

CONNECTING ONE TO MANY: RESPONDING TO THE CHALLENGE

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Abstract

Knowledge sharing and learning in healthcare organisations has been driven by the vision of communities of practice. This has major design implications since creating a sense of community requires high mutual engagement and recent research suggests that this is difficult to achieve, especially online. The reality is that intensional personal networks are used by individuals to create dynamic social networks than can respond more effectively to complex environments. New technology, such as blogs and social bookmark software, allow large personal networks to be effectively managed.

Introduction

The old adage of “it is not what you know but who you know” highlights the essential role of colleagues in knowledge sharing and learning. This notion has never been more important since we all live and work in a complex world

that is constantly changing. In this paper, I will highlight the problems with present approaches and propose a new response that is based on recent work on learning in organisations and the rise of new technology.

The Elusive Community Of Practice

The concept of a “community of practice” (COP) is frequently mentioned in the literature of knowledge sharing and learning, including that related to healthcare.(1) A COP has a seductive appeal. If we bring a group of people together there is an expectation that they will begin to actively engage in the process of sharing knowledge and learning from one another.

The interest in COP arises from the work of Lave and Wenger who studied knowledge sharing and learning in a variety of groups, such as tailors and traditional midwives. (2) These groups were socially tightly bound, life and

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work was inseparable and the interactions were frequent and over prolonged periods of time. The benefit was obvious to all. Further research in several business settings confirmed the benefits of a COP approach and subsequently the concept of COP quickly became part of the “management speak” of all organisations. (3) No organisation was complete without several COP.

Undoubtedly, such COP do exist in healthcare organisations where there are close working relationships. However, there is an important question. Can COPs be created by simply bringing people together? This appears to be the rather naïve intention of many supporters of the COP bandwagon who are hoping that the potential benefits of a COP can be quickly and simply achieved. A community is a dynamic social entity and this sense of community has to be created before any possible benefits can result.

What Actually Happens In Organizations?

My experience of attempting to create online COP has been frustrating – but I am not alone. My conclusions are based on several pieces of research that I have recently performed. I evaluated a practice based e-mail group for primary care staff, (4) and three online communities, one for public health professionals and the other for general practitioners. (5) In addition, I performed a systematic literature review of online communities for healthcare continuing professional development that were supported by a variety of technologies. (6)

The overall conclusions are broadly similar. Engagement with the process is low and appears to be unrelated to the technology. Creating the social aspects of online community is more important than the technology. Creating a community is hard work and requires substantial mutual emotional investment by all of its members. The research identified that individuals needed to feel safe before they were willing to participate and this

included the desire to know more about the other members that they were interacting with. Once there is interaction it is essential that messages are promptly replied to, otherwise a downward spiral of interaction develops and the online interaction grinds to a halt.

Similar problems with creating COP in the non-virtual world have been identified. (7) It would appear that the notion of creating a COP is more hype than the actual reality.

Networks Not Community

Ethnographic research into knowledge sharing and learning in organisations has shown that individuals tend to adopt personal, or “intensional”, networks. (8) In several case studies from a variety of organisations, Nardi and colleagues noted that individuals created their range of personal networks in response to a particular need. Individuals had a variety of personal networks, some were long lasting, but others were only used for a short period of time, usually to achieve a particular task. It was also noted that the strength of this approach, compared with working in a fixed group, was the rapidity in which a personal network could be mobilised to answer a particular problem. Individuals appeared to find it easy to juggle their personal networks to achieve maximum effect.

A New Way Forward

I propose that intensional networks are the alternative to COP and it would seem logical to turn attention to helping individuals develop their personal social networks. These networks do not require the same degree of mutual investment to create the essential sense of community. My research, including that of other authors in my systematic literature review, has clearly identified that many people want to share knowledge but do not wish to engage in active debate. In addition, there is ethnographic research that suggests COP may not be the most effective approach to coping with environments that are rapidly changing and do not

lead to innovation. (9) When the environment is stable, individuals tend to work in small cohesive groups that concentrate on replicating previous approaches but as the environment becomes more disruptive these groups begin to recruit outside members and innovation becomes the norm.

All social networks are composed of two main dimensions: nodes and links. (10) The nodes in any network are the individuals who are members of the network. The links are essential since this is the mechanism by which the members of the network can interact. Most people will be able to identify a range of colleagues who they value for specific areas of knowledge, opinion or support. The interaction may be face to face but can also be by a variety of technology, such as e-mail or one of the newer Web 2.0 approaches.

Any individual is likely to have a wide range of personal networks. These networks are the people that individuals turn to for knowledge sharing and learning. The potential benefit of any personal network is dependent on the number and type of members. There is no ideal combination since networks composed of small numbers of members may be highly useful, especially when individuals are themselves part of other networks.

The links between the individual and the members of the personal network can be strong or weak. A strong link implies that there is important interaction between the various members but a previously weak link can become strong, often with dramatic results. For example, a member may possess some important information and when this member contributes this information there may be a sudden increase in learning by another member of the network. This phenomenon has been called the “strength of weak ties”. (11)

An important aspect for the development and maintenance of any personal network is to understand the network. There are questions such as who is in the network, and what is their specific contribution and how can an

individual link with other members? The exciting potential can be tapped by further considering which combinations of contributors are more useful for particular problems. For example, one person may be particularly effective in providing information yet others may offer the important ingredient of support. A dynamic “pick and mix” approach is essential to maximise the potential for knowledge sharing and learning.

The Potential Of Technology

There is an increasing range of technology to link individuals with the members of their personal network. The main methods can be divided into synchronous and asynchronous. Each method has relative advantages and disadvantages.(12)

The simplest use of a synchronous approach to facilitate communication between members is the use of a telephone. Members can simply pick up a telephone and talk. Instant messaging, such as Yahoo! Messenger, MSN Messenger and AOL Instant Messenger, allow members of personal networks to be added to a contact list so that a discussion can occur if they are all online at the same time. An advantage of the synchronous approach is that they mimic face to face communication but the disadvantage is that members have to be together at the same time.

Asynchronous approaches allow messages to be posted and received at anytime. E-mail is widely available and can be enhanced by developing e-mail groups that are related to particular topics so that specific personal networks can be easily contacted.

More sophisticated approaches are required when trying to manage large personal networks, especially when these networks have the potential to include millions of members. This has led to the recent development of social software. (13) Social software is a generic term that

encompasses a wide variety of software that is designed to increase interactivity between individuals to form social networks. Two important examples are blogs and social bookmark software. There is much overlap and many online social software ventures combine both approaches. A well known example of this combined approach is MySpace (www.myspace.com/) which connects people through sharing personal profiles and resources, especially music. The latest technology can also create a personal network through involvement in a 3 Dimensional virtual world, such as that offered by Second Life (<http://secondlife.com/>).

Blogs have experienced an almost exponential increase in numbers over the last few years. A personal network can be created by ensuring that all members develop their own blog. Individuals can describe themselves in detail by producing a personal profile. Once the blogs are up and running they can be easily linked together to form a blogroll. A blogroll is a collection of links to other blogs. A social network is born.

The main problem with a large range of links, either to blogs or other knowledge resources, is their management. Social bookmark software store internet resources in categories (or tags) that are determined by the individual user. One commonly used free service is del.icio.us (<http://del.icio.us/>) and this allows a website URL (found on any blog or web based resource) to be added with both comments and tags. These tags allow large personal networks to be effectively managed by providing an easy way to identify resources of personal interest.

The great value of social bookmarks is that groups can be easily developed to produce networks so that there is sharing of individual collections. Individual resources become collective resources. These resources include Flickr (www.flickr.com/) for sharing

photographs and YouTube (www.youtube.com/) for sharing videos.

There is increasing interest in the further development of new technology to allow the adaptive development of personal networks so that the most appropriate networks can be quickly mobilised by the individual and this will be based on the previous usefulness of the particular network in answering the problem or obtaining an opinion. However, this is currently not available.

Personal Networks Are Here To Stay

Personal networks for knowledge sharing and learning do not create neat packages of pre-prepared information but require the individual to become the creator of their own knowledge and learning. For the first time, large diverse personal social networks are a real possibility and with new technology they can be effectively managed.

In November 2005, the National Workforce Group considered a strategic framework of e-learning within the NHS (National Health Service), and in April 2006 it presented a report Modernising healthcare training: e-learning in healthcare services. (14) It is fortunate that the importance of social software for healthcare professionals is recognised but how this guidance will be implemented is uncertain. My research identified major organisational difficulties in the use of online networks in the NHS but these will have to be overcome before any expected benefits can be realised. There was lack of protected time and insufficient appreciation by managers of the use of online approaches, regarding anything to do with computers as recreation and not part of daily working life.

I have proposed that personal networks are essential for knowledge sharing and learning by all healthcare professionals and that new technology can be effectively used to develop these personal networks. I suggest that

COP are difficult to implement and that valuable time and resources should be directed to the development of personal networks rather than trying to artificially create communities. The time is right. Technology is freely and easily available. There is a real need for knowledge sharing and learning. What are we waiting for?

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DISSEMINATION: WHOSE RESPONSIBILITY IS IT ANYWAY?

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Abstract

This paper describes attempts to disseminate health services research evidence from a Department of Health funded, academically-based policy research unit, to non-academic audiences of health care professionals, managers and policy makers. Examples and learning points are provided from practical experience. The paper also discusses the question of who should be responsible for dissemination and how theoretical models measure up to the practice of a rapidly changing organizational environment.

How Do We Disseminate?

At the National Primary Care Research and Development Centre (www.npcrdc.ac.uk) we are committed to disseminating our research to as wide an audience as possible and to achieve this we have a Communications Unit. We're a mixed bunch with communications, library and design professionals and support staff. In fact, when the team was embryonic the organisation had not planned to co-locate the library with the communications function within the organisational structure. Yet where skills are located structurally within any organisation will inevitably influence how these skills are employed and shared and how work is managed both strategically and operationally within the organisation. Relationships with occupational colleagues, and indeed how roles

are enacted, are affected by where they are located in terms of the organisational structure and proximity to other professional groups. Understanding this can influence practice in relation to the sharing and seeking of information.(1).

We aim to effectively disseminate research to both academic and non-academic audiences. So how do we do this and what challenges do we face?

For many academics the zenith of dissemination is publishing in a "good", that is, high-impact, peer-reviewed journal. For people working in the communication and library arena this is where the challenges begin.

Our first challenge is to decide what to send and in what detail. We treat each project individually and work with the researchers to decide what publications and medium are best suited to their particular project. At NPCRDC we produce a range of publications. Our Executive Summaries provide brief details of a particular project and for some research we also produce a Briefing Paper which précis this even further. Our Spotlight papers synthesize related projects to tell a story around a particular themed area such as clinical governance (www.npcrdc.ac.uk/s1).

So, we've produced an easy to read document to tell people about our research. What next? Well, the next

challenge is to plan who to send the information to and how to signpost that it is available.

We aim to provide multiple formats and access points.

We want people to see our research and wherever they see it to be able to easily access either more or less detailed information. We use e-bulletins (via web site alerts or RSS) and the media to "sign post" our research. We ensure that links are provided to the full range of dissemination activity from the journal paper through to the press release. We mail out large quantities of publications to "targeted audiences". Despite advances in information and communications technology (ICT) we still predominantly produce hard copies of NPCRDC publications because staff working in primary care have told us that they want hard copies of publications. They don't have the time, or sometimes the IT equipment, to print off pdf copies or view on line. Having a graphic designer in-house means we can produce these to a high standard and make them visually appealing.

We aim to keep our contacts up-to-date through feedback from colleagues and monitoring the external environment. We noted that evidence on the dissemination phase of the research process is lacking, yet there has been much more research into techniques and strategies to achieve high response rates to mailed questionnaires at the data collection stage. There seemed to be a gap in the evidence on how to use targeted-mailings for the dissemination of research findings effectively.

With the NHS in a seemingly constant state of organisational flux how accurate can any set of NHS contacts information be? Anecdotal evidence shows that organisational web sites, and even commercial contact providers cannot fully keep up with organisational re-structuring which also affects job roles. Regular restructuring of the NHS affects our ability to produce accurate, content specific contact lists for dissemination. More people appear to be multi-tasking with more than one job role. Job titles have become less generic so we cannot

disseminate simply on job title. If we do this which job title do we choose? Librarian, Knowledge Manager or Information Services Manager? Changes in clinical job roles, for example the demarcation between nurse practitioners, physician assistants and general practitioners, and the development of new roles such as Primary Care Graduate Mental Health Workers, also challenges our dissemination activity.

So, how do we effectively disseminate to organisations, especially those that have changed structurally (and seemingly do this relentlessly) and to people whose roles are no longer clear.

In practice, our approach is scattergun (or multi-method if you prefer). Our Information Assistant collates in-house mailing lists of research and policy contacts. We buy labels from commercial companies and the academic lead for the study advises on where else the publications could be sent. The level of involvement and engagement of academic staff can be varied. We aim to bring together key audiences and hope that our growing lists of contacts and interested parties represents all the different levels within organisations and occupational groups we want to reach. Our planning requires a good knowledge of both the subject area, policy initiatives and the communication context in which we are disseminating.

We've now produced the publication, sign posted it and mailed it out but do we know if people have actually received it?

We've carried out two small scale pieces of research to look at this. Our first one looked at a handbook we produced on how to conduct patient surveys in primary care (www.npcrdc.ac.uk/h11). This publication was evidence-based and related to an activity that was compulsory for general practice. We thought it would be interesting to track its dissemination through telephone interviews. The handbook was sent out to every general practice in England through a mailing house so we knew it had arrived. We soon found out that

arriving at a destination and being noticed or indeed read were two different things! Timeliness was one critical factor. The practices that had read it and used it were all very grateful for the information as it arrived at just the right time - just the right time for a practice meeting or just the right time to decide which survey to use. Practices who hadn't read it gave two main reasons. The first one was that it arrived at the wrong time for those practices that weren't ready to start this work. The second reason given was quite unexpected. Our booklet was light blue, the same colour as something the Department of Health had recently produced so our handbook was binned as people thought it was the same document. You just can't plan for that! This issue of timeliness taught us a valuable lesson. It was clear that dissemination regarding a publication couldn't just take place at one point in time. Practices who originally didn't read the handbook and had forgotten about it until the telephone call now wanted more copies as now was the right time. We now endeavour to signpost at different times. We keep an eye on what is happening nationally and with other organisations and, if we see links we send out new signposts to older but still relevant publications.

Relying on formalized dissemination networks hasn't always worked. Our publication "Getting Healthcare", an accessible summary of a literature review of Access to Healthcare for People with Learning Disabilities (2) was distributed via mailing labels provided for specific job roles. However, the role we expected to naturally be the Valuing People Lead was not always the person doing the work. Recipients commented on a variety of ways in which responsibility for Valuing People (3) was delegated to someone in another role because of local circumstances or expertise. In quite a few cases organisations didn't log mail they had received and had no idea if it had arrived and if it had who it would have gone too. There seemed to be confusion within organisations regarding who was doing what.

Is this the point we give up? Or do

we accept that dissemination will never be 100% effective and work on how to improve it to the best of our ability and within our available resources? Rather than relying on our view of how formal networks should operate should we in fact be working on mapping what social relationships exist, how knowledge actually flows both to and within organizations, and what personal contacts we could utilize?

To effectively disseminate we need to know what other people know and who they know and we need to be aware of the often idiosyncratic ways that people either seek out information or pass information on. According to Krebs (4) "organization charts prescribe that work and information flow in a hierarchy, but network mapping reveals [they] actually flow through a vast web of informal channels." There are many potential benefits to undertaking this sort of mapping. We could begin to identify which teams and individuals play central roles. Who are the thought leaders, knowledge brokers and experts? We could identify isolated teams and individuals and detect information bottlenecks. We could develop or build on our existing informal connections into organisations; the personal contacts and established relationships we have built up with practitioners. Such personal contacts are often kept up-to-date and can cut through the "formal hierarchical networks" within organisations. They can enable us to identify who would be interested in a particular piece of research and identify who takes pro-active approaches to information sharing and/or open dialogue with colleagues. These attitudinal factors "permit" people to share information with others on the basis of a shared understanding of roles, without feeling threatened or causing tension. The act of passing on or communicating information suggests within a network that person A has judged that information is relevant to person B, based on both their shared understanding and knowledge and their personal, professional and organisational goals. We know from research evidence how important "champions" are in organizations in being magnates for information

sharing and dissemination. People also return to them again for advice and information, to support learning needs, and often favour this over consulting documentary sources (5). Organisational mergers often lead to the disruption of both formal and informal networks with personal relationships severed. Loss of knowledge about who does what, and who knows what, also affects innovation and the “mental space” which allows us to experiment and explore the evidence-base for our decision making (6).

In his study of how social networks support knowledge creation Rob Cross (7) highlights these issues and their impact on how people seek knowledge. Cross maintains that initially we need to know who knows what but that this is only useful if we can get access to this information in a timely fashion (timing again). Cross talks about engagement and safety as having a critical impact. His use of the term engagement is key for our roles in disseminating knowledge. Rather than merely ‘dumping’ information into organisations we need to understand why they need it (policy context, organisational strategy) and then shape the knowledge we pass on to fit these needs. We cannot assume that we are disseminating into ‘safe’ environments. During times of rapid organisational change, such as that currently affecting the UK public sector, people worry about their jobs. They are not as pro-active in passing on information in case they pass it to the wrong person and are therefore seen as not ‘being up-to-date’ about colleagues roles. People start to feel more exposed and are less likely to take risks.

Effective communication often follows a more informal, bottom-up and lateral, across the organisation/s approach rather than a hierarchical and “top-down” one. However, rapid organisational change can lead to people feeling worn out and fed-up. “Good-will”, around which a lot of this type of information sharing depends is lost and hence “It’s not my job”. So, whose job is it anyway?

I believe that communications and library professionals should work more closely together, through both

formal and informal networks. However, we must note that effective dissemination through these roles, which utilizes individual knowledge of both colleagues and the decision-making processes within organisations, relies on experience, knowledge and skills. Is it reasonable to ask what level of experience, knowledge and skills in relation to dissemination, can be expected of communication and library professionals at particular levels and grades? If we base our dissemination strategies on the assumption that particular job roles with information expertise have a role to play here, what can we expect of each other?

We should all have crucial “gatekeeper” competencies to facilitate access, to promote shared understanding, to help “broker” between different partners within organisations and to contextualise information to enable information produced in one context to translate to others (8).

Developing and building relationships takes time. Time to build confidence and time to build trust. Identifying people we know will be proactive at cascading information requires an assessment of that person’s perception of their role and attitude towards sharing information. At times of uncertainty there may be greater suspicion and mistrust between members of occupational groups, both within and between sectors, and within groups.

If we do start to work together more effectively and disseminate via networks how will we know we’ve been successful? In many ways dissemination is a “Black Hole” and the more we look into what we do and how we do it the more questions we end up with. Are we simply adding to the rhetoric and “PR spin” of Evidence-Based Practice or is this achievable? By working together across professional and organisational boundaries can we make a difference?

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BLOGGING FOR NETWORKING AND OUTREACH

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Abstract

This article outlines networking and outreach activities resulting from the setting up of the DrugScope Information Service blog, DrugData Update. The authors conclude that blogging has provided staff development opportunities both online and real-world, and, having observed that drugs workers are hesitant about using social software to discuss issues publicly, assert the paramount importance of meeting the client group's information needs. 'Social libraries' – that make use of Web 2.0 technologies, to encourage user participation – are a hot topic at the moment. In the context of this paper we use the term "Web 2.0 technologies" simply to denote features such as blogging, wikis, social bookmarking and virtual communities. This article reflects on the social networking opportunities with which we have been presented since launching our information service blog two years ago.

Article

In DrugScope's Information Service, the provision of current awareness bulletins has developed from producing a printed acquisitions list to more supplying web-based pdf versions, as well as

making our online catalogue DrugData available for searching.

Our first foray into social software was very low-key. We decided to speed up our acquisitions process for single articles and grey literature by subscribing to various journal and specialist RSS and Atom feeds. RSS and Atom are varieties of newsfeed which feed new information out to platforms or software which can read them. Having considered a number of free news aggregators, we settled on Bloglines (<http://www.bloglines.com>) because of its file structure and the option to create email addresses to which we could have e-newsletters sent. This functionality is now available on several services, but we have stuck with Bloglines.

We found that this process brought new items to our attention much sooner, and we liked that fact that we could "dip into" our feeds as and when it suited our workload, save them for later or transfer them to other folders for processing.

The next stage for us was to consider how we could improve our current awareness services for our own users. Developing an RSS feed from our catalogue, DrugData, was an option but the

cost was prohibitive to us as a charity, and, at that time, there was no way to tailor the feeds to just show recent material (as opposed to older material catalogued from a donation or backlog). We looked into free blogging software and how other libraries were using it. At the time, this seemed to be mostly for news items, but it occurred to us that, as blogs provide an RSS and / or Atom feed as a matter of course, it would be a cost-effective, low-tech way to disseminate our bibliographic information.

DrugData Update

(<http://drugscope.blogspot.com>) was launched in October 2005, with daily listings of new publications and a weekly themed article relevant to the drugs sector. Within eight months of the blog's life its impact was becoming noticeable through our web monitoring. It was regularly cited as a referring URL to our website and the downloading of pdfs of Friday Focus articles increased month on month. Currently the blog averages around a thousand visits a week and over five thousand page views. This growing popularity raised not only the Information Service's profile, but the organisation's as a whole, both nationally and internationally, with features in the press and reviews on other blogs and websites. We were particularly pleased to be featured in Addiction's news section and in Daily Dose (<http://www.dailydose.net>), the largest email newsletter in our sector.

Internally this new venture created interest from staff from other departments. Both our Chief Executive and Press Officer contributed focus articles and we were asked by Publishing to promote our journal, Druglink, and other publications. By November 2006, Druglink was launching its own blog (<http://www.drugscope.org.uk/druglinkblog>), which is mounted on our website and has a remit to encourage Druglink readers to feedback and comment on its weekly editorial-style posts.

Our Education & Prevention Team really got involved in the blog. As well as writing posts on their guidelines and research for us, the then Head of Education & Prevention, Jenny McWhirter, promoted it to the Drug Education Forum and asked us along to speak at one of their meetings. The Drug Education Forum is an independent organisation, of which Drugscope is a member. This allowed us to promote our full range of activities, including asking for their recommendations of young people's fiction that tackles substance use either in an issue-based way or more subtly. This provided us with an educationalist's viewpoint to complement our own, making our holdings and information products in that area richer.

The Forum has been posting its own blog (<http://drugeducationforum.blogspot.com/>), since April 2005 and was one of our first RSS-feed subscriptions, so it was good to come full-circle and make that virtual network contact real. Other real-world networking brought about by the blog includes organising blogging workshops for the CHILL (Consortium of independent health libraries in London), working with an Italian member of ELISAD (European Association of Libraries and Information Services on Alcohol and Other Drugs) on a post about the Winter Olympics, and being invited to launches such as the Specialist Library for Ethnicity and Health and the National Archives' exhibition Drink: the History of Alcohol, 1690-1920.

In fact, blogging has provided staff development opportunities from running courses on setting up blogs, providing consultancy for similar organisations and speaking at conferences. It has enhanced our subject knowledge and benefited more routine work such as answering enquiries and preparing reading lists. Contact with organisations such as Substance Misuse in General Practice and the Patient Information Forum (PIF) has led to blog posts and tailored reading lists – in the case of PIF for

resources for pharmacists as a result of contacts made at the NHS Networks Conference, where we spoke about blogging. The popularity of the blog has highlighted the interest of our user group in bibliographic information, and this has opened up further opportunities. We've been asked to redevelop the book listings that appear in Druglink, from basic lists of recent publications to introductory subject bibliographies tying in with the issue's theme. Our newsletter, Members' Briefing, includes listings of web references on subjects of interest to drug workers, such as homelessness, mental health, and social care, which we compile, and a "book of the month" selected and reviewed by us. Responsibility for Druglink book reviews has recently been offered to us and we are managing the various publishers and reviewers through a private wiki – Web 2.0 all the way.

Beyond our own publications, we have been asked to contribute articles to a range of online and print journals, including the NLH Knowledge Management Specialist Library, Libraries for Nursing Bulletin, Elisad Journal and Substance Misuse Management in Primary Care (SMMGP) Network. This has capitalised on a skill that is necessary for many information tasks but surprising to many outwith our profession – the ability to write. Blogging is an activity that displays this skill to advantage and can even lead to publication offers – well-known US library commentator and 'Queen of the Wiki' Meredith Farkas feels that it was her blog that "put [her] on publishing companies' radar" (<http://meredith.wolfwater.com/wordpress/index.php/2005/10/02/why-blog/2005>). Certainly, she now has a monthly column in American Libraries and a book on social software (<http://meredith.wolfwater.com/wordpress/index.php/resume/>).

A key to success for any blog is to be up to date and relevant. To do this we monitor all the enquiries coming into the service, via our public information line, e-mail and

face-to-face visitors, in order to ascertain common enquiries and spot trends that could then be covered by an article. We also use the calendar to provoke articles. These can provide light relief, such as our posts on the Coca-Cola Santa in December 2006 and chocolate at Easter last year. They can also allow us to reach out to a different audience. For example, posting throughout International Women's Month (IWM) and promoting our posts on a range of women's lists, we were contacted by the IWM webmaster, who linked to us from their Health pages (<http://www.international-womens-month.co.uk/links.html#health>). This brings our wider services to the attention of anyone using the IWM site and looking for health information. The Department of Health publishes a Health Events Calendar (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063981) and this can be a good source of inspiration for topical blog entries.

For us, as a charity with a strong policy wing, many of our entries come about as a result of changes to legislation or other news items. As well as being topical, these entries are good to make as it allows us to repurpose work we have been doing internally and make it available to an external audience. For example, in January 2007 methamphetamine was reclassified from Class B to Class A. Ahead of this, we carried out research for our Chief Executive Officer (CEO) and press office. This research was to enable the CEO to make a decision on our policy and our Press Officer to prepare a media release (http://www.drugscope.org.uk/news_item.asp?a=3&intID=1399) and also updated our online encyclopaedia (http://www.drugscope.org.uk/druginfo/drugsearch/ds_results.asp?file=wip\11\11\methamphetamine.html). Also, expecting an upsurge in enquiries on the drug, we created a reading list that highlights the key references (<http://www.drugscope.org.uk/wip/7/PDFS/rmeth.pdf>). A blog article

(<http://drugscope.blogspot.com/2007/01/focus-methamphetamine.html>) was a good way to draw all the public aspects of this work together, and had the added advantage of being accessible in terms of being retrieved through a search engine search and in terms of being quick to read and understand even for someone with no research knowledge of drugs.

We have received a lot of positive feedback on the blog. Other drugs organisations have followed suit, launching blogs of their own, and these often bring us fresh readers – in some cases alerting people to the existence of DrugScope or the library within it. As well as our original focus articles, the references we find feature regularly on Daily Dose, so we know we are contributing to its readers' awareness of quality resources in the field as well as our own. With our permission, training organisation alcohol-drugs.co.uk has syndicated our feed, including it in a page entitled "The evidence base" (<http://www.alcohol-drugs.co.uk/the%20evidence.html>) and this drives traffic to our own site and clients to our library.

One frustrating thing about blogging in the Alcohol and Other Drugs sector is that people are very reluctant to leave comments. This was not an issue for us until very recently. We use Blogger software, and until Autumn 2006 full comment moderation was not possible. Given the large number of posts we make (most of them simply bibliographic references to publications), we knew that we would not have the time to cope with deleting spam.

However, once it was possible to moderate comments, we decided to allow moderated comments on our original focus articles. Having switched this on at the end of January 2007, to date no-one has left a serious comment (though we have had to disallow lots of human-generated spam trying to sell things or expressing hate of drug users / dealers in a potentially offensive way (swearing and threatening)).

Our Druglink blog, launched in November with the specific aim of attracting comments and engaging the readership has fared a little better, with posts attracting one or two comments. We attribute the difference to the more editorial, sometimes provocative style of Druglink Blog – while our aim is simply to provide information. However, it has to be said, one or two comments do not constitute a flood.

Analysing this 'flaw' in the social side of the social library environment we are trying to create we have observed that the comments issue is common to our sector. Alcohol-drugs.co.uk, prominent in the training sector is uncommented upon, while the Drug Education Forum Blog and Transform Blog (<http://transform-drugs.blogspot.com/>) receive a very occasional cluster of comments, depending on the specific topic. Professional discussion fora in the field encounter similar issues. One of the new facilities vaunted by the Home Office when it redesigned its website in 2005 was its Talking Shop Forum (<http://www.drugs.gov.uk/talking-shop/forum/>). As at 29 March 2007, it had one discussion thread, with 13 entries, the last one made on 24 October 2006.

As with all information services, it is important to recognise that our role is to meet the needs of our client base, and the feedback we receive is that what they want is information, not discussion online. Our library may not be as social as we would like, but the networking opportunities we have received since using social software cannot be ignored.

Key Learning Points

- Blogs can be used for any information and do not have to be written like diaries
- The blog can 'stand-alone' or supplement other web services
- Update regularly to keep people reading
- A robust editorial policy is advisable as it will provide focus, but it also needs to be reviewed regularly

- Avoid overlap / duplication with other website services
- Tap into your real-life networks in order to find other contributors
- Recognise that it can take time to take off – like any new venture
- Social software is all about 'suck it and see' – try it; see what works; and most importantly, see what your service users need, want, and like



CHAIN: A VIRTUAL COMMUNITY TO SHARE EXPERIENCE, IDEAS AND ASPIRATIONS

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CHAIN

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Abstract

CHAIN is a multi-professional mutual support network of more than 4,000 members, mostly working in the NHS. The network began 10 years ago as part of the NHS Research and Development programme as a means of connecting research with practice. It has twice been evaluated and found to be of significant value to members. Recently the CHAIN model of 'low-tech, light touch' networking has been applied more widely, and CHAIN now includes communities focusing on Research, Innovation & Improvement, Learning, and Macmillan Cancer Care. Sister networks exist in Canada, Australia and Ireland, forming an international pool of tacit knowledge and mutual support. Information specialists are influential members of CHAIN, and a change in the nature of questions broadcast by members over the past decade illustrates altered perceptions as to the accessibility of evidence. CHAIN membership is free, the IT and 2.5 person workforce being funded by a consortium of 10 supporters including the National Institute for Health Research, NHS Institute for Innovation & Improvement, The Health Foundation, and the Department of Health.

CHAIN (Contact, Help, Advice and Information Network)

CHAIN was first established to enable people in health and social care to exchange ideas and

knowledge, and to facilitate networking between those who have common interests or complementary aspirations. The network is multi-professional and non-hierarchical, and membership is free. There are currently 4 main components: CHAIN 1 for people who are interested in research and using research evidence to benefit care and service provision; CHAIN 2 for those with a focus on widening participation in learning; CHAIN 3 for people who are interested in innovation and improvement in health care; and CHAIN 4 for people working with Macmillan Cancer Support. 'Cross-cutting' subgroups of CHAIN focus on a range of issues including Quality Improvement, Health Intelligence and e-learning in health and social care. These draw together members of all CHAINS who share an interest in these important areas.

How CHAIN Works

CHAIN offers a rich source of contacts, accessible through a virtual environment which actively encourages and facilitates cross-boundary collaborative working. CHAINS are UK-wide and linked, sister networks have been established in Canada and Australia. In Ireland CHAIN has recently become an "All Ireland" resource. The network also has a presence in more than 30 other countries across the world, though its core membership is in the UK.

Using carefully targeted e-mails, CHAIN ensures that members only

receive messages which are relevant to their areas of interest. Rigorous filtering ensures that junk mail is avoided, maintaining the 'precision' of CHAIN messages. Although CHAIN has pioneered use of a web-based resource as the means of bringing people together, the ethos of the network is determinedly 'low tech & light touch'. Although newer aspects of online networking are being explored and tested by some CHAIN members, value added and simplicity of use will continue to take precedence over technology, and creating dialogue between people will always be the *raison d'être* of the network.

CHAIN is free to join and use, multi-professional, cross-organisational and non-hierarchical. Enthusiasm for the subject, a role in an organisation involved in health and social care, and a willingness to share details of ones' interests, experience and aspirations, and to respond to other members' questions are the only criteria for joining.

The Membership

The CHAIN network is for anyone working in health and social care who is interested in Research and Implementation, Widening Participation in Learning, Innovation and Improvement, or Macmillan Cancer Support. This ranges from front line health and social care professionals, to educators, researchers, librarians and information specialists, service planners and managers of all types.

Online Resources And Style Of Working

Each CHAIN has a password-protected online directory which is available to all members. These can be searched with considerable flexibility and precision, providing a rich source of contacts. Members contact each other freely on a 1:1 basis, and members' messages can be broadcast to targeted groups with the input of a facilitator, who has the ability to channel message to individuals identified from searching the CHAIN directories. Items of interest and opportunities to participate in events or to bid for funding can also be circulated by a

facilitator, again in a well-targeted fashion, so as to ensure that only those with relevant interests will receive the message. The directories are updated regularly, and members may change their records or withdraw from CHAIN at any time.

The Origins Of CHAIN And How The Network Is Funded

The first CHAIN originated 10 years ago in the North Thames (and later London) Regions of the NHS R&D programme. In recent years the network has grown to become international and further components of the network have been established, reflecting spheres of interest other than R&D and evidence-based practice. In 2005 CHAIN became independent and is now resourced through a consortium of stakeholders/supporters including the National Institute for Health Research; the NHS Institute for Innovation & Improvement; the Health Foundation; the Cochrane Group for Effective Practice and Organisation of Care; the School of Nursing and Midwifery at Robert Gordon University; the Institute of Public Health in Ireland; the Health Service Executive (Republic of Ireland); the Joanna Briggs Institute; Macmillan Cancer Support; and the Department of Health Widening Participation in Learning Strategy Unit.

Joining More Than One Component Of CHAIN

Members may join more than one of the 4 key components of the network, and by doing so they are more likely to increase the frequency with which they will engage in networking. However, members who join just one part of CHAIN still have access to the directories of the other components of CHAIN, and so they may benefit from linking with members of other parts of the network as and when they need to seek allies with these other areas of interest and experience.

Evaluations

CHAIN has been externally evaluated on two occasions. The

first evaluation focused on the original R&D/EBP part of the network (now CHAIN 1), and was undertaken by a group from University College London. The evaluators wrote up their findings as an academic paper published in *BMJ* (*BMJ* 2004;328:1174-7). The study concluded that CHAIN was helping to bridge the gap between research and practice, and had created an infrastructure which enabled spontaneous coalescence of diverse communities of interest around critical topics. The second evaluation focused on the component of the network which links people with an interest in innovation and improvement (CHAIN 3). This was undertaken in 2006 by Tribal Consulting, and was presented as a report to the sponsors of CHAIN 3, the NHS Institute for Innovation and Improvement. The evaluators conclude that despite being only months old at the time of their enquiries, CHAIN 3 was already making useful and potentially important contributions to the knowledge and linkage of those engaged in activities to promote innovation and improvement in the NHS.

Librarians And Information Specialists In CHAIN

The position of librarians and information specialists as knowledge brokers has made them central to CHAIN. Though the numbers involved are not huge, (at the time of writing 238 CHAIN members had the term 'librar', information, Knowledge or Knowledge Transfer in their job title), there is little doubt that these members have been highly influential in the growth and success of the network. For example, when CHAIN was established, many of the NHS Librarians in London displayed posters about the network and disseminated literature on it to library users). Though clearly these knowledge professionals often have extensive and sophisticated networks in their own fields, an advantage CHAIN membership offers to them is the opportunity for reaching groups other than those to which they have historically been well-connected.

Furthermore on reflecting upon the

10 years which have elapsed since the inception of the original CHAIN, it is the changes occurring in the field of knowledge and information which have impacted most upon the nature of the message traffic generated by members. For example, a typical message from 1997 might have been a request to other members for information on the best current evidence relating to treatment of a condition or the structure of a service. Messages of this type seldom arise today. Rather than being unable to locate the best current evidence on a topic, the clinician or service manager is much more likely either to have evidence thrust upon them (via NICE, National Service Frameworks etc.), or at least they will know where to turn locally in order to find the evidence (illustrating the extent to which information brokerage has not only developed but also become widely recognized and used in recent years). Today this type of request has largely been replaced by queries about translating the best current evidence into changes in the workplace, relating to clinical interventions, service configurations or (most likely) a combination of both. Thankfully the combination of experience and willingness to support one another, which characterizes CHAIN members, makes CHAIN an ideal resource for sharing this form of 'translation knowledge'. Through their own involvement in the network, and by drawing others' attention to it as a resource, librarians and information specialists can continue to play an important role in maximizing the value to be derived from the CHAIN network across the NHS and beyond.

Further information on CHAIN, copies of the external evaluation reports and details of how to join the network are available from the CHAIN homepage: <http://chain.ulcc.ac.uk/chain/index.html>

Questions may be addressed to enquiries@chain-network.org.uk, and readers who may be interested in a presentation/demonstration of CHAIN to colleagues at their workplace, or quantities of leaflets about CHAIN should e-mail: wendy.zhou@chain-network.org.uk

IFM HEALTHCARE NEWS

Maria J Grant

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**Information Literacy – Friday
29th June 2007**

IFMH, in collaboration with Libraries for Nursing, is pleased to be hosting a session on information literacy at the forthcoming Umbrella 2007 conference. Chaired by Susan Mottram, IFMH Study Day Coordinator, the speakers are Christine Urquhart, University of Aberystwyth who will consider "Information literacy: and what we tend to conveniently forget" whilst Jean Newman and Emma Farrow will be discussing "Information literacy and international collaboration work with Partnerships in Health Information (Phi)". The session, which is part of conference stream 8 on Information Literacy, will run between 11.15 and 12.30 on Friday 29th June 2007. We hope to see you there.

For further details of the conference, which is being held at the De Havilland Campus, University of Hertfordshire, visit the conference website at <http://www.umbrella2007.org.uk/>

New Look For IFMH Inform

As you've made it this far into the newsletter you can't have missed the fresh new look of IFMH Inform. We've been working with our printer to come up with a design that is modern and in keeping with the Royal National Institute for the Blind 'See it Right' guidelines (http://www.rnib.co.uk/xpedio/groups/public/documents/publicWebsite/public_seeitright.hcsp). We hope

you like the results and welcome any comments you have on the new look as well as your thoughts and suggestions on topics you'd like covered in future issues.

Congratulations – Research in the Workplace Award 2006/2007

IFMH, which managed and co-funded the latest iteration of the Research in the Workplace, is pleased to announce that the winning proposal is for a multi-site randomised controlled trial to determine the impact of providing a virtual reference service (Access Specialist Knowledge - ASK) to the local Primary Care and Mental Health Trusts within the UK National Health Service.

The project will be led by Rachel Southon, Royal Surrey County Hospitals NHS Trust, in collaboration with Vicki Veness, also of Royal Surrey County Hospitals NHS Trust and John Loy, Avon & Wiltshire Mental Health Partnership NHS Trust.

The RIWA assessment panel believe the project, which commenced in April, will yield measurable outcomes and provide an evidence base for developing services to primary care. The project is due for completion by March 2008 and will be followed by a comprehensive programme of dissemination.

RIWA is a biennial award and details of projects which have previously been funded, copies of their application forms, and news of future awards can all be found

on the RIWA web site, hosted by IFMH, at:
<http://ifmh.org.uk/RIWA.html>

IFMH Auditors

IFMH auditors for the 2006 accounts were Richard Parker, HLG Treasurer and Sara Clarke, Assistant HLG Treasurer. This formed part of a reciprocal agreement in which Kath Wright, IFMH Treasurer will be auditing the HLG accounts for 2006. IFMH would like to register our thanks to Richard and Sara for their contribution to activities.

Date for Your Diary

28th-30th June 2007 - Umbrella 2007

This year the biennial conference adopts the theme of 'Catalysts for Change: Making a Difference'. Taking place in Hertfordshire, UK, there are nine special subject tracks – including the track on 'Information Literacy' organised by IFMH – three plenary sessions and 54 seminars and almost 100 speakers to choose from. It should be a good event with something for everyone. For further details see <http://www.umbrella2007.org.uk/>

***** STOP PRESS *****

On Friday 1st June at the IFMH Annual General Meeting, and subsequent committee meeting, a decision was taken to solely publish IFMH Inform electronically. The decision was taken in light of the time delay between the copy date and the date of publication.

Therefore, from the Summer 2007 issue (vol 18 no 2) all future issues of IFMH Inform will be distributed to its subscribers in a PDF (portable document file) format. These can be read using free Adobe Acrobat software downloadable from <http://www.adobe.com/acrobat-stop.com/>

Please see page 32 or the news page of the IFMH web site (<http://ifmh.org.uk/news.html>) for further details

***** STOP PRESS *****

IFM HEALTHCARE COMMITTEE MEETINGS: DIGEST OF MINUTES

Suzanne Wilson

**Secretary, Information for the Management of
Healthcare (IFMH)**

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Discussion Group

It was highlighted that not all members of IFMH are members of the discussion group. Details are available at:
<http://www.ifmh.org.uk/discussion.html>

Archive

The current available back catalogue of Inform is being digitised. Details of the current archive are now held by the Chair.

Study Days

Following the unfortunate cancellation of the March study day, options for topics and formats for future events were discussed.

The possibility of a joint study day with HLG and LfN is still an option. IFMH will also participate in Umbrella 2007 in June.

Website

Details of the Research in the Workplace Awards applications are now available on the website at:
<http://www.ifmh.org.uk/RIWA.html>

Details of Umbrella 2007 are now available from the News and Study day pages of the website.

Web statistics were circulated for information.

Inform

Speakers from the cancelled study day will be writing articles for Inform Suggestions for further contributors from Wales and

Scotland are welcome, in order to create a pool of contributors.

Treasurer's Report

IFMH accounts have recently been audited.

The PO Box address is not in use. Mail is being delivered to Kath Wright c/o CRD. An issue was raised over some organisations still using the PO Box address for renewing membership.

Membership

Some membership renewals are outstanding.

AGM

The AGM has been rescheduled to take place prior to the next committee meeting in June 2007.

Committee Changes

Richard Bridgen will replace Maria J. Grant as Chairperson from January 2008. Maria will remain on the committee in another capacity.

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

IFMH

Umbrella

NETWORKING: RESOURCE GUIDE

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Compiled [18th April 2007]

WHAT IS A NETWORK?

Networks And Organisational Work

http://www.slideshare.net/anna_maron/networks-and-organisational-work

This slide show will give you a bullet point overview of networks within organisations. It includes sections on social network analysis and actor-network theory. Six types of network are identified: work; social; innovation; expert knowledge; career; learning. Networks can be formed in person or online.

Social Networks

http://en.wikipedia.org/wiki/Social_network

There are many theories of social networking. Wikipedia has an excellent section on social networks. There is also a section with links to other networking theories and references if you wish to study the subject in more depth.

Managed Clinical Networks

<http://www.library.nhs.uk/healthmanagement/ViewResource.aspx?resID=29543&tabID=290&catID=4033>

This management briefing provides an overview of Managed Clinical Networks and their potential for managing resources across healthcare organisations.

NETWORKING OPPORTUNITIES

CHAIN

<http://chain.ulcc.ac.uk/chain/>

CHAINS - Contact, Help, Advice and Information Networks - are multi-professional and cross organisational online networks for people working in health and social care. Based around specific areas, they give people a simple way of contacting each other to exchange ideas and share knowledge.

eLibrary Scotland

<http://www.elib.scot.nhs.uk/portal/elib/pages/SharedSpaces.aspx>

The eLibrary Scotland has a section dedicated to networks. Its shared spaces allow communities to form to share knowledge and expertise. A list of communities and subgroups is also displayed alongside.

King's Fund Networks And Collaboratives Links

<http://www.kingsfund.org.uk/applications/paginated/links.rm?id=1085&category=networksandcollaboratives>

There are 29 links to networks and collaboratives related to health management.

NHS Confederation

<http://www.nhsconfed.org/specialist/index.cfm>

The NHS Confederation has a series of specialist networks. These include the Future Healthcare Network; the Health Services Research Network; the Rural Health Forum and the NHS Black and Minority Ethnic Leadership Forum.

NHS Live

http://www.institute.nhs.uk/nhs_live/introduction/welcome_to_nhs_live.html

NHS Live is a free, national learning network supporting staff, patients and their communities to realise local improvement ideas. The website includes case studies, toolkits and project tips.

NHS Networks

<http://www.networks.nhs.uk/1.php>

NHS Networks is a means of promoting and connecting the many networks which exist throughout the NHS - and encouraging the formation of new ones.

Useful pages include:

- Register of Networks - <http://www.networks.nhs.uk/networks/browse>
- Running Networks - <http://www.networks.nhs.uk/136.php>
- Networks Talk – discussion boards on a range of themes

The Improvement Network East Midlands

<http://www.tin.nhs.uk/index.asp?pageid=1343>

This page lists links to national and local networks and includes gems such as the Developing Practice Network, the Research and Development Forum and SHRINE – Strategic Human Resource Intelligence Network.

HOW TO SET UP A NETWORK

Networks for Networks Event, 11/2005

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4124735.pdf

Notes from the event on:

- Successful networks: What does a successful network look like?; What makes a successful network?
- Establishing networks: What are the barriers?; What is the key to overcoming barriers?
- How to make it happen: What has/has not worked well?; What would you do differently?
- Next steps: What are the three things you will do next?; Who do you need help from?

Clinical Networks Implementation Guide

http://www.health.qld.gov.au/cpic/documents/Networks_Implement.pdf

From the Clinical Practice Improvement Centre, Queensland, Australia, this document takes you through the process of setting up a clinical network.

Managed Networks

http://www.rcpch.ac.uk/doc.aspx?id_Resource=1739

A managed network is one that has a formal management structure with defined governance arrangements and specific objectives linked to a published strategy. This document from The Royal College of Paediatrics and Child Health, published in December 2006, outlines network theory, includes a guide on implementing a managed network and has a resources section for more information.

NHS Service Delivery And Organisation R&D Programme

Have produced two documents on clinical networks:

- Networks briefing: Key lessons for network management in health care - <http://www.sdo.lshtm.ac.uk/files/adhoc/39-briefing-paper.pdf> is based on a systematic review of networks across both the public and private sectors and looks at different network structures, successful network management and network governance.
- Managing across diverse networks of care: lessons from other sectors - <http://www.sdo.lshtm.ac.uk/files/adhoc/39-policy-report.pdf> is a policy report looking at different types of networks. Section 9 looks at networks in health and social care and section 10 details key lessons for the NHS. It also reports on trust and trustworthiness in inter-organisational networks and investigates management and governance. Network theory is also covered in section 3.

RESEARCH

Soft networks for bridging the gap between research and practice: illuminative evaluation of CHAIN, Russell, J. et al., BMJ, 2004; 328(7449): 1174

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=411097>

This study illuminated how knowledge for evidence based health care can be targeted, personalised, and made meaningful through informal social processes.



SURF'S UP - INTERNET SITES OF INTEREST

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Compiled [14th March 2007]

NEW WEBSITES/RESOURCES

Athens Toolbar
<http://www.athensams.net/toolbars/>

It is now possible to add an Athens toolbar to your Internet browser, allowing easy access to Athens-authenticated resources.

Biomed Central Open Access Colloquium
<http://www.biomedcentral.com/info/about/oacolloquium/>

Slideshows and Podcasts from the Biomed Central colloquium "Open Access: How Can We Achieve Quality and Quantity?" held in February, are now available to download from the Biomed Central website. Speakers include Sir Muir Gray (Director of Clinical Knowledge, Process and Safety for NHS Connecting for Health), Robert Kiley (Head of e-Strategy, Wellcome Library), and Richard Smith (Member of the board of PLoS, former Editor of the BMJ and Chief Executive of the BMJ Publishing Group).

Brain And Spine Foundation Information Access Toolkit
http://www.brainandspine.org.uk/information/information_access_toolkit/

The Brain and Spine Foundation (BSF) have designed an Information Access Toolkit, which aims to help commissioners and providers of health and social care services to meet the information needs of people with long-term neurological

conditions. The toolkit is currently being piloted on the BSF website before it is launched more widely later in the year.

Centre For Healthcare Associated Infections
<http://hcai.nottingham.ac.uk/>

A new Centre for Healthcare Associated Infections has been launched at the University of Nottingham. The centre will bring together experts to research superbugs such as MRSA and Clostridium Difficile. The centre is a collaboration between nine schools at the University of Nottingham, covering a range of disciplines, and Nottingham University Hospitals NHS Trust, and is the first of its type in a UK University.

Commissioning Toolkit For Long Term Conditions
<http://www.commissioningforthelongterm.org.uk/>

Asthma UK, the British Heart Foundation and Diabetes UK have teamed up to produce a toolkit which aims to provide advice and support on all aspects of commissioning for long term conditions. The website includes links to commissioning guidance, patient involvement information, and case studies.

Forum For Global Health Protection
<http://www.fghp.org/>

The Forum for Global Health Protection is a new, not-for-profit

information service that has been set up in close association with, but independent from the Health Protection Agency. The aim of the website is to contribute to preparing for and fighting new, emerging, re-emerging and changing health threats. This will include publishing original research, critically reviewing other published research, and providing a forum for international health-protection officials, scientists, and policymakers to debate relevant issues.

Health Archives And Records Group

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

The Health Archives and Records Group (HARG) launched a new website in January 2007, extending summary information that was previously available on the Society of Archives website. This includes news and events, links to relevant resources, and frequently asked questions.

Health Knowledge
<http://www.healthknowledge.org.uk/>

Health Knowledge is an online learning resource for Public Health practitioners, particularly aimed at those studying for the Faculty of Public Health Exams. The website contains information on each section of the syllabus, advice on Part A of the membership exam, and a public health jargon buster.

Health Select Committee
http://www.selectcommittees.co.uk/all_committees/health/default.htm

ePolitix is hosting a new website which allows the opportunity to engage with Select Committees (<http://www.selectcommittees.co.uk/default.htm>). This is not intended to replace the official parliamentary select committee websites (see: http://www.parliament.uk/what_s_on/hoc_news3/about_commons_committees.cfm), but rather to augment their work. There are currently 5 sites, including one for the health select committee (http://www.selectcommittees.co.uk/all_committees/health/default.htm).

Medical Sociology Online
<http://www.medicalsociologyonline.org/>

Medical Sociology Online (MSO) (formerly Medical Sociology News) publishes articles in the area of medical sociology based on original research using qualitative and quantitative methods. MSO will be published biannually and all issues will be freely available to download from the MSO site.

National Personality Disorder Website

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

The National Personality Disorder website is the first dedicated website to provide information, resources and learning opportunities on personality disorder. It supports the development of the National Personality Disorder Programme, a collaborative initiative between the Department of Health, Home Office (Health & Offender Partnerships) and Care Service Improvement Partnership. The site is aimed at anyone interested in personality disorder, including service users, carers, the general public, commissioners, chief executives and multi-agency professionals.

QQUIP: Quest For Quality And Improved Performance

<http://www.health.org.uk/qqqip/>

The Health Foundation have launched the QQUIP website which brings together data from a wide range of sources to reveal national and international trends on diseases and quality of care. QQUIP also collates evidence on the impact of various interventions designed to improve the quality of healthcare internationally, and provides access to data on priority areas such as cancer, heart disease, diabetes and mental health. In addition, QQUIP examines NHS performance in terms of its effectiveness, safety, responsiveness, efficiency, resource-use and how easily patients can access their care.

Sexual Health Professional

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

This is a new website for sexual health professionals, following the launch of the "Condom Essential Wear" campaign targeting young adults. The site provides access to policy information, documents relating to both adult sexual health

and teenage pregnancy, and information on the latest national campaigns. Registration is necessary to gain free access to the website.

UK PubMed Central

<http://ukpmc.ac.uk>

UK PubMed Central (UKPMC) is based on PubMed Central (PMC), offering a free-to-access online digital archive of full-text, peer-reviewed research publications. The archive is fully searchable and currently contains over 620,000 full-text articles. In addition to the mirrored content from PMC, UKPMC also provides a manuscript submission system (UKMSS) to enable researchers funded by the UKPMC Funders Group to deposit articles that have been accepted for publication in a peer-reviewed journal.

UPDATED/REVISED WEBSITES

Best Treatments

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

Please note that from 2 April 2007, Best Treatments will no longer be available free of charge due to the NHS in the UK withdrawing funding. After this date access will be by subscription only.

Blackwell Synergy

<http://www.blackwell-synergy.com/>

Blackwell Publishing's online journals platform, Blackwell Synergy has been re-designed, aiming to provide easier navigation, faster loading times, and improved access to research tools. There is currently an online survey allowing users to give their feedback on the new design (<http://www.keysurvey.com/survey/136025/1260/>)

BMJ Volume 333 Index

<http://journals.bmj.com/misc/indexes.dtl#bmj>

The index to Volume 333 of the British Medical Journal (July-December 2006) is now available to download as a PDF file from BMJ Journals Online at: <http://journals.bmj.com/bmjindexes/333index.pdf>

British Heart Foundation

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

The British Heart Foundation (BHF) website has a new design, incorporating new features and functions for researchers, health professionals and the general public. The BHF are keen to gain feedback on the site, this can be done by using the 'Contact Us' form at: http://www.bhf.org.uk/contact_us.asp

Dissect Medicine

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

Dissect Medicine, the collaborative medical news website which indexes and ranks international medical news, has launched Spanish and German versions of its website. The Spanish edition can be found at: <http://www.dissectmedicine.es/> and the German edition at: <http://www.dissectmedicine.de/>

Intute: Virtual Training Suite

<http://www.vts.intute.ac.uk/>

Intute has released a new Internet tutorial for Health and Social Care which can be found in their Virtual Training Suite at: <http://www.vts.intute.ac.uk/he/tutorial/health> The tutorial is free to access and covers the best websites in the topic, how to search the Internet effectively, and how to evaluate the quality of online information. Tutorials can be completed in approximately one hour.

National Library For Health

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

The National Library for Health has launched two new services: 'My Library' (<http://www.library.nhs.uk/mylibrary/>) and 'Clinical Knowledge Summaries' (<http://cks.library.nhs.uk/>). My Library is a page you can customise to show the news, current awareness updates and health links that are relevant to you. You will need to log in with an Athens username and password to use this resource. Clinical Knowledge Summaries (CKS) aim to provide up-to-date clinical knowledge to help healthcare professionals manage common conditions in primary and first-contact care. CKS currently provides access to full PRODIGY guidance and quick reference guides summarising this, patient information leaflets and PRODIGY Drugs.

SIDELINES

Julie Glanville, Su Golder, Kate Light and Lindsey Myers
Centre for Reviews and Dissemination
University of York

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

Kastner M, Wilczynski NL, Walker-Dilks C, McKibbin KA, Haynes B.

Age-specific search strategies for Medline. Journal of Medical Internet Research. 2006;8(4):e25 URL: <http://www.jmir.org/2006/4/e25/>

Finding studies relating to specific age groups in Medline can be problematic. The age group indexing offered by Medline may not match the searcher's specific age query and/or Medline's indexing may not be specific enough for helpful retrieval because all age groups included in a study may receive indexing. This paper reports the development of search strategies to identify age groups within Medline records with better precision and specificity.

The authors developed their strategies from keywords and MeSH terms elicited from a wide range of contributors. They tested out these terms' retrieval performance as single and multiple-term strategies compared to a gold standard set of records. The gold standard was compiled by hand searching and coding all publications from 161 core health care journals for the year 2000. The extra coding added to the records reflected the age bands into which 50% or more of the study participants fell.

The authors offer a range of strategies for age-specific specialty areas: geriatric medicine, adult medicine, pediatric medicine, neonatal medicine and obstetrics. Strategies for sensitive searches, specific searches and best optimization of sensitivity and specificity are offered, so that the searcher can choose the one that is closest to their own focus.

The validation process used for

the strategies is unclear from this paper but may be reported in the authors' earlier detailed methods paper. The authors note that their gold standard represents records from only one year, but are sanguine about the generalisability of their results. The gold standard was developed from core journals, and this may also affect the generalisability of the strategies.

Aberegg SK, Arkes H, Terry PB. Failure to adopt beneficial therapies caused by bias in medical evidence evaluation. Medical Decision Making. 2006;26(6):575-82.

To address the reasons why many evidence-based therapies are under utilised, the authors of this paper pose the question "is the rate of adoption of beneficial therapies lower than the rate of abandonment of harmful ones?".

Two case vignettes describing hypothetical RCTs were designed. In version one a treatment in common use was shown to be harmful, in version two the same treatment not in common use was shown to be beneficial. Each version of the vignette was randomly dispensed to two independent samples of critical care and pulmonary practitioners. The results showed that 76.5% of vignette one respondents would apply the evidence and abandon the harmful treatment. In contrast, only 33.3% of respondents of vignette two would adopt the beneficial treatment.

The conclusions drawn are that physicians are biased when evaluating medical evidence and are less willing to adopt beneficial therapies than to abandon harmful therapies.

Verheijden MW, Jans MP, Hildebrandt VH, Hopman-Rock

M. Rates and determinants of repeated participation in a web-based behaviour change program for healthy body weight and healthy lifestyle. Journal of Medical Internet Research. 2007;9(1):e1.

This paper looks at the effectiveness of web-based health promotion programs in reaching the appropriate target audience and in retaining that audience. The study investigated the characteristics of those who participated in a web-based health behaviour change program. Analyses showed that the participants in the program were relatively healthy people and that the program failed to reach the audience for which it was intended. However, the study also identified that obese people used the program more frequently than people of normal body weight. Such findings suggest that web-based behaviour change programs may be more successful for weight management than other areas of health promotion.

Oransky I. Bloggers beware: conflicts of interest and diabetes. The Lancet. 2006;368:1641-2.

This short article reports on the use of blogs, particularly those in the area of diabetes. The paper begins with a description of a number of blogs retrieved via www.technorati.com. The authors reflect on the increasing number of people with diabetes writing blogs (known as diabetes bloggers or d-bloggers).

The most interesting part of the article is the comparison between traditional journalists and bloggers in terms of their attitude towards accepting funding from industry. Oransky suggests that bloggers tend to accept money as long as it comes with 'no strings attached', whilst journalists' ethics preclude them from accepting such funding. There is also a growing amount of fake-blogging (or flogging) where pseudo blogs are created by companies for marketing purposes. The authors call for more safeguards to protect the public and warn against an

unquestioning acceptance of the provenance of blogs.

Tang H, Ng JHK. Googling for a diagnosis – use of Google as a diagnostic aid: internet based study. BMJ. 2006;333:1143-45.

One of the major uses of the internet is the search for health information by patients and clinicians. With the advent of sophisticated search engines such as Google, medical information is more easily accessible than ever before. In this paper, the authors report a study that examines the potential use of Google as an aid to diagnosis. Using a sample of 26 case records they entered a selection of search terms based on the patient's symptoms into Google. In 15 cases Google returned a correct diagnosis and the authors conclude that 'Google may help doctors to formulate a differential diagnosis in difficult cases'.

Unsurprisingly the BMJ received a large number of rapid responses to this article and the story was picked up by the mass media. Overall this is an interesting article and provides a good starting point for debate. It should be noted, however, that resources other than Google may provide more useful information. For example, one rapid responder replicated the searches on PubMed and obtained a much better success rate.

In addition, any article located on the web should be critically appraised before use.

McKibbin KA, Wilczynski NL, Haynes B. Developing optimal search strategies for retrieving qualitative studies in PsycINFO. Evaluation and the Health Professions 2006(29)4:440-454.

Most search strategies have been developed for MEDLINE to retrieve therapy and review articles. It is refreshing to see here that the authors have chosen a different database, (PsycINFO) and a different area to search for (qualitative research).

Qualitative studies are particularly

difficult to search for due to the multiplicity and inconsistency of the use and naming of concepts, the broad array of databases and journals in which studies can be found, the nature of article titles and the frequent absence of any abstract.

The authors use 125 journals articles identified by hand searching 64 journals published in 2000 to derive three search filters; a narrow focussed search strategy, a broad search strategy and a best compromise search strategy.

The Health Information research Unit at McMaster University (HIRU) has used the same methods to develop a wide range of filters for various databases. The strategies from this article have been made available as filters on the Ovid interface to PsycINFO.



SOCIAL CARE INSTITUTE FOR EXCELLENCE (SCIE) UPDATE

Sue Jardine
Information Manager
Social Care Institute for Excellence
Email: sue.jardine@scie.org.uk

The Social Care Institute for Excellence (SCIE) is now 6 years old. Established in October 2001 as part of the modernising agenda for social care, our role is to improve the outcomes for service users and carers by developing and promoting knowledge about good practice in the sector.

As an organisation SCIE is quite unique in that, although mostly funded by the Department of Health, we are also a registered charity. Our charity status allows us to be independent in our research and findings. We are governed by an independent board of trustees, which includes representatives from across social care.

We work across children's and families' and adults' services in England and Wales and have support from the Department for Education and Skills and the devolved authorities in Northern Ireland, Wales and Scotland.

Our role is to review current knowledge about social care and develop guidance and tools to support and improve the work or experience of our stakeholders - people who use services, their carers and supporters, policy makers, registration and inspection industry, commissioners of services, providers of services, senior/middle managers, front line practitioners, social care educators and the R&D community.

In order to fulfil our role we produce a broad range of free resources, such as:

- online practice guides for social care managers and workers
- practical tools to improve the way organisations manage and support their staff

The People Management website <http://www.scie.org.uk/peoplemanagement/pm.asp> offers ways to help managers, practitioners and human resource professionals to evaluate their people management policies and practice

- e-learning tools on key subjects for students, teachers, lecturers and trainers

Law and social work, 2007 <http://www.scie.org.uk/elearning/index.asp> was identified as the first key topic area within the social work degree curriculum, which would benefit from the provision of e-learning resources. Other e-learning objects to be developed will be on assessing the mental health needs of older people, and poverty and social exclusion.

- a comprehensive online database of social care www.scie-socialcareonline.org.uk

Social Care Online is an extensive database of social care information - abstracted journal articles and books, extended abstracts of systematic reviews, research briefings, full text documents, website links and increasingly non print materials such as DVDs and e-learning

objects are freely available from the site. Updated daily it is possible to sign up for RSS feeds or email updates of resources added to Social Care Online.

- discussion papers and position papers outlining the opinions of SCIE or other partners

Race equality discussion paper 03: Are we there yet? Identifying the characteristics of social care organisations that successfully promote diversity, 2006
<http://www.scie.org.uk/publications/details.asp?pubID=98>

Position paper 07: Common aims: a strategy to support service user involvement in social work education, 2007
<http://www.scie.org.uk/publications/positionpapers/pp07.asp>

- brief summaries of existing research, a number of which look at issues at the interface between health and social care

SCIE Research briefing 15: Helping older people to take prescribed medication in their own home: what works? 2005
<http://www.scie.org.uk/publications/briefings/briefing15/index.asp>

SCIE Research briefing 20: Choice, control and individual budgets: emerging themes, 2007
<http://www.scie.org.uk/publications/briefings/briefing20/index.asp>

- guides to existing resources or information

Resource guide 6: Learning, teaching and assessment of law in social work education, 2006
<http://www.scie.org.uk/publications/resourceguides/rg06/index.asp>

- detailed reviews of existing knowledge. Most recently published

Knowledge review 14: Having a good day? A study of community-based day activities for people with learning disabilities, 2007

Knowledge review 13: Outcomes-focused services for older people, 2007
<http://www.scie.org.uk/publications/knowledgereviews/kr13.asp>

The cycle of our resource production and definitions of the types of resources we produce can

be found on our website. The type of resource we produce depends on the evidence found.

<http://www.scie.org.uk/publications/knowledgereviews/kr14.asp>
www.scie.org.uk/publications/resources.asp

Given the scope of our role and the nature of social care and its relationship to other disciplines such as health and education, participation and networking are essential elements to how we work.

Our work is supported and guided by two key networks: the Partners' Council and Practice Partners' Network. The Partner's Council advises us on our priorities, programmes and performance. Its purpose is to ensure that SCIE's work reflects the needs of people in the social care sector, especially those of service users and carers. It is made up of representatives from more than 40 organisations including service user and carer organisations, service providers, professional bodies, universities, trainers and inspectors. The Practice Partners' Network made up of representatives from statutory, voluntary and private sector organisations that run social care services. It helps us to identify, develop, share and support good practice.

We also work closely with a large number of organisations, groups and networks who help and advise us in our work. For example we have been instrumental in the establishment of the Parental Health and Child Welfare Network, People Management Network and Fostering Collaborative.

We have partnership agreements with the Commission for Social Care Inspection, National Institute for Health and Clinical Excellence, Care Services Directorate, Partnership and the National Institute for Mental Health in England.

An example of a publication involving our partners is a practice guide we produced jointly with the National Institute for Health and Clinical Excellence - NICE/SCIE in 2006 (<http://www.scie.org.uk/publications/misc/dementiaguidelines.asp>)

One of our core values is to have a service user focus. People who use social care services play a major role in the development and quality of our guidance. They contribute at all stages - from setting the questions at the beginning, to commenting on final versions of our resources.

In fact our guidance is based on a thorough review of research and on managers, practitioners and service users' views about what works well in practice. It includes the relevant policy and legislative background. Our guidance is tested in the field, with experienced social care workers and service users, as well as researchers, before it is published.

Another area of our work is to give recognition to user and carer knowledge, and promote user involvement (in research) in a meaningful way. In the publication: *Knowledge review 03: Types and quality of knowledge in social care*, 2003 (<http://www.scie.org.uk/publications/knowledgereviews/kr03.asp>) we explored what constitutes the 'evidence' or 'knowledge' base of social care with a view to identifying the sources of knowledge that should be used when conducting a systematic review in social care.

The Research and Reviews team and the Work Programme Support team have developed our own method of systematically mapping research.

The first example, a pilot in the use of this method, looks at the literature available on parental mental health as part of SCIE's existing work on the Parental Mental Health and Child Welfare Network - . Systematic map report 1: The extent and impact of parental mental health problems on families and the acceptability, accessibility and effectiveness of interventions (<http://www.scie.org.uk/publications/map/map01-summary.pdf>)

On going work at SCIE includes looking at the impact of our work

within the social care sector.

All our publications are added to our website www.scie.org.uk and Social Care Online www.scie-socialcareonline.org.uk and regular updates can be obtained by signing up for email alerts, or by going to the SCIE site.



NATIONAL LIBRARY FOR HEALTH UPDATE

Colin Davies

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National Library for Health

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Update On The National Library For Health Structure

At the Library, Knowledge Development Network (LKDN) Plenary Meeting on the 14 February 2007, a new group structure that will replace LKDN and its working groups was approved. This means that LKDN ceased to exist from 31 March 2007 and the new groups have been operational since the 1st April.

1. the NLH Coordinating Group
2. the NLH Content and Collections Development Group
3. the NLH Library Services Development Group
4. the NLH Library Staff Development Group
5. the NLH Technical Design Authority Group

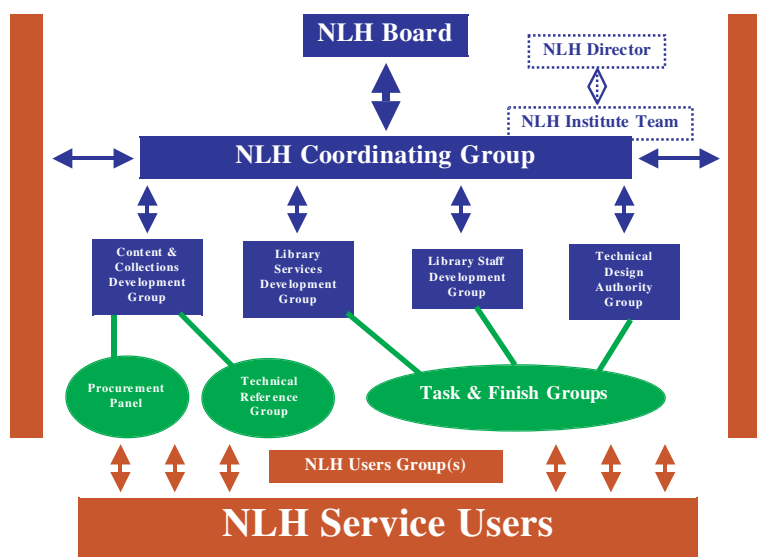
An UPDATE On The Development Of The National Service Framework And National Standards

A Task and Finish Group was established at the beginning of the year and is made up of 10 members who were invited to participate because of their knowledge and experience of standards creation, quality performance monitoring, and/or of the needs of service delivery.

The national service framework (NSF) and standards work will establish quality assurance for knowledge services and a performance monitoring process. The work has been facilitated by Health Accreditation Quality Unit (HAQU), who is an operating division of CHKS Ltd, a company specialising in healthcare knowledge systems.

HAQU aims to improve the quality

The diagram illustrates the new structure:



of service offered by health care providers and other associated organisations and works with a wide range of health care providers and their standards-based quality assessment programmes have been developed for hospitals, primary health care teams, community health services, mental health and learning disability services, nursing and residential care homes, primary care trusts and hospice services.

The NSF

The national service framework establishes the core and developmental requirements for library services, focusing on the outcomes for knowledge services and emphasising access to the knowledge base. The framework establishes the principle that a knowledge service is not expected to be delivered by an individual organisation. Rather, knowledge services must work collectively to deliver an integrated and seamless service to their customers and stakeholders.

National Standards

The national standards for NHS Knowledge Services in England are being designed to continuously improve the quality of knowledge services within healthcare organisations. The standards reflect government health policy and guidance in the United Kingdom, and statutory requirements (e.g. Improving Working Lives and Standards for Better Health), the core and developmental components defined in the National Service Framework, and alignment with the requirements of the International Standards for Quality in Healthcare and other international standards (e.g. ISO 9001:2000 International standard for quality management systems).

Quality Improvement

The programme aim is for healthcare organisations to put in place systems for continuous quality improvement. That is, making sure that at all suitable points, staff within the knowledge service are questioning what is

done, how they do it and how better results could be achieved, more efficiently and more effectively.

The programme enables the health knowledge service to examine itself critically against a nationally recognised framework of knowledge services standards. The process of self-assessment and external peer review highlights good practice, whilst setting an agenda for service and team development throughout the healthcare organisation.

What Next?

The details for the next stage are yet to be confirmed, but proposals include:

Apr-Jun	Pre-pilot pilot Finalise standards Devise project manager training Train pilot sites project managers Write project manager guidance manual Create pre-assessment forms
Jun-Nov	Pilot Standards in nominated sites (x3) Devise assessor training Train pilot sites assessors Write assessor guidance manual Create report writing template
Dec	Feedback from pilot sites and assessors used to refine standards and process Update materials
Jan 2008	Publish NSF and standards

At this stage is anticipated that services will have 12 months from the NSF and standards being published before assessment begins. This means assessment of services against standards will begin in January 2009, allowing time for the training of assessors and the assesseds, and for services to prepare.

Closure Of NeLH

From Saturday the 31st of March the NeLH site has been closed. Librarians have been asked to inform their customers and to update training material and hyperlinks. People connecting to the former site will be re-directed to www.library.nhs.uk

Move To NHS Institute For Innovation And Improvement (NIII)

On the 31st March 2007 the NLH Team moved from Connecting for Health and is now within the NIII – <http://www.institute.nhs.uk>.



NLH MANAGEMENT NEWS

[http://www.library.nhs
.uk/management](http://www.library.nhs.uk/management)

Tim Judkins

**Information Specialist, NLH Health Management
Specialist Library**

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In the last edition of Inform (Winter 2006) we mentioned the Health Management Specialist Library's (HMSL) intention to have a National Knowledge Week (NKW) in June on commissioning to coincide with the NHS Confederation conference (20-22 June). Since then we have decided to broaden our topic to include other areas of 'system reform'.

In addition to practice based commissioning, the NKW will now include payment by results, NHS foundation trusts, PCT commissioning, choice, alternative providers, and regulation. We will also have a stand at the NHS Confederation conference promoting the NKW as well as the HMSL in general.

The HMSL celebrated its 300th news alert on the 16 March 2007. This seemed an appropriate time to ask for some informal feedback on the news alert service. The overwhelming majority of responses (over 100) were positive and supportive of the service. If you wish to subscribe either contact me directly or go to the HMSL homepage: <http://www.library.nhs.uk/healthmanagement/>

The HMSL has been jointly managed by the King's Fund and SchARR since its inception, however this formal partnership with SchARR ends on 31 March 2007. We would like to thank Andrew Booth and his team for the time and effort they have put

into the implementation and development of the HMSL. The King's Fund Information and Library Service will continue to manage the HMSL.

IFMH

W10f07m

Health Management Specialist Library: Management Briefing

Managing long term conditions

(07/03) (Compiled by Julia Florin. (March 2007))

What is managing long term conditions?

The World Health Organisation predicts that long term conditions will be the leading cause of disability by 2020 (1). This presents a huge challenge to the NHS in terms of resource utilisation. The Government's key aim in managing long term conditions is to reduce expensive emergency admissions and, in so doing, provide better quality of care for patients. In 2004 the [NHS Improvement Plan](#) (2) set out measures to achieve this. The Plan aims to move away from the "reactive, unplanned and episodic approach" to the management of long term conditions to a proactive system of care delivered closer to home (3). The intention is that people living with long term conditions will be enabled to better self-manage their health and thus be less reliant on emergency care. Patients with complex long-term conditions will be supported by community matrons, and by 2008 every PCT will be offering these services. [The Expert Patients Programme](#) will be rolled out throughout the NHS by 2008 enabling patients to take control of their health (4).

Why is it important?

[Recent government policy](#) sets out the strategic aim of encouraging a systematic approach at local level to the management of long term conditions and reducing the reliance on secondary care (5). This followed the setting of a national [Public Service Agreement](#) target for improving outcomes for people with long term conditions and reducing emergency bed days by five per cent by 2008 (6). The [Choosing Health](#) white paper (7) seeks to ensure that self care support is available, particularly to those from disadvantaged groups or areas. An [NHS and Social Care Model](#) (8) has been produced by the Department of Health as a blueprint to support local NHS and social care organisations in improving local services for people with long term conditions.

What do I need to do?

For information on the various models of care in the UK and internationally read [Improving care for people with long term conditions : a review of UK and international frameworks](#) (2006) [University of Birmingham Health Services Management Centre]. In addition there is Dr Foster's [High Impact User Manager \(HUM\) Tool](#) which enables GPs or PCTs to generate lists of potential patients who are, or may become, high-impact users of secondary care services. Also the King's Fund has produced the [PARR tool](#) which can be used to identify patients who are at high risk of re-admission to hospital.

For information on Government policy, including the NHS and Social Care Model, read [Supporting people with long term conditions](#) (2005) [Department of Health]

Some key actions taken from [Supporting people with long term conditions](#):

- Health and social care organisations should take action now to ensure that the NHS and Social Care Long Term Conditions Model is implemented. (9)
- Develop the role of the community matron in your locality to support patients with complex conditions who are most at risk of unplanned admissions. (10)
- Examine current procedures of disease management; manage care across all settings using multi-professional teams; support patients to manage their own condition; implement Expert Patient Programme through PCTs by 2008 (11)

What are the implications?

- All health and social care services must begin to adopt an integrated approach, using multi-professional teams and integrated patient pathways. (12)
- Community matrons will provide a new service integrated with existing services in order to deliver case management of high risk patients with the aim of reducing hospital admissions and lengths of stay (13)
- PCTs need to be able to identify both those at high risk to provide effective case management, but also those at lower risk to prevent deterioration.

Whom can I contact?

Long Term Conditions Team at the Department of Health, 4N26 Quarry House, Quarry Hill, Leeds, LS2 7UE Tel : 0113 25 46027

Where can I find examples of good practice?

[Long term conditions good practice guide](#) (2005) [Department of Health] [accessed 14/02/07]

[Promoting optimal self care](#) (2005) [Dorset and Somerset Health Community]

Resources

- [Commissioning toolkit for long term conditions \(2007\)](#) (accessed March 2007)
- [King's Fund work on managing long term conditions](#) [accessed Feb 2007]
- [Dept of Health long term conditions webpage](#) (2007) [Department of Health] [accessed March 2007]
- [NHS networks long term conditions website](#) [NHS Networks] [accessed March 2007]
- [Long term conditions case management competencies](#) (2007) [Skills for Health] [accessed March 2007]
- [US models for caring for people with long term conditions](#) [NHS Networks] [accessed March 2007]
- [Caring for people with long term conditions: an education framework for community matrons and case managers](#) (2006) [Department of Health best practice guidance]
- [Improving care for people with long term conditions : a review of UK and international frameworks](#) (2006) [University of Birmingham Health Services Management Centre]
- [White paper whole system LTC demonstrators](#) (2006) [Department of Health]
- [Improving care for long term conditions reading list](#) (2006) [King's Fund]
- [Supporting people with long term conditions to self care: a guide to developing local strategies and good practice](#) (2006) [Department of Health best practice guidance]
- [Supported self management for people with long term conditions](#). April 2006 (Transforming Chronic Care Programme)
- [High Impact User Manager \(HUM\) Tool](#) (2006) (Dr Foster)
- [Supporting self care: a practical option](#) (2006) (Department of Health) [accessed March 2007]
- [Evercare evaluation interim report](#). (2005) [National Primary Care Research and Development Centre]
- [Case management competencies framework for the care of people with long term conditions](#). August 2005 (NHS Modernisation Agency and Skills for Health)
- [Supporting people with long term conditions : liberating the talents of nurses who care for people with long term conditions](#). February 2005 (Department of Health)
- [Community matrons](#).(Department of Health web pages) [accessed March 2007]
- [A "rough guide" to co-designing services for long term conditions](#). March 2005 (Engaging Communities Learning Network)
- [Supporting people with long term conditions: an NHS and Social Care model](#) (2005) [Department of Health]
- [Self care - a real choice: self care support: a practical option](#) (2005) [Department of Health]
- [Predictive Risk Project](#) (2005) [King's Fund] [accessed Feb 2007]
- [Combined Predictive Model](#) (2006) [King's Fund, New York University and Health Dialog]
- [National Service Framework for long term conditions](#) (2005) [Department of Health]
- [Patients at risk of re-hospitalisation \(PARR\) case finding tool](#) (2005) [King's Fund]
- [Self management for long term conditions](#) (2005) [King's Fund]
- [Case managing long term conditions: what impact does it have on the treatment of older people?](#) (2004) [King's Fund]
- [Managing chronic disease](#) (2004) [King's Fund]
- [Improving chronic disease management](#) (2004) [Department of Health]
- [Managing long term conditions: a self assessment tool](#) (2004) [NHS Modernisation Agency]
- [Learning distillation of chronic disease management programmes in the UK](#) (2004) [Modernisation Agency - Matrix Consulting] - includes comparison of Evercare, Pfizer and Kaiser approach.
- [Expert Patients Programme](#) (2002) [NHS] [accessed 14/02/07]

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4. NHS [The Expert Patients Programme](#) [Online] [Accessed March 2007]
5. Department of Health. 2005 [Supporting people with long term conditions](#) p.5 [Online] [Accessed Feb 2007]
6. H.M. Treasury. 2005 [2004 Spending Review Chapter 8](#) [Online] [Accessed Feb 2007]
7. Department of Health. 2004 [Choosing health white paper](#) [Online] [Accessed Feb 2007]
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11. Department of Health. 2005 [Supporting people with long term conditions](#) p.29 [Online] [Accessed Feb 2007]
12. Department of Health. 2005 [Supporting people with long term conditions](#) p.10 [Online] [Accessed Feb 2007]
13. Department of Health. 2005 [Supporting people with long term conditions](#) p 13 [Online] [Accessed Feb 2007]

Comments

Please address all comments, suggestions or ideas for improvement via NLH Management

Related Management Briefings and Hot Topics

Management Briefings:

- National Service Framework for Long Term Conditions

Hot Topics:

- Managing Long-Term Conditions
- Managing Long-Term Conditions: Community Matrons

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

This briefing will be reviewed and updated in 2008

Visit the NeLH Health Management Specialist Library homepage at: <http://www.library.nhs.uk/management>

INFORMATION FOR AUTHORS

Scope

IFMH Inform is the official newsletter of IFM Healthcare, a partnership organization of the CILIP groups Libraries for Nursing and the Health Libraries Group. It provides a forum for information professionals working or interested in health and social care management and other related topics. The Editors invite 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: rosemary.stark@nwmhp.nhs.uk

Deadline For The Next Issue

The deadline for submissions for the next issue of IFMH Inform is 13th July 2007.

Format

Copy should be submitted in Word format (no headings or footers) to the Joint Editors; email: richard.bridgen@ulh.nhs.uk or rosalind.c.mcnally@manchester.ac.uk All articles should have a title, authors name and contact details (the email address will be published - please let us know if you wish to withhold this information). Articles should be approximately 1500 words in length.

Abstract

A short abstract on your article should also be submitted. It should be no more than 150 words in length. Please ensure the abstract is clearly labelled as such.

References

References should be in Vancouver (author-number) style (see <http://www.bma.org.uk/ap.nsf/Content/LIBReferenceStyles#Vancouver>). Authors are responsible for the accuracy of the references.

Illustrations, Graphs and Tables

IFMH Inform is printed in black and white. Therefore, all Illustrations, Graphs and Tables, need to be clear and readable in black and white.

Proofs

It is not our normal practice to send proofs to authors as very little copy needs editing. On the rare occasion that this does happen, copy will be emailed to you for comment. We ask that the copy be returned within three working days of receipt.

Free Copy

Authors will each receive one free copy of the newsletter.

Further Information

If you wish to discuss your submission, please contact either the Study Day Coordinator who has requested the article or the Editors. Details can be found on the IFMH web site at: <http://www.ifmh.org.uk>

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IFM HEALTHCARE

Kath Wright
IFMH Treasurer and Subscriptions Secretary,
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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.
- **A web site:** <http://www.ifmh.org.uk> the site contains reviews of IFMH study days, excerpts from Inform, links to other web sites, IFMH papers and access to the IFMH members' electronic discussion list.
- **Discussion list:** enables members to share information, questions and thoughts with fellow group members, and with the IFMH committee. It can be found at <http://www.ifmh.org.uk/discussion.html>. Please note that you will need to sign up to Yahoo Groups to join.

IFMH Healthcare is a partnership organisation 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 to whom to speak, please contact the IFMH Chair.

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IFMH Inform Goes Electronic (ISSN: 1359-1827)

On Friday 1st June at the Information for the Management of Healthcare (IFMH) Annual General Meeting, and subsequent committee meeting, a decision was taken to solely publish IFMH Inform electronically.

As you may have noticed there is a time delay of a couple of months between the copy date and the date of publication. This is particularly resonant for the current awareness items such as IFMH News and the web based resource guide and “Surf’s Up”.

Therefore, from the Summer 2007 issue (vol 18 no 2) all future issues of IFMH Inform will be distributed to its subscribers in a pdf (portable document file) format. These can be read using free Adobe Acrobat software downloadable from <http://www.adobe.com/acrobat/acrobat-stop.com/>

To facilitate the change of distribution IFMH will require an up-to-date email address for each of its subscribers. The IFMH committee has been seeking to confirm the email addresses in its subscription database. If you have not received a copy of the confirmatory email please contact Maria – m.j.grant@salford.ac.uk – as soon as possible to ensure continued receipt of IFMH Inform. Maria can also be contacted at SCNMCR, University of Salford, Allerton Building, Salford, M6 6PU or by phoning +44 (0) 161 295 6423.

We hope that you’ll like the improved currency of the electronic format of IFMH Inform and would welcome your comments either via the IFMH subscribers’ discussion list (<http://health.groups.yahoo.com/group/ifmhmembers/>) or Maria J Grant, IFMH Chair at m.j.grant@salford.ac.uk