by the West Midlands Psychiatry Specialist Training Committee, and in the first stage of the project, interviews with clinical tutors and focus groups with other individuals from the committee were held. This research outlined a need for knowledge to be available "locally" and in clinical situations as well as the importance of the library as a "place". With the increasing shift towards community mental health services, the most ideal model for configuring mental health services was that of a hub and spoke approach and our presentation went on to outline some of the work, which has been done to address this vision.

The group consists of librarians providing library services to mental health clinicians across the West Midlands including PCTs and a specialist mental health trust. The group works as both a task group and a learning set and meets on a 3 monthly basis.

## **Developing the role of the Mental Health librarian**

Mental health libraries are small and often run by solo librarians and the group therefore provides a useful support network for the librarians involved. In order to understand the information and education needs of psychiatry and mental health professionals, the group has met with different representatives of the West Midlands Psychiatry Specialist Training Committee.

The Chair of the Psychiatry Specialist Training Committee helped the group gain a better understanding of the education pathways for psychiatrists. He highlighted that one of the problems with the current MRCPsych curriculum is that it is very exam focused and that the training does not advocate skills such as literature searching which explained why trainees' use of the library for anything more than textbooks is limited. He also gave us an insight into consultants' information seeking behaviour and the significant role of their secretaries as intermediaries who are often called upon to do literature searching for them. This has prompted the group to review current information skills training provision and to target courses at this group.

One of the most important learning outcomes from our discussions with an SHO who was not a particularly keen library user, was the issue of having to re-register for an ATHENS account every 6 months for each new rotation. He argued that this was a real deterrent to trainees using such resources. One of the ways which we have tried to address this is by setting up each new trainee's ATHENS username and password in advance of them starting with our respective trusts and then giving it to them on their induction on one of the NeLH 'Business' cards. We have also started discussions with ATHENS to try to achieve a more permanent solution to this whereby ATHENS accounts could be transferred from trust to trust.

## **Supporting Evidence Based Medicine in Mental Health**

The role of the clinical librarian which is very topical in acute trusts has been discussed by the group in the context of mental health services and our presentation highlighted some of the innovative work carried out within the region to support evidence based medicine in mental health. For instance, North Warwickshire PCT's library service works closely with the clinical governance team to support evidence based medicine in partnership and have developed a "Clinical Governance Black Book" – a question is put in the 'Black Book' which the librarian takes and undertakes the literature search. The papers are then appraised by a member of the clinical team and the outcome is then recorded for further use. South Warwickshire PCT has developed 'Clinical Information Topic Packs' which contain current journal articles, reviews, care pathway details, and patient information on key mental health topics. Coventry PCT's librarian has been working closely with clinicians by attending selected ward rounds and providing them with evidence to clinical queries.

### **What kind of work has been carried out over the last 2 years?**

One of the findings of the initial research was the need to assist users in synthesising material so that information is easier to find and faster to assimilate. One of the way in which the group has responded to this is by producing a website and paper-based guide to resources in mental health, 'Grey Matter' available at: <http://www.wish-uk.org/mentalhealth/greymatter.htm>.

The Psychiatric Improvement Programme has also piloted a collection of 3 e-textbooks from Ovid with MRCPsych trainees. Access is authenticated through ATHENS. The evaluation revealed a mixed response, but we are currently working with the Core Content Group to provide a more comprehensive collection of mental health books which will be

available to all NHS staff after consultation with mental health professionals in our trusts.

In order to develop knowledge skills beyond the library we have been supporting a programme, which has been developed by the West Midlands Library Services Development Unit. The 'Knowledge Discovery Programme' is for staff working in mental health and primary care that have a "knowledge worker" aspect of their job. This includes clerical and administrative staff who may look after a collection of books, or be responsible for giving advice to patients, or required to search for information by medical staff. This course is accredited by the Open College Network (OCN) and enables staff to gain effective information skills. Librarians in the group have taken on the role of coaching students within their trust, and these staff also act as a good liaison between community mental health services and the library service. We had a difficult start in recruiting those from a mental health organisation, and the group is currently trying to establish how best to engage organisations and encourage them to integrate this as a component of staff's personal development plans.

The project has been immensely valuable for the librarians involved and having learned valuable lessons from the first phase which has focused in particular on psychiatry trainees the group is now looking forward to the next stage where we will be looking at how best to meet the information needs of other mental health professionals.



# IFM HEALTHCARE NEWS

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

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## **Committee developments**

Firstly, the Committee is delighted for our Chair, Maria Grant, on the birth of her new baby daughter Abigail on the 15th August. This maintains the Committee's average of one baby per year in recent years! We are pleased that Bertha Low has rejoined the Committee as joint Inform Editor after her own maternity leave.

Sadly we are losing two active Committee members. We are grateful for all the efforts Vivian Grange (Oxford University) and Helen Carter (Cairns Library, Oxford) made as part of the IFMH committee and we wish them well.

Sarah Sterry has been welcomed to the Committee as an ordinary member. Sarah works at Glenside Library in the University of the West of England.

## **Research in the Workplace Award (RIWA)**

IFMH is one of the co-sponsors of the RIWA award. The winners of the 2003/4 Research in the Workplace Award (RIWA) were recently announced to be Nicola Bexon, Information Scientist, NeLH Screening Specialist Library, Oxford and Lena Nordheim, Librarian at the Department of Health Technology Assessment, Reviews and Dissemination, Norway for their multi-centred trial. The randomised trial will compare the effect of self-directed online learning using a web-based resource, with a classroom based interactive workshop, on the knowledge and search skills of

health professionals. For more information on RIWA visit <http://www.ifmh.org.uk/RIWA2003-4.html>

## **Dates for your diary**

22nd November 2004

IFMH is organising a study day on public health information at the University of York. The draft programme is looking very exciting and informative. The afternoon sessions will be a change from the usual workshops and will comprise demonstrations of resources, stands and posters. This will allow maximum opportunity for information gathering and networking. Further details will be published on the IFMH web site and the e-group and will be advertised by mailing lists.

The IFMH AGM will also be held at lunchtime during the study day, so we hope to see many IFMH members in attendance.

## **IFMH members E-group**

A reminder that it is easy to join the IFMH member's e-group to receive regular updates on IFMH activities. Just send your name and email address in an email to Julie Glanville ([jmg1@york.ac.uk](mailto:jmg1@york.ac.uk)) with a request to join.

IFMH

INFORM

# IFMH COMMITTEE MEETING: 25TH MAY 2004: DIGEST OF MINUTES

**Karen Macpherson**  
*Secretary, Information for the Management of  
Healthcare (IFMH)*  
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An archive of summarized minutes from IFMH committee meetings is available on the IFMH web site at <http://www.ifmh.org.uk/archive.html>

## **Study Days**

The next Study Day will be held in York on the 22nd of November. The topic will be providing information for Public Health. Charges for Study Days are still under consideration.

## **IFMH AGM**

The 2004 AGM will be held at the Study Day on the 22nd. Notification of the forthcoming AGM, with information about how to raise issues, will be sent to all members in October.

## **HLG Conference**

IFMH will organise a session at this conference. It will be at 3.15pm on Monday 6th September. IFMH will also have a stand at the conference.

## **Membership**

There are currently 103 members. The membership subscriptions have been increased slightly and a new low rate has been introduced for students.

## **HLG Manifesto**

Discussions about the HLG manifesto were carried over to the next meeting.



# CLINICAL LIBRARIANSHIP: RESOURCE GUIDE

**Bertha Yuen Man Low**  
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'Clinical Librarianship' is one of the many topics covered by the last Health Libraries Group Conference 'Variety is the Spice of Life'

<http://www.cilip.org.uk/groups/hlg/conf2004/index.html>. This section highlights two presentations and related resources.

## **From Clinical Librarian To Informationist: Developing Specialized Expertise**

T. Scott Plutchak of Lister Hill Library of the Health Sciences, University of Alabama at Birmingham, USA, presented the Bishop & Lefanu Memorial Lecture and outlined the notion and evolution of informationist.

The possibility of a new profession, the informationist, was proposed by Frank Davidoff and Valerie Florance (2000)  
<http://www.annals.org/cgi/content/full/132/12/996>.

It was then challenged further by T. Scott Plutchak (2002)  
<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=128952>.

The Medical Library Association (MLA) hosted a real-time Web discussion about the informationist concept in 2002  
<http://www.mlanet.org/research/informationist/discuss.html>.

In the same year MLA also organised the Informationist Conference  
[http://www.mlanet.org/research/informationist/conference\\_0402.html](http://www.mlanet.org/research/informationist/conference_0402.html) to facilitate a national discussion, to derive a consensus definition,

and to develop recommendations for an action agenda for the informationist profession in clinical and research domains.

This was followed by the Informationist 2003 Open Forum  
[http://www.mlanet.org/research/informationist/forum\\_overview.html](http://www.mlanet.org/research/informationist/forum_overview.html) and 2004 Open Forum which was held as part of the MLA Annual Conference  
[http://www.mlanet.org/am/am2004/program/special.html#open\\_forum](http://www.mlanet.org/am/am2004/program/special.html#open_forum).

As a result of these discussions, the concept of Information Specialist in Context (ISIC)  
<http://www.mlanet.org/research/informationist/> is proposed. According to the definitions put forward by Eskinid Biomedical Library  
<http://www.mc.vanderbilt.edu/biolib/isic/>, commissioned by MLA to lead the research on the informationist:

"ISICs are individuals with thorough background knowledge in clinical medicine, laboratory research, public health, or other healthcare/research specialty that are also versed in research methodology, critical appraisal of literature, and information seeking. ISICs work as members of healthcare or research teams to provide evidence in answer to practice questions. ISICs may come from numerous professions: library and information science, informatics, pharmacy, nursing, etc."

To refine the understanding of the ISIC concept, Eskinid Biomedical Library is conducting a role

delineation study to identify the skills and education needed for ISICs in different practice settings. Healthcare and research professionals and librarians are invited to take part in a web survey to voice their opinions on this concept.

MLA also provides The Informationist: Bibliography  
<http://www.mlanet.org/research/informationist/reading.html>.

Dianne Mizzy (2003) reports on the experience of two librarians attending the informationist training programme of the Eskinid Biomedical Library  
<http://www.ala.org/ala/acrl/acrlpubs/crlnews/backissues2003/march2/informationists.htm>.

## **Knowledge In The Palm Of Your Hands: PDAs In The Clinical Setting**

Claire Honeybourne of University Hospitals of Leicester NHS Trust reported on the PDA (personal digital assistant) pilot project led by the clinical librarian programme  
<http://www.le.ac.uk/li/lgh/library/palm.htm>.

In addition to the project documentation, the Clinical Librarian Service web site  
<http://www.le.ac.uk/li/lgh/library/clinlib.htm> provides a wealth of resources including the evaluation of the clinical librarian service and a bibliography, and supports the networking of clinical librarians through links to other clinical librarians around the world and the UK Clinical Librarian Conference.

Other recent studies relating to clinical librarianship include the systematic review by Wagner and Byrd (2004) and the review of the UK scenario by Sargeant and Harrison (2004).

PDAs for Health Care Providers of Arizona Health Sciences Library  
<http://educ.ahsl.arizona.edu/pda/index.htm> has an exhaustive bibliography on the use of PDAs in healthcare settings till 2002. To research for more studies, visit PubMed <http://www.pubmed.gov>

and search for the medical subject heading (MeSH) 'Computers, Handheld' for literature published from 2003 onwards.

PDA Healthcare Portal of Auburn University's Harrison School of Pharmacy  
<http://frontpage.auburn.edu/pharmacy/pcs/pda/resources.htm>  
provides information on PDA basics, discussion forums, and ongoing software evaluation.

BMJ has conducted an online survey on resources for handhelds  
<http://bmj.bmjournals.com/cgi/content/full/324/7334/DC2>

Mohammad (2004) gives an overview on the potential of handheld computers in clinical settings and issues involved in the BMJ  
<http://bmj.bmjournals.com/cgi/content/full/328/7449/1181>.

McAlearney, Schweikhart and Medow (2004) examine doctors' perspectives about their experiences with handheld computers in clinical practice through focus groups and conclude that doctors are interested in leveraging the use of handheld computers  
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# SURFS UP - INTERNET SITES OF INTEREST

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## 1) New sites

### Best Treatments

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

Best Treatments is published by the BMJ, and presents information from Clinical Evidence for patients. It aims to provide patients with evidence of which treatments work for particular conditions. The site can be searched, or browsed by condition. There are two areas to the site, "Patients" and "Doctors". The "Doctors" area links to the Clinical Evidence site. There is a "Decision Support" page that contains patient guides on evidence-based medicine. There is also a section about operations and tests, to help patients understand procedures.

### Choose and Book

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

Choose and Book is the new name for the electronic booking programme, which is a core part of the National Programme for IT. Choose and Book enables patients to choose a convenient date, time and place for their initial hospital appointment. This dedicated web site provides NHS clinicians and managers with a range of resources on the programme.

### Directgov

<http://www.direct.gov.uk/Homepage/fs/en>

Directgov contains a wide range of government information and services. The site can be searched, or browsed by audience group or topic. The section on "Health and well-being" provides

links to NHS direct and local health services, has advice and support and information on NHS charges. The site also provides links to government directories.

### Dr Foster Hospital Guide

<http://www.drfooster.co.uk/GHG/>

This new resource provides information on services and standards in hospitals throughout the UK. Its purpose is to help patients and their GPs find the best possible hospital care available. The information can be accessed by hospital name, postcode or area. For each hospital, there are details of the specialities covered, waiting times, facilities and services, and how well the hospital meets best practice guidelines and targets.

### Engaging Communities Learning Network

<http://www.natpact.nhs.uk/cms/116.php>

This resource is new to the NatPaCT site and is the web site for the Engaging Communities Learning Network (ECLN). The ECLN helps Primary Care Trusts engage with local people and frontline staff by sharing ideas, developing the Patient Advice and Liaison Service (PALS) and involving both public and staff in decision-making. The web site includes latest news, feedback from events, and a discussion forum.

### Freedom of Information

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

This government web site has

been launched to help public bodies prepare for the introduction of the Freedom of Information Act on 1 January 2005. The web site, developed for the Department of Constitutional Affairs, contains all the relevant information for compliance. The site contains guidance on planning and training for administrative staff, advice on the best IT systems to purchase and all relevant codes of practice.

### Futurebuilders

<http://www.futurebuilders-england.org.uk/>

The government has launched a £125 million investment fund that aims to increase the role that the voluntary and community sector plays in the delivery of public services. The fund is divided into five themes, one of which is health and social care. The web site includes information on the scheme, how to apply, news and FAQs.

### Monitor - Independent Regulator of Foundation Trusts

<http://www.nhsft-regulator.gov.uk/>

Monitor is the independent corporate body responsible for authorising, monitoring and regulating NHS Foundation Trusts. Monitor receives and considers applications from NHS Trusts seeking foundation status. The web site contains information about the work of Monitor and holds the Public Register of NHS Foundation Trusts.

### NeLH Emergency Care Specialist Library

<http://rms.nelh.nhs.uk/emergency/>

The NeLH Emergency Care Specialist Library has been launched. It aims to provide high quality information on all aspects of emergency healthcare including both clinical and organisational issues.

### NHS Information Revolution

[www.nhs.uk/informationrevolution](http://www.nhs.uk/informationrevolution)

This is a new central reference point for health professionals that introduces current and forthcoming communications tools delivering the NHS Information Revolution, including NHS Direct Digital TV and forthcoming health

guides for older people - Prime for Men and Prime for Women.

### **Organisational Development**

<http://www.natpact.nhs.uk/cms/213.php>

This is a new area of the NatPaCT web site dedicated to Organisational Development (OD), which offers the opportunity to discuss issues relating to OD. The web site also has links to relevant resources.

### **Pharmacy**

<http://www.natpact.nhs.uk/cms/301.php>

Another new area of the NatPaCT web site, which brings together information and resources to provide support on aspects of pharmacy, medicines management and prescribing. It aims to help understand and implement the new contractual framework for community pharmacy services.

### **Primary Care Contracting**

<http://www.natpact.nhs.uk/primarycarecontracting>

This new official web site portal brings together all the relevant information and resources to help understand and implement the new primary care contracting arrangements and use them in the wider modernisation of primary care services. It has been developed jointly by the NHS Modernisation Agency (NatPact) and Department of Health, in association with the National Primary Care Development Team. It has links to all other relevant web sites and resources and is updated on a weekly basis.

### **Primary Dental Care Contracting**

<http://www.natpact.nhs.uk/cms/294.php>

Part of the NatPaCT web site, this brings together information and resources about understanding and implementing the new primary dental care contracting arrangements and use them in the wider modernisation of primary care services.

### **Rethinkcarers**

<http://www.rethinkcarers.org>

Rethinkcarers is a new web site for mental health carers. The web site has been designed with carer's involvement and builds on the work of Rethink severe mental illness groups and services around the country. Rethinkcarers provides reliable information based on the experience of carers and a virtual community for them to share those experiences.

### **2) Changes to existing sites Asthma UK**

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

The National Asthma Campaign is now Asthma UK.

### **BIOME**

<http://biome.ac.uk/>

BIOME has introduced some changes to their search interface. These changes include a new wildcard feature and the ability to sort results by a range of options.

### **Clinical Evidence**

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

The Clinical Evidence web site has been relaunched. In response to user feedback the site has been redeveloped to make it easier to use.

### **Department of Health Web Site Survey**

<http://survey.euro.confirmit.com/wix/p1223495.aspx>

The Department of Health is conducting a survey of the DH web site. The aim is to find out the views of users of the new DH web site in order to plan future site developments.

### **Drug and Therapeutics Bulletin**

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

The Internet version of Drug and Therapeutics Bulletin (iDTB) is now available via the National Electronic Library for Health (NeLH). Users require an NHS Athens password to access the resource. iDTB provides access to an archive of Drug and Therapeutics Bulletin (DTB) plus all of the Treatment Notes series, which are patient leaflets based on original DTB articles.

### **Electronic Library for Social Care**

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

The Centre for Policy on Ageing's AgeInfo Database can now be accessed through eLSC, free of charge.

### **Healthcare Commission**

<http://www.healthcarecommission.org.uk/Homepage/fs/en>

The Healthcare Commission has replaced the Commission for Health Improvement (CHI).

### **Health Care Standards Unit (incorporating the Controls Assurance Support Unit)**

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

The Controls Assurance Support Unit is now the Health Care Standards Unit (HCSU) and has taken on a new role, having responsibility for maintaining and evaluating the Department of Health's Standards for Better Health in a national and international context.

### **National Library for Health**

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

The holding page for the National Library for Health (NLH) has been updated. The site now includes links to a range of resources that give information on the development of NLH, including a report from the colloquium that was held in February, the NLH Programme Plan and NLH Deliverables.

### **NatPaCT**

[http://www.natpact.nhs.uk/news/index.php?article\\_request=871](http://www.natpact.nhs.uk/news/index.php?article_request=871)

NatPaCT has introduced a new look to celebrate the site's second birthday. New features include, help pages, a guide to how NatPaCT is supporting PCTs, and improved printing results.

### **NHS Gateway**

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

The homepage of www.nhs.uk has become a gateway entry page for the public looking for information about the NHS. Using extensive public feedback from nhs.uk, NHS Direct Online, National Electronic Library for Health and Department of Health, the new

look gateway page has been designed to provide wide-ranging but easy access to NHS information and services.

#### **NHS Jobs**

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

This online recruitment service has launched nationally after a successful trial. A daily total of approximately 500 jobs are displayed.

#### **NICE**

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

The National Institute for Clinical Excellence (NICE) web site has been redesigned to make guidance on treatments and care in the NHS more accessible. Following feedback from healthcare professionals, patients and staff, the site now has an improved search facility.

#### **Protocols and Care Pathways Database**

<http://libraries.nelh.nhs.uk/pathways/>

An updated version of the Care Pathways Database has launched, in response to user feedback. The content of the current database has been revised and updated, with better descriptive information. Searching will be improved and the contacts information has been updated and verified. This new version is incorporated into the NeLH Resource Management System, so that the database will appear as a NeLH Specialist Library.

#### **Public Health electronic Library**

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

A new version of the Public Health electronic Library (PHeL) has gone live. Improvements include new content, updated design and functionality, such as: enhanced links to the National Electronic Library for Health, monthly email updates, and a new developments section to alert public health professionals to emerging work by others in their field.



# SIDELINES

**Steve Duffy, Julie Glanville, Su Golder, Kate Light, Lisa Mather and Vickie Ortn**

**Centre for Reviews and Dissemination  
University of York**

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

The Sidelines abstracts in this issue of Inform comprise a wide ranging mix of research and opinion on the impact of ICT on patients, healthcare professionals, and publishing. In addition there are abstracts on the reporting of research evidence, search filters and public health indicators.

**Bubela TM, Caufield TA. (2004) "Do the print media "hype" genetic research? A comparison of newspaper stories and peer-reviewed research papers", CMAJ, vol. 170, pp. 1399-1407.**

The public gets most of its information about genetic research from the media. This article reports a study that examined the accuracy and nature of media coverage of genetic research. The authors searched news databases to retrieve newspaper articles reporting gene discoveries and associated technologies published in scientific journals. These articles were then categorised in terms of whether their claims about genetic news were moderately to highly exaggerated, slightly exaggerated or not exaggerated. The study found that only 11% of the newspaper articles were categorised as having moderately to highly exaggerated claims. The majority had no claims (63%) or slightly exaggerated claims (26%). Overall, therefore, most newspapers in this survey appeared to accurately convey the results of genetic research and reflect the claims of the scientific journal articles from which they were derived.

**Haynes RB & Wilczynski NL, for the Hedges Team. (2004) "Optimal search strategies for retrieving scientifically strong studies of diagnosis from Medline: analytical survey", BMJ, vol. 328, pp. 1040-2.**

This article describes the development of an optimal search strategy for retrieving methodologically sound studies on the diagnosis of health disorders from MEDLINE.

The authors hand-searched 161 journals in 2000 to identify articles on diagnostic tests. 49,028 articles were included in the analysis. 778 articles were classified as original studies evaluating a diagnosis question, and 147 of these met the methodological criteria. These were treated as the 'gold standard' of articles against which electronic MEDLINE searches were tested.

A comprehensive set of possible search terms was created using MeSH and text words. This study documents the search terms and combinations of terms with the best sensitivity, specificity, accuracy and balance of sensitivity/specificity for retrieving high quality studies of diagnostic tests from MEDLINE. Optimal sensitivity was reached by the following search string: 'sensitivity.mp OR diagnosis.mp. or diagnosis.fs.'. Optimal specificity (and accuracy) was reached by the search term 'specificity.tw'. This outperforms a previous study by the same authors published in 1994.

Ring F, Jones M. NHS Direct usage in a GP population of children under 5 years: is NHS Direct used by people with the greatest health need? *Br J Gen Pract* 2004;54(500):211-3.

This cross-sectional, postal questionnaire-based study looks at the usage of NHS Direct, comparing the socio-economic, demographic and health status characteristics of users and non-users. The objective was to establish "whether NHS Direct is being used by people with the greatest need for healthcare

services". The participants chosen to represent the general population were parents or guardians of children aged between 0 and 5. This group is more likely to be registered with a GP than other age groups and to be high users of all health services.

The authors suggest that usage of NHS Direct for information about children of 5 years and under is high. However, ethnic minority groups and those whose first language is not English, low socio-economic groups and those with established ill health are not using the service. The conclusions should be treated with caution as the authors report a low response rate and the over-representation of 'non-whites', suggesting that their findings may not apply to the UK as a whole.

**Schroter S, Barratt H, & Smith J. (2004) "Authors' perceptions of electronic publishing: two cross sectional surveys", BMJ, vol. 328, no. 7452, pp. 1350-3.**

With current innovations in electronic publishing, the BMJ decided to consult its authors about different approaches to publishing research articles and its current practice of publishing abridged versions of research articles in the printed journal and the full version on the web at [bmj.com](http://bmj.com).

Two cross sectional surveys were used to ascertain authors' views. The first asked authors who had experienced ELPS (electronic long, paper short) what aspects of ELPS they liked or disliked, to describe any problems encountered and to compare the readability of short papers to full papers. The second survey was sent to authors submitting research articles to the BMJ, who may not have experienced ELPS. It asked if authors knew about ELPS before the survey and what they liked and disliked about the idea. All authors were asked for their opinion about two other ways of publishing research articles: publishing unedited versions of papers on the web as soon as they are accepted for publication and publishing only abstracts in the printed journal and full articles on web.

The surveys found that 70% of

BMJ authors approve of its current practice (publishing condensed versions of research articles in paper and the full article on the web) with many highlighting the readability of the short version over the full. Authors dislike the idea of publishing only abstracts in the printed journal but are in favour of posting unedited versions of accepted articles on the web site ahead of the printed version.

**Reich V & Rosenthal S. (2004) "Preserving today's scientific record for tomorrow: LOCKSS marries age-old concepts of librarianship with modern technology", BMJ, vol. 328, no. 7431, pp. 61-2.**

If you are sceptical about your ability to provide long-term access to materials published on the web, an initiative from Stanford University Libraries might provide you with a solution. The BMJ reports on the LOCKSS (Lots Of Copies Keeps Stuff Safe) project that aims to provide librarians with an inexpensive, practical solution to digital preservation.

Working like a search engine, software crawls the web sites of those journals to which a library subscribes and collects the content locally, creating 'persistent digital caches'. This provides librarians with an easy way of running web caches. Content is collected into the cache as new issues of the journals are published and content is served to readers from either the publisher or from the cache. The contents of the cache are preserved for posterity by never flushing it.

Over fifty publishers of academic journals, including the BMJ, support the project and beta testing of the LOCKSS system is currently being completed at 80 libraries worldwide.

**Stiell A, Forster AJ, Stiell IG, & van Walraven C. (2003) "Prevalence of information gaps in the emergency department and the effect on patient outcomes", CMAJ, vol. 169, no. 10, pp. 1023-8.**

Access to and availability of information in patients' records is particularly important for healthcare practitioners working in accident and emergency

departments. This Canadian study investigates how often potentially useful information is unavailable to hospital staff and what impact this has on the treatment of patients. It found that in almost one third of cases some information was not available and, as the missing information was often the patient history and test results, this was considered to be essential for patient care. In addition, the length of time spent in the emergency department tended to be longer for patients whose records were incomplete. The authors conclude that an electronic patient records system would improve patient care.

**Christensen H, Griffiths KM, & Jorm AF. (2004) "Delivering interventions for depression by using the Internet: randomised controlled trial", BMJ, vol. 328, no. 7434, pp. 265.**

Could the Internet be an effective way to reduce the symptoms of depression in a community-based population? This RCT used two web sites, one offering cognitive behaviour therapy and one offering evidence-based information on depression and its treatment, to evaluate this approach. The researchers found that both web sites were equally effective in reducing symptoms and increasing knowledge of depression and its effective treatment. The authors suggest that the Internet could be a powerful tool in the delivery of public health interventions.

**Balas EA, Krishna S, Kretschmer RA, Cheek TR, Lobach DF, & Austin Boren S. (2004) "Computerized knowledge management in diabetes care", Med Care, vol. 42, pp. 610-21.**

Getting evidence into practice has long been an issue in evidence-based medicine. The authors present examples of the long delays in the application of scientific achievements in diabetes care. They hypothesise that better knowledge management may be the solution to the discrepancy between what is known and what is done. They examine the value of computerised knowledge management in diabetes care through a systematic review of randomised controlled trials.

44 unique clinical trials were included in the review. The trials fell into 3 categories. 9 studies evaluated the use of computer-generated information during clinician-patient consultations. 25 studies explored participants using glucose measurements at home and transmitting data electronically to clinicians. Finally, 10 studies evaluated the impact of computerised education.

Overall compliance with recommended diabetes care procedures and guidelines was higher in the group of physicians prompted by computer-generated information. There was also significant improvement in glycated haemoglobin for those patients with glucose measurements at home and a significant improvement in outcomes was also seen with those participants receiving computerised education.

The authors note that not all outcomes measured saw a significant improvement in the intervention groups and that there is probably an element of positive publication bias in the papers identified. Despite these caveats they suggest that, for diabetes, computerised knowledge management can lead to improved care. Further research, however, is recommended on the long-term effects, the cost and satisfaction with care associated with these interventions.

**Robine J, Jagger C, & Euro-REVES Group. (2003) "Creating a coherent set of indicators to monitor health across Europe", Eur J Pub Health vol. 13, pp. 6-14.**

This paper outlines the methods used and the lessons learned in developing a set of recommended instruments for calculating health expectancies to be used in European surveys. This work began in 1998 under the European Health Monitoring Programme and has included a detailed analysis of the current health survey instruments in Europe together with a review of past research. Previous efforts to standardise techniques to allow comparisons between countries have been unsuccessful due to lack of validation and a lack of implementation guidelines and follow-up. Consequently many

countries have made alterations to the instruments with little awareness of the implications.

Recommendations about specific instruments in this paper, however, are based on past research. The relevance of the indicators to policy and guidelines for implementation are made. The next step for the researchers, however, is to recommend further instruments with validation to ensure equivalence in questions between countries.

**McAlearney AS, Schweikhart SB, & Medow MA. (2004) "Doctors' experience with handheld computers in clinical practice: qualitative study", BMJ, vol. 328, pp. 1162-5.**

The article reports a qualitative study of 54 US doctors' use of handheld computers in clinical practice. The study design was eight 60-90 minute focus groups comprising doctors who did and did not use handheld computers.

Clinicians tended to use handheld computers for point of care assistance e.g. drug information, clinical guidelines, decision aids and patient education. They were also used for patient information including tracking clinical results, and for administrative functions such as electronic prescribing, coding and tracking schedules. Some doctors found them useful for medical education and used their handheld computers for presentations, photographs, diagrams and lecture notes. Generally clinicians used handheld computers on their own initiation, buying devices based on recommendations or personal preferences. Clinicians were satisfied with their hand held computers and identified additional benefits such as improving productivity and patient interaction.

Barriers to use centred on the computer itself, information security, over-reliance, and potential changes to practice. Handhelds were perceived to be no greater threat to the security of patient information than paper-based systems. A few doctors were concerned that handheld computers would have a negative effect on clinical practice and could encourage an over-reliance on them or that keen users might

continuously gather data without improving patient care. All doctors agreed that handheld computers were destined to become critical because of their potential to improve patient safety and the quality of care.

**Zipperer L. (2004) "Clinicians, librarians and patient safety: opportunities for partnership", Quality and Safety Health Care, vol. 13, pp. 218-222.**

The author suggests that librarians could improve the safety of medical care by greater participation in patient safety initiatives. In the US there is concern that there is no official requirement for hospitals to have a library, although information management is seen as vital. With the growth of the Internet and free access to Medline in the US, librarians are striving to develop roles as informationists – an extension of the role of clinical librarian.

Case studies from around the world demonstrate the need for librarians to be involved in systematic reviews and the delivery of evidence based medicine. Research demonstrates that information identified by librarians has modified current and future clinical activities and the absence of information can lead to harm.

Due to their working environment librarians are well positioned to build bridges between clinicians and administrators and to act as "knowledge brokers". Librarians also have a role to play in providing training in quality filtering, critical analysis of literature and targeted searching techniques.

The report concludes that librarians can contribute to enhancing patient safety through local partnering and global change projects coupled with professional motivation. It states that following these suggestions the healthcare and library communities "could foster the research, creative ideas and partnerships needed to involve the information profession more completely in improving patient safety".

**Jada AR & Delamothe T. (2004) "What next for electronic communication and**

**healthcare?" BMJ, vol. 328, pp. 1143-1150.**

The editorial in this issue contains several short articles on the impact of information technology on healthcare.

Humber M. describes the National Programme for Information Technology which aims to streamline healthcare by giving all patients a basic healthcare record, ensuring instant access to patient information. Humber stresses that the programme's success depends not only on the reliability of the technology but also on its successful implementation, which in turn depends on the full involvement of all stakeholders.

N M Lorenzi in 'Beyond the gadgets', discusses the human issues involved in the implementation of a new information system. She uses the trans-theoretical model of change, which charts the stages individuals go through in a process of change and suggests strategies for overcoming issues at each stage.

D J Klass, in 'Will e-learning improve clinical judgement?', suggests that the increased availability of medical information as a result of improvements in technology will not necessarily lead to an improvement of clinical judgements by doctors. Klass asserts that the only known way to teach judgement (as opposed to transferring knowledge) is through working collaborations such as observed traineeships.

T Ferguson draws five conclusions about the emerging population of patients who use the Internet as a health resource, in 'The first generation of e-patients'. The conclusions are:

1. The benefits of the Internet have been underestimated and the risks over-estimated.
2. Online support groups have become an important resource for patients.
3. When clinicians respond negatively to patients who have found information online it damages the doctor/patient relationship.
4. The way we conduct research into Internet resources needs to change, to start to evaluate the ways the resources are

- used.
5. To understand the world of the e-patient, a paradigm shift in the way we think about the patient's place in healthcare needs to occur.

Finally D Gustafson and J Wyatt discuss the evaluation of e-health systems and services. They recommend that evaluation should move beyond testimonials and usage reports and suggest that the amount and type of evaluation required will depend on the needs of the user, the potential benefits the resource can provide and the potential damage it can do.

**Green CJ, Kazanjian A, & Helmer D. (2004) "Informing, advising or persuading? An assessment of bone mineral density testing information from consumer health web sites", International Journal of Technology Assessment, vol. 20, no. 2, pp. 156-166.**

Increased access to healthcare information on the Internet should enable patients to have greater participation in healthcare decisions. However, this will only lead to improvements in health if the information they use is accurate. This article describes a study to assess the quality of content on consumer health web sites (CHWSs) about bone-mineral density (BMD) testing. The study used Health Technology Assessments (HTAs) as a comparison. The authors found that CHWSs, which were often funded by companies with a commercial interest in promoting BMD testing, generally overstated both the benefits of BMD testing and the risks associated with having a low BMD. The HTA reports, on the other hand, contained more scientifically rigorous information and their findings may be of use to consumers. Unfortunately, whilst these reports are publicly available, they are not as readily accessible to consumers as the CHWs.



# THE NATIONAL LIBRARY FOR HEALTH: WHAT CAN YOU EXPECT?

**Alison Turner**

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**National electronic Library for Health (NeLH)**

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## What it is

The National Library for Health is a change programme for NHS libraries. It will consider the recommendations of the recent TFPL review of library strategy [http://www.library.nhs.uk/NHS\\_Library\\_Policy\\_Review\\_final\\_report\\_April\\_04.doc](http://www.library.nhs.uk/NHS_Library_Policy_Review_final_report_April_04.doc) and aims to tackle key challenges facing NHS libraries. The National Library for Health is being driven by a partnership of the NHS Library and Knowledge Development Network (LKDN), the National electronic Library for Health (NeLH) and the NHS Core Content Group. Strategies are now being devised to enable individual librarians to participate in different ways.

## What it isn't

The creation of the National Library for Health is not about reducing the number of library staff or the budgets of NHS libraries. Nor is it about creating a single library or centralisation of services. The goal is to reduce the existing fragmentation of services, to demonstrate value, offer new services, become a more demanding customer and reach more users. If anything it could mean many more opportunities.

## How did it all start?

The initiative to develop the National Library for Health dates back to April 2004 when the Deputy Chief Medical Officer of the Department of Health asked the Directors of the National electronic Library for Health (NeLH) to 'lead a project to develop a National Library for Health'.

## What will it do?

The National Library for Health will unify NHS library services, resources and staff. It will use the scale of the NHS and the network of NHS libraries to demand more from its relationships with suppliers and deliver innovative, flexible and creative solutions and services for users. More information about specific projects follows.

## What has happened so far?

The consultation process got underway during the summer with a series of 11 roadshow events around the country. Over 500 librarians attended these events. Earlier events included a colloquium for LKDN and DLnet members, a briefing at the DLnet residential conference and various presentations at regional events. Comments from the roadshows have been collated and analysed <http://www.library.nhs.uk/report.asp> and will inform future planning and development. At the time of writing, a consultation plan is being drafted, which will outline how library staff can contribute ideas and suggestions. The longer term aim is to move from this consultation phase towards more active participation.

## What happens next?

The National Library for Health is a phased development. The first phase will be delivered from November 2004. This phase includes a number of new NHS-wide services:

- An NHS search engine, led by the North West Health Care Libraries Unit, the NeLH and

the Core Content Group;

- An NHS wide current awareness service for primary care, making use of RSS feeds to "push" content to users;
- Support for the National Programme for Information Technology (NPfIT) by integrating content with the Map of Medicine;
- Integration of content with the research task pane in Microsoft Office 2003.

A key area of work will be a National Service Framework, which will define standards for library services and act as a framework for service level management.

To inform future work, initial research has been commissioned as follows:

- A study to examine the funding of NHS library services;
- A study to examine user needs, wants and demands;
- A study to explore the professional development and training needs of library staff in the NHS.

Professional development is accorded high priority in the programme. A key goal is to increase support for professional development and focus on key skills required by twenty-first century library staff.

At the time of writing, an Advisory Group is being established. This Group will include representation by major stakeholders. Its role is to provide input from stakeholders into the development; to review progress; and to make recommendations on future development.

Goals for 2005 and beyond include an NHS wide document delivery service; increasing support for NHSU and NPfIT; RSS-based personalisation services as part of the NHS Common User Interface programme; and wider promotion of open access journals. External partnerships (with academic, public, independent sector libraries) will be essential to the development of the National Library for Health and work is underway to establish effective relationships.

### How will it work?

The National Library for Health will be driven by the delivery of innovative services and a national service framework. It focuses on the end user and on supporting the corporate objectives of the NHS. Operationally, it will establish a new relationship between 'national' and 'local' aspects of NHS library services. Some services will be organised 'centrally' (a better term might be once) – for example, document delivery- but others will be organised 'locally'. An example of the latter is the current awareness service for primary care, which will be delivered by a group of librarians across the network, using web log and RSS technology. Some services will be delivered through libraries e.g. reference services, while others may be delivered through new and other services, e.g. NHSU and NPfIT. The aim is to use the scale of the NHS to get value for money, whether by bulk procurement or by supporting new models and ways of working.

These developments will present new opportunities for library staff across the NHS to provide innovative services, to develop new career paths, and to promote greater awareness of the critical role that their services play in supporting quality healthcare.

### What will happen to NeLH?

Founded 6 years ago, the NeLH now has over 7,000 users a day at peak times and is recognised internationally for its innovative work. Establishing the NeLH in a short period of time could only be achieved by working in parallel with existing library structures. It is now time to join the digital and physical libraries in the NHS, in order to harness the combined resources and expertise to the benefit of all our users. In time, the NeLH identify will be subsumed into the National Library for Health.

### What can you do?

There are many different ways in which you can get involved – here are some ways you can act now:

- Read the information on <http://www.library.nhs.uk>;
- Sign up for the register of interest if you would like an active role;

- Comment on future consultations;
- Talk to your SHA library lead about getting involved at a local level.

A small programme team (Ben Toth, Scott Gibbens, Colin Davies, and Alison Turner) is leading development; the team would be happy to hear your thoughts. The draft consultation plan will outline more ways to contribute when it is published online this autumn. There will be a range of mechanisms for you to contribute.



# NLH MANAGEMENT NEWS

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

*Library for Health.*

Lynette Cawthra, joint project manager, NLH Management  
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NLH Management\* is funded to support the work of NHS staff in England. We don't want to restrict the range of resources we point to, however. If there are examples of good practice and service development in Scotland, Wales or Northern Ireland, we will flag them up to our users. Guidelines and good practice documents from SHOW, NHS Scotland's online health information portal, are a case in point. And because all of the resources we point to from our database are freely available on the Web, they can be browsed by healthcare professionals (and others) from any UK country and indeed beyond.

We have also produced our own briefing on the structure of the NHS in a devolved UK - see next section in this issue.

What's new this time around on NLH Management? Our news alert service has developed after its successful pilot, and you can now click through from our homepage to subscribe to it. There's no charge. We send out an email 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. Material from these alerts is added to the 'What's New?' box on our homepage, and is used to inform the library team's development of new 'hot topics'. In turn these 'hot topics', 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'.

Other news: We are delighted that the King's Fund library database is now freely available to the NHS family on NLH via Core Content. Thanks to all of you who lobbied to get it there! You'll find a link to this database - Dialog name KFND - prominent on the NLH Management homepage.

Contacting us: If you use the [nelhm@kingsfund.org.uk](mailto:nelhm@kingsfund.org.uk) address to request further information your message goes through to the King's Fund Information & Library Service enquiry desk, where you can be sure it will be dealt with swiftly and efficiently. If you click on the feedback button your messages come straight through to me - it's always nice to know you're out there and using the site! Thanks to those of you who have suggested new resources or reported broken links or similar problems via this route. One person flagged up a problem she had viewing our resources and investigation revealed that the problem only cropped up if you were using an Apple Mac. Having this information meant we were able to get the system developers to create a fix for Mac users. So it's always worth pressing that feedback button...

*\* NLH Management drops the word 'electronic' from its name in November, in line with the transition from NeLH to National Library for Health noted elsewhere in this Alison Turner's update on National*

# Management Briefing



01/08

*National electronic Library for Health*

October 2004

Compiled by: Siobhan McClelland,  
Updated by Kathy Johnson

Health Management

## STUUCTURE OF THE NHS: the impact of devolution

**What is...  
the impact  
of devolution?**

The NHS has three main components: family practitioner services, community-based services and hospital services. Since its inception in 1948 the NHS has seen a number of structural changes, most notably in 1974 and 1990. Following the 1997 election the Labour government sought to evolve the purchaser/provider structure introduced in 1990 whilst rejecting the 'Internal Market'.

Since 1 April 2002 the 300 Primary Care Trusts in England are responsible for planning services, with performance and standards monitored by 28 Strategic Health Authorities. In Wales<sup>1</sup> 22 local health boards and local authorities are each jointly formulating and implementing a Health, Social Care and Well Being Strategy<sup>2</sup> for their area, governed by National Assembly regulations and guidance. In Scotland<sup>3</sup> health planning is carried out by 15 NHS Boards and in Northern Ireland<sup>4</sup> by four Health and Social Services Boards. The emphasis on a primary care-led NHS led to the creation of

- Primary Care Groups - now Primary Care Trusts - (England),
- Local Health Groups - now Local Health Boards (Wales),
- Local Health Care Co-Operatives - which are to evolve into Community Health Partnerships by April 2005 (Scotland), and
- Local Health and Social Care Groups (Northern Ireland).

These have various levels of responsibility in planning and commissioning health services. NHS Trusts continue to provide services although their number has diminished. A variety of Trust configurations exist across the UK including Primary Care, Acute, Mental Health and Combined Acute and Community Trusts.

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

**Why is it  
important?**

The general principles governing the NHS have been the same throughout the UK although the ways in which health services have been organised have varied. Devolution<sup>5</sup> led to the first elections to the Northern Ireland Assembly in 1998 [suspended from midnight on 14 October 2002 to date] and the Scottish Parliament and the Welsh Assembly in 1999. Although there are differences between these devolved bodies, most notably the ability of the Scottish Parliament to raise taxes, they all have the responsibility for the organisation and delivery of health services.

The structure of the NHS<sup>6</sup> reflects both management accountabilities and methods of resource allocation. It is therefore important that managers understand these structures in order to manage effectively. Whilst there have always been variations in structure, devolution will increase the level of diversity<sup>7</sup> and this is emphasised in the production of National Plans for England, Scotland and Wales which proposed various structural changes<sup>8, 9, 10</sup>. For example, the Community Care & Health (Scotland) Act 2002 legislated to provide free nursing and personal care from July 2002 and the 2003 document Partnership for care : Scotland's health white paper announced the decision to abolish the remaining NHS trusts - an article in the Health Service Journal discusses the widening differences between the English and Scottish health systems<sup>11</sup>. How far these new institutions have led to the emergence of four divergent models of health services is a discussion point for a number of commentators.<sup>12, 13, 14</sup>

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.

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

**What do I  
need to do?**

- Visit the web sites of the NHS in England ([www.nhs.uk/thenhsexplained/default](http://www.nhs.uk/thenhsexplained/default)), Wales ([www.wales.nhs.uk](http://www.wales.nhs.uk)) Scotland ([www.show.scot.nhs.uk](http://www.show.scot.nhs.uk)) and Northern Ireland

	<p>(<a href="http://www.dhsspsni.gov.uk">www.dhsspsni.gov.uk</a>) for explanations of devolved structures.</p> <ul style="list-style-type: none"> <li>Find out about and keep up to date on proposed changes in structure: England – development of <u>NHS Foundation Trusts</u>; Wales - <u>Local Health Boards</u>; Scotland - development of <u>managed clinical networks</u><sup>15</sup> and <u>community health partnerships</u>.</li> <li>Keep updated through relevant journals including the BMJ (<a href="http://www.bmj.org/cgi/collection/uk_government">www.bmj.org/cgi/collection/uk_government</a>)</li> </ul>	
<b>What are the implications?</b>	<ul style="list-style-type: none"> <li>Devolution could have a major effect on healthcare<sup>16, 17</sup></li> <li>Devolution creates challenges in reducing inequalities in health<sup>18</sup></li> <li>Managers need to understand devolved structures in order to work effectively across the UK and to learn from the experiences of other parts of the UK<sup>12, 19</sup>.</li> <li>Although the proposals for English regional assemblies include no direct involvement in health service delivery, they do include a <u>public health function</u><sup>20</sup> and one commentator suggests that regionalism could be “a boon for public health advocates”<sup>21</sup>.</li> </ul>	
<b>Whom can I contact?</b>	<p>The following organisations are amongst those that provide independent analysis of NHS structures:</p> <ul style="list-style-type: none"> <li>Scottish Council Foundation (<a href="http://www.scottishcouncilfoundation.org">http://www.scottishcouncilfoundation.org</a>)</li> <li>Institute of Welsh Affairs (<a href="http://www.iwa.org.uk">http://www.iwa.org.uk</a>)</li> <li>The Nuffield Trust (<a href="http://www.nuffieldtrust.org.uk">http://www.nuffieldtrust.org.uk</a>)</li> <li>School of Politics &amp; International Studies, Queen's University Belfast (<a href="http://www.qub.ac.uk/pol">http://www.qub.ac.uk/pol</a>)</li> <li>King's Fund (<a href="http://www.kingsfund.org.uk">http://www.kingsfund.org.uk</a>)</li> </ul>	
<b>Examples of good practice</b>	<p>The Devolution and Health Monitoring Project is being conducted by the Constitution Unit of the School of Public Policy at University College London (<a href="http://www.ucl.ac.uk/constitution-unit">www.ucl.ac.uk/constitution-unit</a>). This project is monitoring the impact of devolution on the UK's health services.</p>	
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# 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: [V.Wildridge@kingsfund.org.uk](mailto:V.Wildridge@kingsfund.org.uk)

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## References

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IFMH 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.

We offer:

- **IFMH Inform.** A newsletter published three times a year on topical issues, resources and research.
- **Study days.** The opportunity to hear about leading developments in the provision of information within health and social care settings, and the chance to meet and share ideas informally. IFMH members can attend study days at a discounted rate.
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- **Discussion list.** Enables members to share information, questions and thoughts with fellow group members, and with the IFMH committee.

IFMH Healthcare is a partnership organization of the CILIP groups Libraries for Nursing and the 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 about whom to speak, please contact the IFMH Chair.

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