

INFORMATION LITERACY AND INTERNATIONAL COLLABORATION WORK WITH PARTNERSHIPS IN HEALTH INFORMATION

Jean Newman

Librarian

Regional Public Health Group

Government Office for the South West & UK Co-ordinator for Phi Kenyan Partnership

Jean.Newman@gosw.gsi.gov.uk

Emma Farrow

Senior Assistant Librarian

University of the West of England & Chair of Trustees, Partnerships in Health Information

Emma.Farrow@uwe.ac.uk

Abstract

Partnerships in Health Information (Phi) is a UK based charity seeking to raise the capacity of health science librarians in developing countries to enable them to work with other health professionals and tailor health services to the needs of professionals working in the health sector. African governments in particular face daunting health problems with limited resources to tackle them. It is therefore essential that they adopt solutions that are based on good information and use proven and cost-effective interventions in their programmes. By creating

and supporting health library partnerships, such as the Kenyan partnership, Phi aims to contribute to improving the health of disadvantaged populations through the flow of timely, relevant and reliable health information.

The Role Of Information In Improving Healthcare

In 2000, 189 countries signed up to eight shared Millennium Development Goals (MDGs) to be achieved by 2015 (1). Three relate specifically to health and are listed below with targets in italics:

- Goal Three: to reduce child

IN THIS ISSUE:

- 1 Information literacy and international collaboration work with partnerships in health information
- 5 IFM Healthcare news
- 6 IFM Healthcare committee meetings
- 7 Surf's up
- 11 Sidelines
- 13 E-Library Scotland update
- 15 Focus on NHS Wales
- 17 SCIE update
- 20 National Library for Health update
- 22 NLH Health Management Specialist Library
- 23 NLH Management briefing
- 25 Information for authors
- 26 Subscription form
- 27 IFM Healthcare committee

mortality – *to reduce child mortality of under-five-year-olds by two-thirds*

- Goal Four: to improve maternal health – *to reduce maternal mortality by three quarters*
- Goal Five: to combat HIV/AIDS, malaria, tuberculosis (TB) and other diseases – *to halt these diseases and begin a reversal*

These ambitious targets have set a universally agreed benchmark and focus for international health developments. The HIFA2015 (Healthcare Information for All by 2015, www.hifa2015.org) campaign adds an additional goal that “by 2015 every person worldwide will have access to an *informed* healthcare provider.” [my italics] (2). This is an essential component in achieving the MDGs because the majority of people in low income countries will receive treatment at a primary or community level, often in a rural setting. It is these frontline healthcare professionals who lack information services once they are qualified and are isolated in rural districts.

This reinforces the message from Dr Tikki Pang, of the World Health Organization (WHO): “Knowledge is the enemy of disease...Applying what we already know will have a bigger impact on health and disease than any drug or technology likely to be introduced in the next decade” (3).

It is a striking quote as it recognises that the solutions are often known, but are not

reaching those who need them – as the HIFA2015 Foundation Document states: “people are dying for lack of basic healthcare knowledge” (2).

A core function for librarians is to ensure that timely, relevant, evidence-based information is received by health workers, policy makers and patients. The recently published Global Health Partnerships Report, also known as the Crisp report, recognises the part that librarians in particular can play in developing health (4).

African health librarians play a potentially pivotal role in the three themes identified in the report: Development of Health Systems and Institutions; Education and Training of Health Workers; and Knowledge Management and Technology.

The Work Of Partnerships In Health Information (Phi)

Improved access to reliable, evidence-based, healthcare information is a strategic aim of the UK based charity Partnerships in Health Information (www.intute.ac.uk/healthandlifesciences/hosted/phi/). Phi initiates and supports partnerships between health libraries in the UK and in developing countries. These partnerships are making better health information available to people in some of the poorest parts of the world, including Kenya, Sierra Leone, Tanzania and Uganda. Phi’s work is driven by the needs of the overseas partner, but there are benefits to all. As Rachel Cooke, the UK co-ordinator for the Uganda partnership, states: “I have been able to look at my

own service afresh; we are trying to achieve the same things but in a different context.”

Phi has three fundamental objectives:

i. Training to identify reliable information

Phi focuses on interpersonal relationships, sharing expertise and longer term, more sustainable change. Training and development are key components, and generally take place during exchange visits between partners. Study visits for particular purposes may be arranged in the UK and workshops, which involve a greater number of participants, are held in the partner country. In this way the Sierra Leone Medical Association was introduced to the basic aims of evidence-based medicine through their library partnership with Cardiff University Libraries; and Sierra Leone librarians have learned how to look for such material. They have produced health bulletins on selected subjects for doctors and nurses, but poor finance has hampered their circulation to rural areas. New information and communication technology in particular has revolutionised access to health information. For example the WHO-led initiative HINARI (5) provides free or reduced cost access to more than 3,700 electronic health and bioscience journals for public and non-profit organisations in developing countries. However these developments bring the need for new or enhanced information literacy skills.

ii. *Supporting outreach services*
Alongside information literacy skills, librarians in developing countries often require the ability to repackage available information. This may include using a simplified form of English or translating into a local language, as well as ensuring that the content and context is relevant. AfriAfya Kenya describes the problem:

“Despite the plethora of health information on the internet, very little is directly suitable for dissemination to poor communities as it is. It needs to be repackaged to ensure local suitability and relevance”(6).

iii. *Documentation and dissemination of indigenous research*

A third component in the work of Phi is capturing local knowledge and research. The partnership between Kent, Surrey and Sussex Healthcare Libraries and the Albert Cook Medical School Library at Makerere University in Uganda has included work on the Uganda Health Literature database. This important collection documents local research; the data is being edited by a native English speaker through Phi and will then be uploaded onto the university website and made available within East Africa and internationally through African Index Medicus.

The Kenya Partnership

The Kenya partnership between the South West Strategic Health Authority (SWSHA) and the Kenya Medical Research Institute (KEMRI) is one of Phi's newer partnerships. The partnership aims to support the

role of health librarians in Kenya, through Ken-AHILA (the Kenyan chapter of the Association for Health Information and Libraries in Africa) in order to increase the flow of timely, relevant and reliable health information.

‘The right information in the right format at the right time’

At present many of the everyday deaths in Kenya are caused by preventable disease. There is a huge toll taken by communicable disease such as HIV/AIDS and TB. According to the WHO by the year 2000, over 2.2 million people in Kenya had been infected with HIV and, in 2001, 73,000 new cases of TB were registered as compared with 12,000 in the early 1990s (7). Also, many deaths and much long-term debilitating illness – from malaria and malnutrition for example- could be prevented by timely information. WHO estimates that 23,000 deaths among under-fives in Kenya were associated with malnutrition in 2000.

As well as being up-to-date and evidence-based, information needs to be appropriate to local needs. One of the major areas requiring development is in repackaging health information so that it is culturally and medically relevant. This creates the need for librarians to work with health practitioners, particularly those working in primary care settings or at community level to facilitate the flow of ‘the right information in the right format at the right time’ as acknowledged by Kenya's Assistant Minister of Health at the 10th Biennial Congress of the Association for Health

Information and Libraries in Africa (AHILA) held in Mombasa in October 2006 (8).

Partnership priorities

A grant from The Nuffield Foundation together with support from SWSHA enabled the Kenya partnership to get off the ground, funding a visit by the UK partner to Nairobi in March 2006. This visit enabled Phi to carry out a preliminary assessment of the training needs of health librarians in Kenya and get an understanding of the facilities that are currently available. A health information seminar for librarians and cross-sectoral workers in the field of health information was held in the capital. Visits were also made to health libraries in university medical schools, training colleges for health professionals, a large hospital, research organisations and non-government organisations (NGOs).

This information gathering phase is essential to the partnerships brokered by Phi between developed and developing countries as it is the priorities of the latter which drive any programme of activities. From talking to librarians and those working with them to disseminate health information in Kenya and by visiting health institutions with libraries and resource centres in various stages of development we learnt about some of the issues which provided the impetus for our Kenyan partner, KEMRI, to come forward with the request for a partnership.

Professional networks

The Kenya partnership's key aims include strengthening the professional library networks and increasing the skills base of librarians in Kenya. Many of the health librarians we met were working in isolation and prior to the health information seminar in March 2006 had not met up before as a group. This partnership will support the strengthening of professional associations, especially through the Kenyan chapter of AHILA by, for instance, helping to develop its website.

Developing skills

Training and expertise will also be given in scaling up the skills of health librarians as requested at the health information seminar in 2006. In particular increasing skills in ICTs (information and communication technologies) was identified as an area that training was needed in. Evidence-based medicine, critical appraisal of medical literature and repackaging of health information are also areas that have been prioritised for delivering training. The Kenya partnership plans to hold in-country workshops, utilising the expertise of both Kenyan and UK partners and will support exchange visits between both countries.

Kenyan librarians are very keen to develop their skills and utilise new developments in information technology as until now there have been few opportunities in-country for continuing professional development. Public and non-profit organisations in Kenya qualify for free access to HINARI, but unlike large independently sponsored

organisations such as KEMRI and AMREF (African Medical and Research Foundation) and some NGOs, they mostly do not have adequate funding for satellite or dedicated line technologies which provide access to web-based resources on the Internet.

Improving resources

Rural health libraries in Kenya (where they exist) frequently have a very poor level of health information provision. At the time of our visit in 2006 a rural medical training college library for public health officers had had no new books in two years (not even donations), had no current journals and no access to the Internet. Through this partnership Phi has been able to provide two small grants, to this library and a provincial research library for infectious and parasitic disease control, to increase the resources available and provide information about free or low-cost resources (9) that they were previously unaware of.

Information and communications technology

It may be some time before all organisations can get the bandwidth necessary to access web-based resources on the internet but librarians want and need to keep abreast of new developments in their profession and to play their part in furthering health information literacy.

However, whereas connectivity to the Internet is still beset by problems related to cost and the country's infrastructure, mobile phone technology has spread rapidly with an estimated half of

the adult population owning a cell phone. This stood at a third back in January this year when a BBC Newsnight programme first drew attention to the rise of mobile phone technology in Kenya (10). It is staggering to think that there are approximately 6.5 million mobile phones in the country – there were 1 million 5 years ago – as opposed to just 300,000 landlines. With 80% of the country covered by networks there would seem to be potential in harnessing this means of communication for health purposes.

PDA's or hand-held computers are also being investigated as an alternative means of giving health care workers in rural dispensaries and clinics access to some, but limited, health resources. They are mainly used for improving the accuracy of reporting systems and communication with the local health centre and District Offices.

Inter-professional networks

It may be some years before the so-called digital divide between developed and developing countries becomes less dramatic and there will be frustrations along the way for Kenyan librarians and others who find themselves unable to put new skills and knowledge into practice but the key role of information in the fight against poverty and disease has been increasingly highlighted in the last decade by those working in the fields of international development and health as evidenced for example by the HIFA2015 campaign and Lord Crisp's recent report.

As we stand at the mid-point between the adoption of the Millennium Development Goals and the target date of 2015 there is still a long way to go with regard to achieving the health-related goals which also impact upon development and poverty reduction. This is especially true in sub-Saharan Africa.

The need for librarians to exchange expertise with other librarians and collaborate with health care professionals to provide efficient and effective information systems to support the health sector, and further health information literacy, has never been greater.

References

(1) United Nations. [The UN Millennium Development](http://www.un.org/millenniumgoals)

[Goals](http://www.un.org/millenniumgoals) UN, 2000. www.un.org/millenniumgoals

- (2) HIFA2015 Community. HIFA Foundation Document, 10 July 2007. http://www.dgroups.org/groups/HIFA2015/index.cfm?op=dsp_resource_details&resource_id=41931&cat_id=16776
- (3) Pang T. Gray M. Evans T. A 15th grand challenge for global public health. *Lancet*. 2006; 367(9507):284-6
- (4) Crisp N. Global Health Partnerships: the UK Contribution to Health in Developing Countries: London: COI; 2007 www.dfid.gov.uk/pubs/files/ghp.pdf
- (5) HINARI (Health Internetwork Access to the Research Initiative) www.who.int/hinari/en/
- (6) Pakenham-Walsh N, Priestley C. Towards equity in global health knowledge. *QJM*. 2002; 95(7):469-73

- (7) World Health Organization. World Health Organization Country Cooperation Strategy. Republic of Kenya 2002-2005, Brazzaville: WHO Regional Office for Africa; 2005
- (8) Association for Health Information and Libraries in Africa (AHILA) www.ahila.org/
- (9) Teaching-aids At Low Cost (TALC) www.talcuk.org & BookPower www.bookpower.org
- (10) Mason, P., From Matatu to the Masai via mobile. BBC;2007 <http://news.bbc.co.uk/1/hi/technology/6241603.stm>

For information about the Kenya partnership please contact Jean Newman, UK Co-ordinator for the Phi Kenyan Partnership. Jean.Newman@gosw.gsi.gov.uk

IFM Healthcare News

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

Maria J Grant

*Chair, Information for the Management of Healthcare (IFMH)
Salford Centre for Nursing, Midwifery and Collaborative
Research
University of Salford*

“By the way I think it’s a great idea to go electronic with the newsletter”

“I think that this is the right way to go on this, and congratulate the Committee on being forward thinking.”

Welcome to the first issue of IFMH Inform to be published solely in its electronic format. We’ve been delighted with the positive feedback we’ve already received from you – our

subscribers – and with the opportunity, it has provided answers to specific questions about the future of IFMH Inform. These have included questions about password access for members – an issue we are currently investigating – and whether it is possible to access a full electronic archive of IFMH Inform. With the exception of the three most recent issues, IFMH Inform is already available electronically from

Issue 10 volume 1 published in 2000 at <http://www.ifmh.org.uk/inform/index.html> We are also in the process of digitising our archive so we hope to be able to provide free access to the full back catalogue over the coming months.

In This Issue...

The theme for this issue of IFMH Inform is information literacy. The key paper focuses on library partnership working between the South West SHA and a medical library in Kenya. It draws on the presentation given by Jean Newman and Emma Farrow during the IFMH session at the Umbrella conference this summer (<http://www.umbrella2007.org.uk/>). The session was extremely well attended and, in providing practical information on how the charity Partnerships in Health

Information (Phi - <http://www.intute.ac.uk/healthandlifesciences/hosted/phi/>), encouraged many people to start considering the possibilities of partnership working for themselves. I'm sure you'll agree it makes for stimulating reading.

Your views needed!

IFMH is seeking to update its aims and objectives to better meet the information needs of health and social care managers in the light of the challenges facing healthcare in the UK today. To inform the debate we would welcome your views on:

- What should be the primary aim of IFMH?
- How can we better meet your information needs?

Please email your ideas and suggestions to Richard Bridgen at richard.bridgen@ulh.nhs.uk

Are You A Budding IFMH Author?

IFMH would like to thank Kath Wright and her colleagues at the Centre for Reviews and Dissemination (CRD), University of York, for their sterling work in consistently producing a high quality selection – and review - of recent articles of interest to health professionals in their column Sidelines. Sadly, all good things eventually come to an end and, having written the column since the Autumn of 2000, CRD have decided to offer someone else the opportunity to provide their perspective on what's new and important in the health management information sector. *Could that person be you?*

For further details please contact Richard Bridgen, Editor – Regular Features, on 01522 573

478 or email him at richard.bridgen@ulh.nhs.uk

For further details on how you can get involved with a wider range of IFMH activities – including opportunities to contribute to the IFMH Inform editorial team - please contact Maria J. Grant, Chair, on 0161 295 6423 or email her at m.j.grant@salford.ac.uk

IFMH Web Site

In addition to the regular web site updates – which has recently included copies of the PowerPoint presentation given by Jean Newman and Emma Farrow at the Umbrella conference (<http://www.ifmh.org.uk/paststud.htm>) – IFMH seeks to constantly improve the usability of its web site.

To this end, please note that the web address to subscribe to IFMH Inform has changed to <http://www.ifmh.org.uk/subscribe.html> Please update any bookmarks you may have.

*** STOP PRESS ***

IFMH would like to welcome Roz Howard, Paul Howley and Valerie Wildridge to the committee.

Paul Howley (Joseph Priestley College, Leeds, email:

PHowley@joseph-priestley.ac.uk) and Valerie

Wildridge (Information and Library Service, King's Fund, email:

v.wildridge@kingsfund.org.uk)

have joined as a Committee Members, whilst Roz Howard (Information Services Division, University of Salford, email: r.m.c.howard@salford.ac.uk) has joined Susan Mottram (Health Sciences Library, University of Leeds, email: s.j.mottram@leeds.ac.uk) as Joint IFMH Study Day Co-ordinator.

The committee also sends its thanks and best wishes to Karen Macpherson and Caron Hartley who have both stepped down from the committee.

*** STOP PRESS ***

IFM HEALTHCARE COMMITTEE MEETINGS: DIGEST OF MINUTES

Suzanne Wilson

Secretary, Information for the Management of Healthcare (IFMH)

MEETING OF 1 JUNE 2007

Future of IFMH

There was discussion regarding the future direction and natural evolution of the group. Further discussion will take place at the next committee meeting in October.

Study days

IFMH will chair a session at Umbrella 2007 with LfN in the information literacy thread, on Friday 29th June. The speakers for IFMH will be Jean Newman (Government Office for South West) and Emma Farrow (University of West of England)

on "Information literacy and international collaboration work with Partnerships in Health Information (Phi)." Susan Mottram, IFMH Study Day Coordinator will Chair the session.

Discussions are underway for a joint study day with HLG and LfN to be held in late November 2007.

The HLG website currently has a survey available to gather information and opinions on training needs.

IFMH Inform

IFMH Inform will be moving to an electronic format in the coming months. Initially this will be distributed via email to subscribers. Suggestions of regular contributors to Inform would still be welcomed from Scotland.

Subscriptions

There are currently 60 subscribers to Inform, both individual and institutional.

AOB

Future committee meetings will take place three times per year.

Committee changes

Karen Macpherson was thanked for her contribution to the committee over recent years, following her decision to step down from the committee.

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

SURF'S UP

Anthea Sutton

Information Officer (Reviews and Special Projects)

ScHARR

Email: a.sutton@sheffield.ac.uk

Compiled [10 July 2007]

NEW WEBSITES/RESOURCES

Academic Live Search Engine

<http://academic.live.com>

Microsoft has launched a search engine, "Academic Live" which enables users to search for scholarly journal articles, conference proceedings, dissertations, and academic books.

Breastfeeding

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

www.breastfeeding.nhs.uk/

The Department of Health has created a breastfeeding website to encourage more women to breastfeed. The site contains information on the benefits of breastfeeding, how to breastfeed and details of where to get advice and support. The site also has an area for health professionals, which includes resources such as leaflets and posters to download and links to the latest reports, guidance and research.

Caring Choices

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

'Caring Choices: Who will pay for long-term care?' is a nationwide initiative to help shape future policy on long-term care for older people. The website includes related latest news and resources. The initiative is a collaboration of 15 organisations that represent all aspects of the long-term care system, such as The King's Fund, The Joseph Rowntree

Foundation, Help The Aged and Age Concern.

Center on Aging Policy Evidence Database

<http://socialworkleadership.org/nsw/cap/ebp.php>

The Social Work Leadership Initiative (SWLI), a project of the New York Academy of Medicine, has compiled an evidence database for social care of the Aged. The database is updated regularly with articles published in professional journals both in the USA and internationally.

Clinical Knowledge Summaries

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

Clinical Knowledge Summaries (CKS) aim to provide access to practical and reliable clinical knowledge about the common conditions managed in primary and first contact care. CKS are funded by the NHS and are part of the National Library for Health website.

Community Health Involvement & Empowerment Forum (CHIEF)

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

The Community Health Involvement & Empowerment Forum (CHIEF) is now online with a new website. The aim of the CHIEF is to:

- Provide community members with up-to-date health information, impartial advice, emotional support and advocacy service to help

reduce health inequalities in England & Wales

- Empower community members with knowledge and understanding to make better health choices to improve their quality of life
- Improve the community's access to health care, social care, and mental health care services in England and Wales
- Improve and enhance community's capacity building potentials in England and Wales.

Community Health Profiles

<http://www.communityhealthprofiles.info/>

The Public Health Observatories have produced a set of community health profiles that are designed to show the health of people in local authorities across England, showing where there are important problems with health or health inequalities. The profiles will be updated every year.

Congenital Heart Disease Website

<http://www.ccad.org.uk/congenital>

The Information Centre for Health and Social Care has created a website to provide parents and carers of children with congenital heart disease information. The website includes profiles of every congenital heart disease centre in the UK.

Core Resources for Clinical Research eBook

<http://www.icr-global.org/id519ebooks.asp>

The Institute of Clinical Research (ICR) has published 'Core Resources for Clinical Research: A guide to information'. This

book contains bibliographic details of books, journals, organisations, portals, libraries, authorities, databases and clinical trial registers relevant to clinical research. This title is available both in print (for a charge of £5) and as a free eBook at: http://www.icr-global.org/documents/ebooks/eBook_core_resources.pdf

Disease Management Information Toolkit

http://www.dh.gov.uk/en/Policvandguidance/Healthandsocialcaretopics/Longtermconditions/DH_074772

The Department of Health have produced the Disease Management Information Toolkit (DMIT). The toolkit is a voluntary good practice tool that the NHS may wish to use to strengthen their approach to Disease Management. It contains primary care trust (PCT) level data on conditions contributing to high numbers of emergency bed days. The information can be used to inform commissioning decisions at local level by planning appropriate interventions, matching care to need.

East Midlands Ambulance Service Online First Aid Advice

<http://www.emas.nhs.uk/our-services/first-aid-training/online-first-aid-advice/>

The East Midlands Ambulance Service website now has online first aid advice that can be downloaded to MP3 players. Available topics include dealing with cuts, burns, fits and how to resuscitate an unconscious patient.

Equality Act (Sexual Orientation) Regulations 2007

http://www.opsi.gov.uk/SI/si2007/uksi_20071263_en.pdf

The Equality Act (Sexual Orientation) Regulations 2007 came into force on 30 April 2007. The regulations make it unlawful for health and social care organisations to discriminate unfairly against lesbian, gay and bisexual people.

Genetic Disorders Information Resource

http://www.geneticalliance.org/ws_display.asp?filter=portal.press.release

The US National Center for Biotechnology Information and the Genetic Alliance have launched a web-based portal designed to help patients, care givers and health professionals locate information on genetic disorders available from the American National Library of Medicine. The portal brings together on one web page, genetic disorders information including descriptions of diseases and symptoms and current scientific research in the field.

Health Protection Agency Information on Flooded Homes

<http://www.hpa.org.uk/flooding/guidance.htm>

The Health Protection Agency has published information for residents whose homes have been flooded, on its website. The guidance includes advice on: protecting against infection; how to clean up; returning to your home; food preparation and storage; what to do if drinking water becomes contaminated; how to deal with chemical hazards; and the safe use of emergency generators.

Hospital Episodes Statistics Tool

<http://www.ic.nhs.uk/statistics-and-data-collections/hospital-care/hospital-activity-hes>

The Information Centre website now has access to a wider range of information from the Hospital Episodes Statistics (HES). This includes the ability to create and download custom tables of HES data simultaneously broken down by organisation and clinical classifications.

Journal Info

<http://jinfo.lub.lu.se/>

Lund University Libraries in Sweden have provided a new tool to support researchers in the selection of journals for publication. Journal information provided on the website includes genre, access, costs and quality. You can also see which databases list a particular journal, what it will cost for libraries and alternative open access journals in existence. In total there are currently 18000 journals in the database. The website is aimed at researchers and the site exists in English and Swedish to reach as many as possible. Information has been collated from the web and is continually updated.

National Research Register for Social Care

<http://www.scie-socialcareonline.org.uk/researchRegister/>

The National Research Register for Social Care (NRRSC) is a new resource for social care research, practice and service user communities. The NRRSC will eventually record all social care research being undertaken within Councils with Social Services Responsibilities (CSSRs) that has been subject to independent ethical and scientific review,

including student projects. It can be searched to obtain summary details of the individual studies and links to further information.

New Deal for Carers

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

The 'New Deal for Carers' website aims to engage carers in debate about what would make a positive difference or improve their lives by encouraging them to post their ideas on the website (via the 'Ideas Tree') and to comment on the ideas of others. This website is part of a government consultation and national debate on how to improve the lives and future of carers. The 'Ideas Tree' will remain live until mid September 2007.

NHS Choices

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

The Department of Health have launched NHS Choices, a website providing accessible information for the public about conditions, treatments and hospitals. The website aims to empower the public to make informed choices about their own health, including when and where they receive treatment. In addition, NHS Choices has been designed as a resource for voluntary sector workers, patient advocates and carers to distribute information to patients who do not use the Internet. NHS Choices replaces the previous main NHS site (<http://www.nhs.uk/>).

Online Cancer Education Forum

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

The European Journal of Cancer Care has launched an e-learning environment: 'Online Cancer

Education Forum'. A topic will be introduced in each issue of the journal and more in-depth information on the topic will be available on the forum. Readers of the journal are encouraged to post comments on the topic via the forum discussion board. All discussions will be summarised and archived in order to build a library of professional debate for the wide range of health professionals within cancer care.

Population Trends 128

<http://www.statistics.gov.uk/statbase/Product.asp?vlnk=6303>

The Office for National Statistics (ONS) has published 'Population Trends 128 – Summer 2007' which includes information on the accuracy of the official UK population projections of the last fifty years and some of the recent key trends in marriage.

Preventing and Reducing Alcohol-Related Harm eBook

<http://www.jrf.org.uk/knowledge/findings/socialpolicy/2038.asp>

The Joseph Rowntree Foundation (JRF) has published a report entitled 'Multi-component programmes: an approach to prevent and reduce alcohol-related harm'. This report draws on evidence from programmes in the USA, Australia and Scandinavia and is available as an electronic book from the JRF website at: <http://www.jrf.org.uk/bookshop/eBooks/1976-prevention-alcohol-harm.pdf>.

There is also a summary of the report available at: <http://www.jrf.org.uk/knowledge/findings/socialpolicy/2038.asp>.

Primary and Social Care Premises: Planning and Design Guidance

<http://www.primarycare.nhsestates.gov.uk/secure/content.asp>

Department of Health Estates and Facilities have set up a new website which aims to encourage the creation of high quality, stress-free environments for the delivery of care. The website identifies the key considerations and actions for those involved in the planning, briefing and design of primary and social care premises, and gives some guidelines on funding, procurement and design. It replaces *HBN 36 - 'Local healthcare facilities'* and the *'SFA' ('Red Book')*.

Public Health Advocacy Toolkit

<http://advocacy.phaii.org/>

The Public Health Alliance for the island of Ireland has developed a Public Health Advocacy Toolkit to help those working to improve health to think through, plan and undertake advocacy work. The toolkit provides a model for the advocacy process and can be used to identify training needs, point to resources for developing skills and competencies and a framework for action. The toolkit is available both as a printed and web based resource.

Self-Assessment Tool for Commissioners

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073897

The Department of Health have produced a self-assessment tool for commissioners which is designed to assist PCTs and their

partners in assessing their knowledge and capability to commission children's and young people's services.

Smoking Cessation Costing Template

<http://www.nice.org.uk/page.aspx?o=424907>

The National Institute for Health and Clinical Excellence (NICE) has created a costing tool, *'Smoking cessation: costing template (impact of stop smoking legislation)'*, to calculate the potential increase in activity in stop smoking services that may arise as a result of the stop smoking legislation beginning on 1st July 2007.

Telegraph Hospital Guide

<http://telegraph.drfooster.co.uk/>
The Telegraph newspaper website has produced a hospital guide in association with Doctor Foster Research. The guide aims to help members of the public find out more about hospitals, both locally and throughout the UK. The guide covers acute hospitals with more than 300 beds, some smaller acute hospitals with specialist services, and private hospitals with more than 30 beds. Hospitals can be searched for by name or by postcode.

Tools to Help Organizations Create, Share, and Use Research

www.chsrf.ca/tools

The Canadian Health Services Research Foundation (CHRF) has created a free online database of resources for health services organizations that wish to use research better. The database contains resources identified and developed by the CHRF and others, aiming to provide a "one-stop shop" for research tools (including strategies, stories,

frameworks, evaluation plans) that can help health system managers, policy makers, and their organisations acquire, appraise, adapt and apply relevant research in their work.

Tuberculosis Prevention and Treatment Toolkit

http://www.dh.gov.uk/prod_consum_dh/idcplg?IdcService=GET_FILE&dID=142069&Rendition=Web

The Department of Health has published *'Tuberculosis prevention and treatment: a toolkit for planning, commissioning and delivering high-quality services in England'*. This toolkit aims to assist the NHS with implementing the TB action plan *'Stopping Tuberculosis in England'* by enabling PCT commissioners to plan and commission high-quality TB services for their local population, and monitor their delivery. The toolkit sets out a framework for assessing local needs, and identifying how services can be best provided to meet those needs. It also contains models of best practice aimed at TB service providers, including laboratories and public health teams.

You Can Stop Smoking

<http://www.canstopsmoking.com/>
NHS Health Scotland have launched a website to help members of the public give up smoking by providing access to information, tips and advice on how to stop. The website also contains guidance for health professionals on how to support those giving up smoking. There is also access to the research that led to the ban on smoking in public places in Scotland and links to publications and other

BMJ Clinical Evidence

www.clinicalevidence.co.uk

BMJ Clinical Evidence has extended its service to cover supportive and palliative care. This includes a broad range of clinical problems including constipation in people prescribed opioids, delirium in the dying patient and nausea and vomiting in people with cancer and other chronic illnesses.

DARE: Database of Abstracts of Reviews of Effects

<http://www.york.ac.uk/inst/crd/crddatabases.htm#DARE>

The Centre for Reviews and Dissemination (CRD) at the University of York, who produce and maintain the DARE database, have announced that the number of quality assessed systematic reviews added to the database will increase due to additional resources agreed with the Department of Health, taking effect from October 2007. Currently over 600 abstracts are added to DARE each year. The additional capacity will enable DARE to keep up to date with the rising number of available reviews.

The Information Centre

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

The Information Centre has launched its new website which aims to make information on the site easily accessible for all users. The changes include topic-based navigation, improved site search, and a dedicated publication search.

National electronic Library for Health (NeLH)

The NeLH website closed on 31st March 2007. All content from the NeLH is being migrated to the National Library for Health NLH (<http://www.library.nhs.uk/>). There is a temporary redirect from the old NeLH site to the NLH.

National Library for Health

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

The National Library for Health (NLH) website has been upgraded to include some new features:

- A function to search online medical dictionaries (accessible from the NLH Homepage)
- An “Image Hub” enabling simultaneous searching of a number of image databases and websites (<http://www.library.nhs.uk/images/>)
- A “For Patients” hub page allowing simultaneous searching of over 100 websites accredited by NHS Direct Online (<http://www.library.nhs.uk/forpatients/>)
- NLH Tools – to add NLH toolbar, RSS feeds and search box to your own website (www.library.nhs.uk/tools/).

The Week

<http://www.dh.gov.uk/en/Publicationsandstatistics/Bulletins/theweek/index.htm>

‘The Week’ has replaced the Department of Health Chief Executive Bulletin. ‘The Week’ is published every Thursday and provides “need-to-know” news for chief executives and their teams.

SIDELINES

Julie Glanville, Su Golder, Kate Light, Lindsey Myers

Centre for Reviews and Dissemination

University of York

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

Zarin D A, Ide N C, Tse T, Harlan W R, West J C, Lindberg D A. Issues in the registration of clinical trials. JAMA. 2007;297(19):2112-2120.

The registration of clinical trials is receiving increased attention, in the interests of enhancing decision making based on the best available evidence. Up to 37% of clinical trials presented as abstracts do not result in a full journal article and even those that do may suffer from reporting restrictions or selection. Registration of clinical trials on web-based free access databases is increasing, but comprehensive registration and a single access point to the many trial registers available has not yet been achieved. This timely overview describes the issues in clinical trial registration, the efforts of the ClinicalTrials.gov resource to capture trials data and to improve its quality and completeness, and the factors that make searching on

drug names problematic in trials registers. The authors discuss the planned WHO search portal to trials registries. The next challenge is to improve not only information on ongoing trials, but access to the results of completed trials. Progress towards this is being achieved by measures such as links from trials registers to related final publications and assessment reports such as those of Drugs@FDA. However, the authors note that providing access to data that has not been subject to independent scientific assessment or peer review, and has not been placed in the context of other relevant research, also poses problems.

Chew M, Villanueva E V, Van der Weyden MB. Life and times of the impact factor: retrospective analysis of trends for seven medical journals (1994-2005) and their editor’s views. Journal of the Royal

Society of Medicine
2007;100:142-150.

This paper investigates journal impact factors. It analyses trends and seeks out the views of journal editors on factors that influence their journals' impact factor.

The authors selected seven journals – *Annals of Internal Medicine*, *BMJ*, *JAMA*, *Lancet*, *New England Journal of Medicine*, *Medical Journal of Australia* and the *Canadian Medical Association Journal*. Trends in impact factor were ascertained by a retrospective analysis of impact factor data from ISI Web of Knowledge Journal Citation Reports.

Analysis revealed that overall impact factors rose over the period. Although the *New England Journal of Medicine* had the highest impact factor from 1994-2005, the *Canadian Medical Association Journal* and *JAMA* had the greatest rises in impact factor, 500% and 260% respectively.

The reasons for the rise in impact factor suggested by the nine editors interviewed included some deliberate editorial practices such as publishing fewer articles. Other suggested reasons were the active recruitment of high impact articles, improving services to authors, enhancing the journal's media profile to draw first class authors and the careful selection of articles. Only one editor suggested that the provision of free full text access to articles online increased the impact factor of his journal.

This paper raises concerns about the ways in which editorial practice can manipulate a journal's impact factor. The authors give their support to

finding alternative and complementary measures for journal impact/quality.

Hartmann C W, Sciamanna C N, Blanch D C, Mui S, Lawless H, Manocchia M, Rosen R K, Pietropaoli A. A website to improve asthma care by suggesting patient questions for physicians: qualitative analysis of user experiences. Journal of Medical Internet Research. 2007;9(1):e3

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=17478412>

This study assessed the use and impact of an interactive asthma website on patients' interaction with their doctors. A website was produced using asthma guidelines to create evidence-based decision rules for asthma care. Patients completed an online survey of 10-20 questions. Their responses were measured against the guidelines programmed into the website and tailored feedback was produced, suggesting questions the patients should discuss with their doctors. Patients' impressions of the website and its effect on communication with their doctors and the resulting quality of care were assessed by semi-structured interviews before and after the visit to the doctor. Doctors were also surveyed about their impressions of the website.

Thirty seven patients who responded to adverts and met the inclusion criteria were introduced to the website and surveyed. Twenty six doctors volunteered to complete the online survey. The patient sample was overwhelmingly female (91.9%),

white (89.2%) and adult (78.4% aged over 35). 56% of patients felt that the website had influenced the outcome of their visit to the doctor. Patients also reported feeling more self-confidence during the visit, that they talked more and had more confidence in the care they were receiving. Patients reported feeling more involved in their care and some treatment changes were initiated. No patients mentioned having a negative interaction with their doctor as a result of using the website. A large majority of the doctors who completed the online assessment rated the website positively.

The study does have generalisability issues stemming from the samples and the topic and the fact that only one interaction was assessed. The question of impact on patient outcomes remains to be addressed. However, the authors suggest this is a promising experiment in evidence-based interactive information communication which merits further development.

Urquhart C, Turner J, Durbin J, Ryan J. Changes in information behavior in clinical teams after introduction of a clinical librarian service. Journal of the Medical Library Association. 2007;95;14-22.

This paper reports on an 18 month evaluation of a clinical librarian project in North Wales, UK. The project assessed the changes in clinical teams' information seeking behaviour, willingness to delegate searches to a clinical librarian and the effectiveness of information skills training. The methods used included a reflective diary kept by the clinical librarian, and a series

of questionnaires and interviews of the clinical teams. The results are generally positive. After the introduction of a clinical librarian service the respondents were more willing to undertake searches, more willing to delegate searches and, after attending training sessions, perceived an improvement in their search skills. It was noted that it may be difficult to generalize the results to other settings as the roles of clinical librarians differ widely between institutions.

Meier A, Lyons EJ, Frydman G, Forlenza M, Rimer BK. How cancer survivors provide support on cancer-related internet mailing lists. Journal of Medical Internet Research. 2007;9:54-75.

Self-help groups are a well established feature of the healthcare landscape. With the advent of the internet the increasing use of email support lists to serve this audience is not surprising.

This paper gives some background information about these lists (with particular emphasis on their development in the USA) and then describes the results of a content analysis of a sample of email messages from 10 cancer mailing lists over 5 months. They find that the most common topics related to information about treatments and how to communicate with health professionals. Information requests were more common than requests for emotional support and more offers of support than requests for support were posted. The authors conclude that users can, and do, find the support they need from these communication channels and that they benefit from the resulting empowering roles. This is a fairly detailed

report of a content analysis of a very difficult area to evaluate.

This is the final Sidelines from CRD and the editors would like to thank everyone from CRD who has been involved in the production of this invaluable column over the last seven years.

Call For New Contributor

A new contributor is needed for Sidelines:

- Can your organisation produce Sidelines three times per year?
- Do you want to contribute a section of it by joining a Sidelines team?

Call Richard Bridgen now:

01522 573478

richard.bridgen@ulh.nhs.uk

E-LIBRARY SCOTLAND UPDATE: SUPPORTING KNOWLEDGE COMPETENCE IN NHS SCOTLAND

Eilean Craig
Knowledge Outreach Manager
NHS Education for Scotland
Email: eilean.craig@nes.scot.nhs.uk

Introduction

The rapid development of information and communications technology together with the information explosion associated with the Internet has had the consequence that information users must learn not only how to access information resources, but also how to evaluate, manage and use them effectively.

Medicine and Health Sciences are information-intensive disciplines and health literature is an immense and rapidly changing body of knowledge.

Healthcare staff need the skills and knowledge which enable:

- the recovery of timely, accurate, and relevant information for research and to support valid clinical/healthcare decision-making
- the maintenance of the currency of professional knowledge
- the development of independent lifelong learning.

Background

The strategy document *Exploiting the Power of Knowledge in NHS Scotland*¹

acknowledged the need for service-wide access to information and knowledge across disciplines and geographic boundaries to support all stages of the patient journey. The subsequent *From Knowing to Doing : Transforming Knowledge into Practice in NHS Scotland*² presented an implementation plan proposing practical approaches designed to facilitate the development of a knowledge competent workforce throughout NHS Scotland.

Principle 5 of that document states that *It [the plan] will seek to develop the information literacy skills of all staff to help underpin service modernisation and organisational development.*

One method of achieving that aim is the provision of a suite of tailored online courses intended to encourage and enable the learning and maintenance of information literacy skills (ILS).

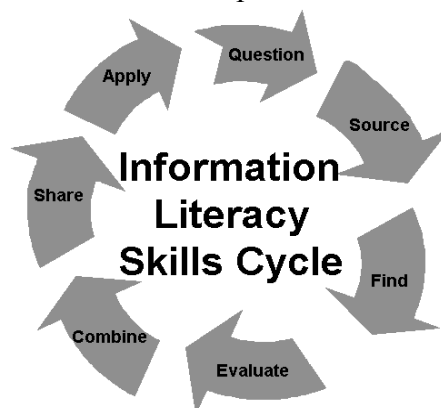
Aims and Objectives

The original specification for the ILS online courses project included the direction that it should be possible to complete each module of each course in around ten to fifteen minutes and an entire course in ninety minutes to two hours. The courses were to be self-paced, self-directed and completed online at times selected by the individual learner. Each course was to be designed for use by a specific group of staff and to incorporate subject-relevant scenarios. The first course to be developed should be clinically-focussed and aimed at supporting healthcare professionals.

Development

Following a review of the literature describing information literacy and the associated skills-set, the first task involved analysing the stages comprising the ILS process. The reason for this was to enable the production of an agreed illustration representing these stages and skills as a step-by-step, comprehensible model. After a great deal of discussion and many trials and revisions, the basic model is shown below. This has been reduced to its simplest form and quite deliberately excludes the looping and reiteration of tasks required at several stages of the ILS process.

A colour version of the illustration is used on flyers, leaflets and other promotional and advertising materials. Each arrow, representing a step in the process, is colour-coded to reinforce the skills required at each stage. Supporting resources, explaining and expanding upon the steps and skills will be similarly colour-coded so that their relationship to a particular stage is clear. The illustration is adapted for



teaching and other purposes and becomes slightly more complex in these situations.

Before attempting to come to

terms with the selected learning software and beginning online development, the course content was tested in face-to-face sessions with groups drawn from, and representing, the target audiences, to assess whether it was suitable for its intended purpose.

The content of the clinically based course includes two health scenarios : one concerning a teenager with eczema and the second, an older man with prostate problems. The face-to-face sessions were structured to include explanations and demonstrations of the PICO (Population, Intervention, Comparison, Outcomes) process³ for identifying the key terms in each scenario and formulating a question using these. The sessions then followed the skills circle, demonstrating some of the resources and tools available through the e-Library to support each stage of the process.

In the course of these sessions it quickly became apparent that, while the developed content might be suitable for its purpose, we had unconsciously made assumptions about the level of IT skill participants would have. While the majority of participants were comfortable and competent with electronic tools, many were uneasy with the technology, others had only point-and-click skills while others still, had limited understanding of the functionality of browsers and other software. The online courses therefore had to be designed to cater for all of these skills levels.

The course content and structure was converted into a series of picture boards which showed the information to be presented in each module, the sequence of presentation and the activities included at each stage. These activities were interactive quizzes and tutorials. The quizzes are intended to provide checks on how much information participants have absorbed from the material presented: the tutorials presented interactive demonstrations of the tools and resources available from the e-Library and other sources, such as medical databases. When the picture boards were judged to be in the correct order and to present the correct information, conversion to online presentation began.

This involved learning to use the selected software package, Moodle. Working with the demonstration version of the package on the Moodle website (<http://moodle.org>) allowed a little of the learning to take place. However, the impression gained through these trials was that the software was more user-friendly than proved to be the case. Converting the text content was reasonably straightforward although HTML skills were necessary to alter the format so that page layout was as required. However, having the individual pages behave as needed was slightly more complicated. The package is designed to allow course-access to participants who log onto the site and who are enrolled in specific courses. Our intention with pilot versions of the courses was to allow access to all course-resources with no necessity to login or enrol. This was not possible

without altering the programming behind the package. As Moodle is open-source software, there is little in the way of documentation to explain how such changes are made. The Moodle user-forums provided much of the information we needed to make the desired programme changes. However, as we have no 'expert' in PHP (the programming language required), we had to make use of our collective experience with other programming languages to alter the software.

We also incorporated an introductory module into the course to provide the support necessary to build confidence and skill with electronic tools. This involved devising two sets of questions designed to enable the self-assessment of participants' existing IT skill-level. A further Internet search was required to identify possible resources which had already been developed and which could be used for this purpose. Fortunately, there were a number of very helpful mini-tutorials available and links to these are included in the introductory module. These provide information, reassurance and hands-on practice with mouse navigation, browser manipulation and so on. The initial course (clinically focussed) was released in pilot form in 2006 and comments, criticisms and suggestions invited. Many participants accepted this invitation and their suggested improvements were incorporated as these were received, where practicable.

A second course, intended to

support Administrative, Clerical and Support staff was developed at the beginning of 2007. A similar procedure was followed in its production and the scenarios in this case focus on a hospital chef and a clerical officer working in a records management position.

On 22 June 2007, the altered and amended courses were released as 'live' versions. The invitation to comment is still included on the site as we expect that the courses will continue to evolve in response to users' requirements.

The current courses are available at <http://www.infoskills.scot.nhs.uk>

Future Developments

One further online course is planned and it may be that this is the most challenging of all. This third course is to be aimed at supporting patients, carers and members of the general public in their searches for health-related information. The course will have to address the additional issues involved in health literacy. At this stage, a reference group, which will guide the development of the course on behalf of the audience, is being established. The group will be composed of individuals drawn from organisations which deal with health information for members of the public. At this stage we hope to be able to include public librarians, librarians within voluntary organisations, perhaps nursing staff and others dealing directly with patients and carers.

An additional resource is also in development: an ILS help and

training portal development attached to the e-Library itself. This will include self-help materials and resources which can be re-used by trainers and information champions throughout Scotland.

References

- (1) NHS Education for Scotland. Exploiting the Power of Knowledge in NHS Scotland – A National Strategy. NHS Education for Scotland, February 2004. http://www.elib.scot.nhs.uk/news/documents/nhss_knowledge_strategy.pdf (accessed 13th August 2007)
- (2) NHS Education for Scotland. From knowing to doing : transforming knowledge into practice. NHS Education for Scotland, May 2006. <http://www.elib.scot.nhs.uk/upload/NESKnowingDoing.pdf> (accessed 13th August 2007)
- (3) Booth, Andrew. Exceeding Expectations: achieving professional excellence by getting research into practice. University of Sheffield, April 2003. <http://www.shef.ac.uk/scharr/eblib/Exceed.pdf> (accessed 13th August 2007)

FOCUS ON NHS WALES : WORKING IN PARTNERSHIP TO DELIVER PUBLIC HEALTH LIBRARY AND INFORMATION SERVICES IN WALES

Sue Thomas

Health Promotion Librarian

Public Health and Health Professions Department

National Leadership and Innovation Agency for Healthcare

Email: Susan.Thomas@wales.gsi.gov.uk

Web: www.wales.gov.uk/healthpromotionlibrary

Background

The Health Promotion Library is the national library in Wales for health promotion and public health. We work in partnership with the Library and Knowledge Management Service in the National Public Health Service for Wales, and the Learning Laboratory Manager of the National Leadership and Innovation Agency for Healthcare to deliver a co-ordinated information service to the public health community in Wales.

Membership of the Health Promotion Library is available to anyone in Wales. Members have access to the full range of services via phone, minicom, fax, email or the Internet. Services available to members include:

- Enquiries with a dedicated enquiry telephone line and 24/7 email access via hplibrary@wales.gsi.gov.uk
- E-journals via the NHS Wales e-library and library online subscriptions
- Loans, including the free postal loans service
- Training in effectively using the service and in accessing health information on the

Internet and in knowledge databases

- Publications to keep customers up-to-date via a regular newsletter 'Prevention News', a 'New Books Bulletin' and a series of topic based 'Research Bulletins' to get research into practice.

Members can contact us via the email enquiry service to send enquiries, request membership packs, renew items on loan, and request items. All services are equitably available wherever a member is based in Wales. We have more than 1,500 members, who are from all corners of the Principality, and many of these members use the service entirely remotely – distance prevents them from visiting.

Partnership Working in Practice and Future Developments

Partnership working has been central to the development of the Health Promotion Library since its establishment in 1989, recognising the benefits of joint working to avoid duplication of effort and share best practice.

The partnerships established have been informal to date, with regular meetings to keep partners up-to-date with service developments, and joint working to deliver quality information to customers. An example of this collaboration is the joint work on literature search requests, so that services can share their expertise and access to the widest range of knowledge databases.

To support organisational changes in the public health service in Wales, we are currently exploring with colleagues the possible development of a 'Public Health Knowledge Network'. This would deliver a national resource for knowledge management, expert advice and information to support the promotion of an evidence-based culture for the public health community in Wales. The network would be available to all those who need equitable access to public health evidence and would enable the public health community to make the most cost-effective use of global resources.

The Library is also working in collaboration with the World Health Organization (WHO) Regional Office for Europe's Documentation Centre network, and is a founding member of the European Association for Health Information and Libraries Special Interest Group on Public Health. As the only WHO Documentation Centre in Wales, we are able to support colleagues in Wales who need access to WHO and European information.

Partnerships and Marketing: Read up on your health at your local library!



Marketing services and disseminating health information as widely as possible is a key part of our activity. Between April 2006 and March 2007 we attended more than twenty-five public health conferences or seminars with our marketing PowerPoint presentation, and/or book display. This is an excellent opportunity to meet new members, and to discuss services with existing members.

To extend this aspect of our work, we have been involved in a number of partnerships with public libraries, piloting a 'Health Information Kiosk' and supporting 'Book Prescription Wales', an all Wales bibliotherapy scheme for people with mild to moderate mental health problems.

'Health Challenge Wales' the national focus encouraging people to work together to create a healthier nation, launched health information bookstands in a number of public libraries in June 2007.

To support this partnership work, we worked with colleagues from Health Challenge Wales and NHS Direct Wales to provide a tailored training package for public librarians. This course gave public librarians a better understanding of Health Challenge Wales, consumer health information and how they could search for health information via the web.

Public libraries are able to refer enquiries to us if they do not have the information requested. This pilot project is being evaluated to see how the bookstands work in practice. Based on the evaluation this pilot may be rolled out to other libraries.

Partnerships and Quality Standards

The Library works to the Charter Mark Standards for Excellence in Customer Service. This award was renewed for the fourth time in December 2006. We actively engage with other public sector organisations in the Wales Quality Network, and find this an excellent way of benchmarking our service. Charter Mark demonstrates that we put the customer first, offering choice in how services are delivered, and ensuring that we continuously develop and improve the services we provide.

Conclusion

Working in partnership remains a key principle for our library and information service with many tangible benefits. We have been able to share good practice with colleagues in information services, and also, via the Quality Network, with colleagues from very different organisations. The future potential of the Public Health Knowledge Network offers the opportunities to build on this approach to strengthen these relationships, offering seamless services to customers wherever they are in public health in Wales.

For further information please contact Sue Thomas, Librarian, Susan.Thomas@wales.gsi.gov.uk

SCIE UPDATE: E-LEARNING AT SCIE

Gavin Nettleton
Principal Adviser E-learning
Social Care Institute for Excellence
Email: gavin.nettleton@scie.org.uk

Introduction to E-Learning at SCIE

In 2003 the Department of Health (DH) allocated resources to the Social Care Institute for Excellence (SCIE) 'to assist the social care community to make the best use of Information and Communication Technologies (ICTs) for teaching and learning to deliver an improved service to users and carers' (DH E-learning Steering Group 2003).

While this was a very broad remit SCIE chose to start with some specific projects. Before we could start development work, we carried out some research in the sector to establish perspectives and readiness to use of ICT. We carried out:

- A consultation in collaboration with Skills for Care to establish an e-learning strategy for social care in England
- An investigation, carried out by Julia Waldman *et al* at the Social Policy and Social Work subject centre at Southampton University (SWAP), to identify key topic areas within the social work degree curriculum, which would benefit from the provision of e-learning materials. This work informed the creation of an ongoing advisory group which helps SCIE decide on which topics to develop.

The results of the e-learning

strategy consultation endorsed the use of a blended learning approach which together with the strategies formulated by the Higher Education Funding Council and the Department for Education and Skills, chimed with our own view that a broad understanding of e-learning as something to be harnessed to existing practice, to enhance rather than replace users' existing learning experiences, was a sound approach.

Based on this, and informed by the subsequent studies by SWAP and the work of the advisory group, SCIE commissioned the production of the first ten discreet learning objects to be used primarily by social work educators within their teaching in higher education (HE).

While those were in preparation a survey undertaken by Ipsos Mori for SCIE endorsed our approach and surprisingly pointed to a sector which was more e-learning ready than we anticipated. A parallel study by the University of Brighton also investigated how the information needs of front line staff might be handled by appropriate forms of ICT. Again there was a ready acceptance of alternative and technologically enhanced forms of information storage and retrieval, but not necessarily using beige boxes in the office, but perhaps more relevant interactive technologies like white boards, which meshed

with their current practice. This ready acceptance of appropriate, and not necessarily desk bound forms of ICT and hardware, is informing SCIE's approach to the application of technology and learning within the sector, where mobile or hand held devices might form part of the delivery of learning and information.

Learning Materials Development

We have now completed the first ten 'bits' of learning or 'learning objects' and they are available on our web site at: <http://www.scie.org.uk/publications/elearning/index.asp> They cover law for social workers and trainees, and are designed to be used in a variety of ways, including self access on the web and face-to-face situations in a classroom. They were written by two leading authorities on the teaching of law in Social Work: Professors Suzy Braye and Michael Preston-Shoot, who worked with Colin Paton at SCIE and our commercial developers, Cimex, to produce a suite of exciting and engaging learning objects which are not only freely available from the SCIE site but are also deposited in the national repository of learning objects – Jorum. This concept of making learning content, which is after all what learning objects are, available and 'findable' is central to the ethos of disaggregated learning material which is not locked into a particular course, but which can be used in a variety of ways and variety of settings to meet different learning styles and needs. For example the material which is currently being produced in the subject of

mental health: these objects are designed for use in a wider context and could be used as self access material by someone doing a privately run course, or as a reminder to a qualified social worker working on their own as a visitor to the SCIE website, or in a course designed for someone attempting an NVQ at level 2, delivered at their local Further Education College but incorporated into that course to meet the specific needs within the local context.

CURRENT PROJECTS

Further development of learning objects

While the first tranche of objects was in development, SCIE continued to develop a further 20 learning objects in two subject areas:

Assessing the Mental Health Needs of Older People

These 10 learning objects are due for completion in July 2007 and are a further development of the learning objects so far developed. They take the learning design, and the 'look and feel' of the objects, to another level. They have so far proven to be well reviewed by both users and academic peers, and we look forward to launching them for use as soon as they are completed. Like the content already launched, they have passed rigorous and extensive quality appraisal processes as well as tests to meet national accessibility criteria.

Poverty and Social Exclusion

These are in early stages of development, and involve the collaboration of not only our chosen subject experts but ATD

Fourth World whose members are working with us to bring the experiences of those who have experienced poverty to shape the project and steer it towards a user centred model.

PROLIX

We are involved in a large European project. PROLIX is a €7mn project under the European Union's Framework 6 R&D Programme, which will run for 48 months. There are 19 partners from 9 EU countries involved, including businesses at the very forefront of e-learning technology. The overall objective of PROLIX (Process-oriented Learning and Information eXchange) is to align **learning with business processes** to help organisations quickly improve the **competencies** of their employees in line with changing business requirements.

PROLIX supports a total 'learning process life cycle' comprising the following:

1. analysis of complex business situations
2. identification of individual and organisational learning goals
3. analysis of required competencies, matching them with individual skills
4. definition of appropriate learning strategies
5. execution of improved learning processes
6. monitoring of learners' performance according to the goals defined.

SCIE in the first eighteen months of this project has acted as the organisation which enables test beds within the UK

to be identified and engaged, where the systems will be tested when the technical partners have amalgamated a number of software systems. This process has exposed some interesting issues about how the Small to Medium Enterprise (SME) section within the social care sector, run their businesses, and whether this process oriented approach meshes with these very small concerns, in a highly regulated and inspected sector. It has however increased our involvement with other social care sector agencies such as CSCI and Skills for Care as the inspection regime is a major driver for change, and the occupational standards give a clear indication of the competencies required to work within the sector.

The Rix Living Lab

Following some work done on 'the Road Ahead' project, SCIE is funding an exciting extension of the Web 2.0 approach to virtual community creation. As the web develops, and more and more users are uploading content onto their own web sites, known as User Generated Content, the character of our interactions on the web is changing. To mesh with this and enable people with learning disabilities to participate, the Rix Centre at the University of East London is developing a new approach to creating accessible and easy to understand information about the things that young people with learning disabilities want and need to know about growing up. They are creating a 'Growing Up' portal which will become the best online resource for transition information available

to this group, and it will be more accessible and more relevant than any other website because it has been created by and for people with learning disabilities.

SISCO

SISCO – Supporting Induction in Social Care – provides practical web-based resources to help social care employers address basic skills at induction. By basic skills we mean the ability to use information and communicate - by speaking and listening, reading and writing, and using numbers. SISCO is funded primarily by SCIE, and co-sponsored by Skills for Care, the sector skills council for adult social care, with SEEDA, the regional development agency for the SE of England also funding the project. We first conducted extensive research into current practice and employer need in two research phases. The project uses the Common Induction Standards for adult social care as a starting point and framework for its whole-organisation approach to basic skills. The project is a proof of concept – the aim is to test whether the approach works effectively for employers.

The project has been running since April 2006 with a pilot group of 20 social care employers in South East England. In terms of size, sector and type of service provision, the pilot group is nationally representative of the care sector and a 3-month in-service pilot started on 14 June.

Product

The SISCO web site offers three core tools:

- **Action Plans**

These are simple guidance templates to help managers take constructive action on basic skills. The action plans cover organisational level approaches, as well as plans for helping individuals improve their basic skills

- **Compare Standards tool**

This offers instant ‘one-stop’ access to the Common Induction Standards (CIS), the Health and Social Care NVQ level 2 and the General Social Care Council’s (GSCC) Code of Practice for workers. For the first time users can access the complete CIS and follow the links to the complete text of the associated elements of the NVQ and the GSCC Code.

- **Skills Checks**

This is a bank of twenty short (15-minute), tailored learning activities that simultaneously offer meaningful learning to staff about care work, and allow the manager to gather evidence about the basic skills of their employee. This project is aimed at employers and offers them useful and practical advice and guidance while improving employees’ awareness of their training and development needs.

New Products

One very important development in SCIE’s programme has emerged from the development of e-learning objects. A series of new products is now being planned which will translate some of SCIE’s current work into multi-media products which although not being learning objects per se will present

SCIE’s advice and guidance in forms which will be much more interactive, engaging and ultimately accessible to a very wide audience in the sector. We acknowledge that given the diversity of our users both as learners and those who access services, we need to address their widely differing educational attainment and work experiences as well as their reasons for approaching SCIE for information or guidance. This will require us to make our products fit for the purpose that individual users have when approaching us via the web or face to face, and we hope to diversify our products on the web to meet their different needs, while maintaining a responsive position should those without internet access need paper based products. An example of our new product development is to make our findings about the issues surrounding children of prisoners available to users, providers and supporters alike, as multi-media resources including video and audio on the web.

NATIONAL LIBRARY FOR HEALTH UPDATE

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

Anne Weist
Staff Development Manager
National Library for Health
Email: anne.weist@institute.nhs.uk

Facilitating Information Literacy Education: A Tailored Module For Health Information Practitioners <http://www.ilit.org/file/indexfile.htm>

The Facilitating Information Literacy *National Library for Health* Education (FILE) course aims to equip information practitioners working in the health sector with the competence and the confidence required to facilitate information literacy education. The need for such a course was identified as part of a broader training needs analysis undertaken by London Health Libraries (LHL) (1).

Following detailed desk research (2) the LHL Learner support Programme Steering Group commissioned and developed a pilot course in partnership with the School of Information Management, London Metropolitan University. The learning from this course was used to develop FILE, a 20 credit postgraduate module.

Susie Andretta, the FILE course co-ordinator and the LHL Learner Support Steering Group devised the following learning outcomes for the participants:

- Identify diverse information literacy (IL) requirements of the users they support

- Develop a learning strategy that appropriately addresses the needs of a targeted group of users
- Facilitate a range of IL activities
- Reflect on the process and the impact of IL practice on their professional development

It ran between January and March 2007, and adopted the relational model of information literacy, focusing on the awareness of the complex learner-information relationship and promoting reflective information practice. A fuller account of this model will be published shortly (3).

Course Overview

The course consisted of five full day face to face sessions over a period of eight weeks, five assignments, evidence of reflective practice and a portfolio of information facilitation. Assessment was by: tutor feedback, peer feedback and self-reflection and evaluation. Course numbers were originally restricted to 12 (a) because this was considered the optimal number for the physical learning environment and for creating an effective community of practice.

All participants had to determine their personal professional development targets at the start of

the course, do a joint/small team presentation of a user group profile, (4) do an individual presentation of an information literacy (IL) activity, deliver an individual training session and complete an overall evaluation and determine future professional targets.

During the course participants drew on the 6 information “frames” for information literacy education (5).

- **Content frame**
IL as the accumulation of subject matter (what students should know) and the quantification of learning
- **Competency frame**
IL as a set of skills and competencies (what students should be able to do); assessment tests level of skill achieved
- **Learning to learn frame**
IL as a way of learning; development of professional thinking patterns (e.g. problem solving approach)
- **Personal relevance frame**
IL is learned in context with an emphasis on learner engagement on the subject matter. Assessment methods tend to focus on portfolios and self-assessment.
- **Social impact frame**
How IL impacts on society
- **Relational frame**
IL as different ways of interacting with information

The schedule underpinning the delivery of FILE is available in a document found on the FILE homepage under the FILE outline. Participants’ portfolios and a range of resources are also freely accessible on the FILE website.

The Impact of FILE

The FILE website proved to be a key learning resource for participants on the course. All but one of the participants consulted the FILE (6) website on a daily basis (12 out of 13). This is hardly surprising given that the website provides access to the documentation used to deliver the course, conveniently locating on one page the online resources that the participants needed or wanted to use.

Email correspondence with the tutor (10 out of 13) and with each other (8 out of 13) also feature as regular occurrences, indicating a reliance on the familiar electronic communication channels as an effective and timely means for online tutorials, or as a way of establishing a virtual community of practice. A participant sums this up by stating that: *“I found feedback from the tutor particularly helpful and this was always really quick too. It was also really useful to maintain contact with other FILE participants between classes to share ideas.”* (b)

Participants said that FILE (7):

- Improved their reflective practice skills so that they can implement diagnostic testing and evaluate their training sessions more effectively
- Increased their confidence as information literacy facilitators:
- “I realised I didn't seem too nervous even though I was feeling it, and the positive feedback from colleagues was confidence inducing.”
- The supportive learning environment (both tutor and

colleagues) made them want to aim for higher achievements in getting the Information Literacy (IL) message across to a wide range of target audiences

- Helped them to identify things that they do well in their IL practices and those that need improving
- Helped them to adopt more innovative teaching styles to fit with the learning styles of their audiences
- Helped them to address variation in learning levels. They particularly valued their work on the six learning frame (8)
- Enhanced their presentation skills:
- “My confidence at presenting to audiences has increased, as has my knowledge of how to structure PowerPoint slides so that they are informative and interesting but not too distracting. I also have more of an awareness of how to design them taking into account issues such as font colour and size.”
- Enabled learning from their colleagues. They found sharing resources invaluable in providing them with fresh ideas to use in their individual IL activities

Participants also said that their enthusiastic tutor helped them, among other things, to be more assertive in developing IL activities with a strong sense of direction

The Future of FILE

The London Health Libraries Steering Group has commissioned a further FILE course which will run between January and March 2008, and

the National Library for Health Staff Development Group is interested in commissioning a FILE course in 2009.

Susie Andretta, the FILE Co-ordinator is sharing her learning through her publications and also by doing presentations on her work. Her next major presentation will be at IFLA, in August 2007. There will also be a fuller account of her work on FILE in Facilitating Information Literacy Education (FILE), in *Handbook of library training practice and development*. Brine, A. (ed.) vol. 3. Gower Publishing.

For further information contact Susie Andretta email s.andretta@londonmet.ac.uk or liz.osborne@nhs.net, Chair of the LHL Learner Support Group, or Anne Weist, member of the LHL Learner Support Group anne.weist@institute.nhs.uk

Footnotes

- a. The actual number increased to 13 for the 2007 module but will be kept to 12 in the future.
- b All the quotes presented in italic are extracts from the FILE evaluation survey.

References

- (1) LondonLInKS. Welcome to LondonLInKS. <http://www.londonlinks.ac.uk/> (accessed 13th August 2007)

- (2) Robinson L et al. Healthcare librarians and learner support: a review of competencies and methods. *Health Information and Libraries Journal*. 2005; 22 (suppl. 2): 42-50.
- (3) Andretta S. Facilitating Information Literacy Education (FILE). In: Brine A, editor. *Handbook of library training practice and development*. Vol. 3. Aldershot, Gower Publishing, in press.
- (4) Anonymous. Profiles of users in the health care sector. <http://www.ilit.org/file/files/fileusersprofiles.doc> (accessed 13th August 2007)
- (5) Bruce C, Edwards S, Lupton M. Six frames for information literacy education. *Italics* 2006; 5(1): 1-18.
- (6) Andretta S. Facilitating Information Literacy (FILE). <http://www.ilit.org/file/indexfile.htm> (accessed 25 July 2007]
- (7) Jones C, Last M, Nadimi Z, Wann L. Facilitating Information Literacy Education (FILE): a presentation for the London Health Libraries, Clinical Librarians and Information Skills Trainers (CLIST) Group, Tuesday 24th April 2007 <http://www.ilit.org> (accessed 25 July 2007]
- (8) Bruce C, Edwards S, Lupton M (2006) op cit.

NLH Health Management Specialist Library News

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

Tim Judkins
Information Specialist
NLH Health Management Specialist Library

In April the King's Fund Information and Library Service welcomed Ray Phillips as the new Head of Information Services Development. Ray will also be the Head of Project for the Health Management Specialist Library (HMSL).

The HMSL presented its National Knowledge Week (NKW) in June (see *Inform* 18 (1) Spring 2007). This included the most recent knowledge and evidence on seven key areas of NHS System Reform and summaries written by Ruth Thorlby and Jo Maybin from the King's Fund Policy team. In addition to our web pages we had an exhibition stand at the NHS Confederation Conference in London. This proved to be a successful conference in terms of new subscribers to our news alert, and increasing awareness of the HMSL to a wider NHS audience. The NKW pages can be viewed at: <http://www.library.nhs.uk/healthmanagement/Page.aspx?pagename=NKWS>

The HMSL continues to enhance its collection of Hot Topics, with eight new ones produced in the last few months. Hot Topics are listings of links to the most important resources on a current issue. The full list can be viewed at: <http://www.library.nhs.uk/>

[healthmanagement/Page.aspx?pagename=HT](http://www.library.nhs.uk/healthmanagement/Page.aspx?pagename=HT)

In the coming months we will concentrate on producing new products and enhancing the resources section on the site. For example, we hope to increase the scope and range of our existing RSS feeds and to continue to develop our knowledge updates through NKW.



**National Library for Health
Health Management Specialist Library Briefing
Social Enterprise**

April 2007

What is social enterprise?

While the term "social enterprise" is relatively new, the concept is not. It can be traced back to the [Rochdale Pioneers Equitable Society](#) in the 19th Century and beyond. Well-known modern examples include [The Big Issue](#), [Cafédirect](#), the [Co-operative Group](#), the [Eden Project](#), and the [John Lewis Partnership](#) (1).

Social enterprises are organisations or businesses that deliver goods and services but in pursuit of primarily social objectives, with any profits being reinvested into the community or into service developments (2)(3). 'Social enterprises are diverse. They include local community enterprises, social firms, mutual organisations such as co-operatives, and large-scale organisations operating nationally or internationally. There is no single legal model for social enterprise. They include companies limited by guarantee, industrial and provident societies, and companies limited by shares; some organisations are unincorporated and others are registered charities' (4). It is estimated that there are at least 55,000 social enterprises in the UK (2). The government is committed to supporting social enterprise in the economy at large and in its recent white paper [Our health, our care, our say](#) (2006) has suggested that social enterprise models of service delivery can be part of the provider market in primary and community care (3).

Why is it important?

The social enterprise sector is very diverse and operates in all parts of the economy. The government is committed to increasing the scope and strength of social enterprises in the economy. 'The decentralisation of control in public services has begun to take shape, through greater independence for public services with a stronger emphasis on community representation (for example through foundation hospitals). This process offers a new vision of public ownership – and one that is very different to the highly centralised 'nationalised industry' model that has characterised the NHS to date' (3).

In the sphere of health and social care, social enterprises involve patients, staff and service users in designing and delivering services, improving quality and tailoring services to meet patients' needs. Many feature partnerships with 'third sector' organisations, such as voluntary and community groups. Third sector organisations can have advantages in terms of better relations with particular groups, expert knowledge in a specific area, or expertise in a specific type of care. Involving patients and third sector organisations in delivering services through social enterprises helps put people in control of their healthcare (2). Social enterprise can offer health and social care organisations 'the opportunity to deliver high quality services in ways that are flexible, non-bureaucratic and have the potential to deliver good value for money' (5). It may also promote the delivery of services that are tailored to the local population, and make a difference to the local community. Because staff have a stake in social enterprise organisations, they are committed to the aims of the service, and this delivers benefits for the organisation, for example, improved staff retention (5).

What do I need to do?

Join the NHS [Social Enterprise Network](#) or become an associate. This is the only national network (covers England only) for those with an interest in social enterprise and social entrepreneurship in health and care. You can discuss all aspects of social enterprise within the health and care sector on the network's [Social Enterprise Discussion Board](#).

Have a look at these key documents on social enterprise and health care:

Why is it important?

- [Welcoming social enterprise into health and social care: a resource pack for social enterprise providers and commissioners](#) (Social Enterprise Unit/DoH, 2007)
- [Healthy business: a guide to social enterprise in health and social care](#) (Social Enterprise Coalition/Hempsons Solicitors, 2007)
- [Social enterprise and community-based care: is there a future for mutually-owned organisations in community and primary care?](#) (King's Fund, 2006)
- [No excuses. Embrace partnership now. Step towards change! Report of the third sector commissioning task force](#) (Department of Health, 2006)

and these on social enterprise in general:

- [A guide to social enterprise](#) (Social Enterprise Coalition, 2003) This has useful appendices on understanding the jargon, legal structures and access to finance
- [Social enterprise action plan: scaling new heights](#) (Cabinet Office, 2006)
- [Social enterprise futures](#) (The Smith Institute, 2007)

It is now government policy that Primary Care Trusts can decide for themselves whether to provide

What are the implications?

community health, primary care and other services. In the longer term they will likely be encouraged to concentrate on strengthening their commissioning role, and for primary and community health services to be supplied by a greater diversity of providers (3). Although the third sector is already prevalent in social care, it makes a relatively small contribution to healthcare. With the creation of the Social Enterprise Unit (Department of Health, June 2006), social enterprise and not-for-profit organisations are being encouraged and supported to enter this market. In October 2006 the unit invited applications for 'pathfinder' social enterprise projects; 26 winners from more than 400 responses receive DoH backing of up to £1m towards start-up and development costs. From April 2007 a £73m [Social Enterprise Investment Fund](#) is available to the rest of the health market over 4 years to support the development of other social enterprises (6). In 2007 the unit published its online resource pack for social enterprise providers and commissioners [Welcoming social enterprise into health and social care](#), which aims to complement existing sources of support like regional development agencies and the social enterprise coalition.

Although the introduction of social enterprise into the health and social care market is advancing rapidly, many logistical, structural and technical problems remain to be addressed. Concerns have been expressed that companies could masquerade as social enterprises to get contracts, or that companies could morph into, or be bought out by, a bigger, for-profit private healthcare company (7).

Critics at both ends of the political spectrum view the introduction of social enterprise as either having an unfair advantage (in one case a PCT has awarded a contract without tendering on the open market) or as a first step towards privatisation. Unions such as Amicus are worried that it will lead to fragmentation of services and poorer pay and conditions for staff (8). Further concern is that social enterprises will be highly reliant on a small number of contracts making them financially vulnerable (8).

Major workforce issues remain to be satisfactorily resolved for NHS staff becoming company employees, in relation to terms and conditions, training and skills, job security and especially pensions. Some staff fear that they will lose access to clinical skills training, and if relatively short term contracts (typically three years) are awarded then job security also becomes an issue (9). Particularly contentious and complex is the area of pensions; staff who move from the NHS will transfer under TUPE (Transfer of Undertakings [Protection of Employment]) regulations, on their existing terms and conditions, except for pensions. At least one new social enterprise has DoH clearance for PCT staff transferring to the new organisation to take their NHS pensions with them (9, 10), but others may have to explore other methods to allow this to happen, such as secondment (10). However these approaches risk being challenged as unlawful state aid by private sector competitors.

The Social Enterprise Coalition acknowledges these difficulties but believes that once the potential contribution by the third sector to assess needs and provide more responsive services is understood by commissioners, social enterprise will play an increasingly effective role. In a pamphlet published by the coalition [Social enterprise in primary and community care](#) (11), Patricia Hewitt suggests that social enterprises should play a greater role in ‘unleashing the potential of staff within the NHS to deliver better services to patients’. The community foundation trust model could offer one means to redesign services from the bottom up. Also the NHS might be allowed to contract with, or set up its own, social enterprises - ‘for example to deliver services organised around care pathways such as stroke, diabetes or other long-term conditions, and perhaps to work in joint ventures with charities and voluntary groups’ (6).

The debate on social enterprises ‘has mainly focused on organisations providing services. However, [they] may also make an important contribution to practice-based commissioning’ (3). A mutual social enterprise grouping of general practices can provide an effective model for practice-based commissioning by providing an accountable structure (through public membership) for practices to come together, and avoid a conflict of interest between commission and provision roles.

Whom can I contact?

Richard Lewis, Senior Fellow in health policy at the King’s Fund, with a special interest in the potential role of social enterprises in health care.

[About Richard Lewis](#)

[Contact Richard Lewis by e-mail](#)

The NHS [Social Enterprise network](#)

For more information, contact the Network Coordinator, [Chris Dabbs](#), Chief Executive of the Community Health Action Partnership. If you want to join the Network, or become an Associate, contact [Kathie Andrews](#) at NHS Networks.

Where can I find examples of good practice?

- Social Enterprise Network’s [Case studies](#) and [Social enterprises in health and care](#) pages.
- Social Enterprise Coalition, the UK’s national body for social enterprise showcases social enterprise ‘success stories’ in [A guide to social enterprise](#). See also the [Case studies](#) pages on its website.
- Building Blocks Solutions, an organisation working in the field of mental health and ‘an exemplary model of a successful social enterprise’ has drawn up a list of requirements for being effective (8).
- See list of 26 successful applicants for DoH [Social Enterprise pathfinder](#) programme.
- [Healthy business: a guide to social enterprise in health and social care](#) (Social Enterprise Coalition, 2007) includes in-depth look at 9 case studies ‘highlighting the diverse range of social enterprises...and their fresh approaches to service delivery’.

Resources

Websites:

- Office of the Third Sector (Cabinet Office) - [Social enterprise](#)
- [Social Enterprise Coalition](#)

Publications/documents:

- New Statesman (June 2002) [Social Enterprise special supplement](#)
- King’s Fund (2006) [Social enterprise and community-based care](#)
- DTI (2002) [Social enterprise: a strategy for success](#)
- Cabinet Office (2006) [Social enterprise action plan: scaling new heights](#)

References

1. Social Enterprise Network. [Social enterprise](#) [online] [accessed 2 Apr 2007]
2. Department of Health. [About social enterprises](#) [online] [accessed 2 Apr 2007]
3. Lewis, R. [Social enterprise and community-based care](#) London: King’s Fund, 2006

4. Department of Trade and Industry. 2002. [Social enterprise: a strategy for success](#)
5. Department of Health. [What are the advantages of social enterprise?](#) [online] [accessed April 2007]
6. Davies, J. After Eden, things look rosy in the social enterprise garden. *Health Service Journal* 2007; 117 (6043): 14-15
7. Mooney, H. Good intentions could be disguising a big, bad threat. *Health Service Journal* 2006; 116 (6014): 14-15
8. Nolan, A. The co-op conundrum. *Health Service Journal* 2006; 116 (6001): 24-26
9. Taylor, J. Getting a head for business. *Health Service Journal* 2006; 116 (6036): 28-29
10. Owens, D. Community spirit. *Health Service Journal* 2006; 116 (6008): 31
11. Hewitt, P. [Social enterprise in primary and community care](#). London: Social Enterprise Coalition, 2006

Comments

Please address all comments, suggestions or ideas for improvement via [NLH Management](#)

Related management briefings and hot topics

Management briefings

- [Patient and public involvement](#)

Hot topics

- [Commissioning a patient-led NHS](#)
- [Our health, our care, our say: a new direction for community services –White paper](#)
- [Commissioning: PCTs as commissioners](#)
- [Commissioning: practice based commissioning](#)

View the complete listing of Health Management Specialist Library briefings at:

<http://www.library.nhs.uk/healthmanagement/Page.aspx?pagename=BRFG>

View the complete listing of Health Management Specialist Library hot topics at: <http://www.library.nhs.uk/healthmanagement/Page.aspx?pagename=HT>

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 King's Fund database, 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 was compiled by Tony Mead 

Health Management Specialist Library is managed by the King's Fund Information and Library Service
www.library.nhs.uk/healthmanagement

INFORMATION FOR AUTHORS

Scope

IFMH Inform is the official newsletter of IFM Healthcare, a partnership organisation 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 14th December.

Format

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

Subscriptions

There are 4 subscription categories to IFMH Inform. 1) Student/Retired/Unwaged subscription (proof of status required) - £10; 2) Individual subscription - £25; 3) Institutional subscription - £45; 4) International rate - £60.

Subscribers' accrue the additional benefits of discounted prices for study days, and access to the IFMH discussion list. For further information, email Kath Wright, Treasurer and Membership Secretary on kew5@york.ac.uk, write to her at IFM Healthcare, c/o Centre for Reviews and Dissemination, University of York, York, YO10 5DD or telephone +44 (0) 1904 321460.



SUBSCRIPTION FORM

IFM Healthcare is a non-profit making organisation existing to facilitate improvements in the quality of healthcare information provision and to expand the network of like-minded professionals.

As a subscriber to IFM Inform, you will accrue the additional benefits of discounted prices for study days, and access to the IFMH discussion list. The current annual subscription rates are as follows:

Student/Retired/Unwaged Rate (proof of status required): £10

Individual Rate: £25

Institutional Rate: £45 - includes discounted prices for a study day for up to three individuals

International Rate: £60

To subscribe, please complete the application form below (photocopies accepted) and send it to Kath Wright, IFMH Treasurer and Subscriptions Secretary, c/o Centre for Reviews and Dissemination, University of York, York YO10 5DD. Tel: +44 (0) 1904 321460 Fax: +44 (0) 1904 321035 Email: kew5@york.ac.uk. Alternatively visit the IFM Healthcare web site at <http://www.ifmh.org.uk/subscribe.html>

Name	
Position	
Organisation	
Address	
Tel.	Fax.
Email	
Subscription details	
<input type="checkbox"/> Individual subscription	<input type="checkbox"/> Institutional subscription
<input type="checkbox"/> International subscription	<input type="checkbox"/> Student/Retired/Unemployed subscription (proof of status required)
Payment method	
<input type="checkbox"/> Please invoice me	<input type="checkbox"/> I enclose a cheque
<input type="checkbox"/> BACS details	
Sort code	
Account number	
Signature	
We shall hold data about you for the purpose of administering the Group and its activities. It may be passed to Officers of the Group in other institutions. In signing this form, you consent to the use of your data for this purpose.	

IFM HEALTHCARE

c/o Centre for Reviews and Dissemination, University of York, York, YO10 5DD

Email: kew5@york.ac.uk Web: <http://www.ifmh.org.uk>

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 IList:** enables members to share information, questions and thoughts with fellow group members, and with the IFMH committee.

IFMH Healthcare is a partnership organization of the CILIP groups Libraries for Nursing and the Health Libraries Group.

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

<p>Maria J Grant Chair & Joint IFMH Inform Editor Salford Centre for Nursing, Midwifery and Collaborative Research University of Salford tel: +44 (0)161 295 6423 email: m.j.grant@salford.ac.uk</p>	<p>Suzanne Wilson Secretary NHS Quality Improvement Scotland tel: +44 (0)141 241 6317 email: suzanne.wilson@nhshealthquality.org</p>
<p>Kath Wright Treasurer and Membership Secretary/ PO Box 493 York YO1 0AW tel: +44 (0)1904 321460 fax: +44 (0)1904 321035 email: kew5@york.ac.uk</p>	<p>Rosemary Stark Publicity Co-ordinator Library and Information Services Norwich Primary Care Trust tel: +44 (0)1603 421236 email: rosemary.stark@nwmhp.nhs.uk</p>
<p>Susan Mottram Joint Study Day Co-ordinator Health Sciences Library University of Leeds tel: +44 (0)113 3436974 email: s.j.mottram@leeds.ac.uk</p>	<p>Roz Howard Joint Study Day Co-ordinator Information Services Division University of Salford tel: +44 (0)161 295 6423 email: r.m.c.howard@salford.ac.uk</p>

<p>Richard Bridgen Joint IFMH Inform Editor Lincolnshire Health Information and Library Service Lincoln County Hospital tel: +44 (0)1522 573478 email: richard.bridgen@ulh.nhs.uk</p>	<p>Rosalind McNally Joint IFMH Inform Editor National Primary Care Research and Development Centre University of Manchester tel: +44 (0)161 2757624 email: Rosalind.McNally@manchester.ac.uk</p>
<p>Anthea Sutton Web Editor ScHARR University of Sheffield tel: +44 (0)114 2220775 email: a.sutton@sheffield.ac.uk</p>	<p>Valerie Wildridge Committee Member Information and Library Service Kings Fund tel: +44 (0)20 7307 2565 email: v.wildridge@kingsfund.org.uk</p>
<p>Paul Howley Committee Member Joseph Priestley College tel: +44 (0)113 307 6187 email: PHowley@joseph-priestley.ac.uk</p>	<p>Committee Member *** Post Vacant *** For further details please contact Maria on 0161 295 6423 or email m.j.grant@salford.ac.uk</p>