editorial

Welcome to the follow-up to the first issue of LihnnK Up which, you may be aware, during a fraught week or two nearly didn't link up with anyone.

The Editorial Board were haunted by the image of a solitary mailbag silently acquiring dust and cobwebs in some forgotten corner of somewhere in the darkest reaches of postbagland.

After all the work that had gone into the launch issue, from both contributors and Board, it seemed, at the time, a cruel turn of events. Then all came up trumps and we could breathe again.

I suppose the nightmare of any editor is having no contributions sent in. There has been no danger of that with this issue however, and we have a wide range of material.

There is a tribute to colleague Julie Carney. We have a very interesting report on the initiative on user training needs and marketing library services in the Blackpool area. There is a double-take on the *Umbrella6* experience (good to see the human dimension on these things!) and a report on a symposium tackling issues around evidence-based practice in primary care.

Then there is a neat synopsis of clinical governance; it seems there is no escaping that word. We also include a topic that affects directly a number of our colleagues and relates to the great changes underway in the NHS. This is the possible options for the future of health authority libraries. Events are moving so fast that they have already overtaken some of the issues the paper raises.

We have two new features - *Spotlight*, an actual centrefold-spread populated by some of our largely new colleagues (you will have wondered

why you received your copy shrink-wrapped) and *Top Marks*, a column devoted to recognizing people's recent achievements.

And finally, there is something we were not prepared for and which, when it arrived in the editorial office, shook the place so much that our mugs rattled on the desks spilling the cocoa.

This was an actual response to a previous contribution and, strictly speaking I suppose, belongs on *Sounding Board*. However, since we have no contributor to this quarter's *BackBites* (hint! hint!) and since the respondent is biting back (and how!), I have placed it in *BackBites*.

So. At least one reader has been provoked to respond and I hope the issues raised will open up a debate and fill our postbag. Surely there is more to librarianship than cataloguing, and LIS, and, erm - well, you tell me!

It is not only somewhat gratifying to see your work published but there is a buzz to be had from seeing your actual name in print. Library staff are so used to handling others' publications, they forget they may have things to say themselves and there is no better place to say them than amongst friends and colleagues.

And remember this. It is actually your newsletter and everything (excluding possible legal repercussions!) is very welcome. And that especially goes for support staff!

Finally, for the record: requests by contributors for anonymity or the use of pen-names (two cases already) will be respected by the Editorial Board and kept in confidence.

So then. Get writing. And keep the Editorial Board's nightmares at bay! ***David Ellis***

julie carney - a tribute

It is with great sadness that we report the sudden death of Julie Carney, Librarian at the LIRC, University Hospital Aintree. Julie suffered a severe stroke at the end of February and never regained consciousness before her death on 1 March 2001, aged just 55.

Julie began working in libraries after leaving school, with her first post being in Notre Dame school library. Later she was to spend many years in the library at the Royal Liverpool Hospital and it was whilst she was working there that she began her degree course at Manchester Metropolitan University. Once Julie had graduated, she then took up post in 1989 as Librarian at the School of Health Studies at University Hospital Aintree. As many of you will know, the postgraduate and nursing libraries merged and moved into a new purpose-built library in August 2000. Julie played a full part in the move and was delighted with our new library.

Julie leaves her husband Pat, and her two sons Patrick and John. Naturally, along with her friends and colleagues, Julie's family were devastated by her death. However, their strong faith, which Julie shared, is helping them to cope. Thanks to the generosity of Julie's many friends and colleagues here in the hospital, we have been able to purchase two beautifully framed Monet prints as lasting memorial to her.

Sue Astley
Aintree LIRC Administrator

towering the information heights

Blackpool Health Library Projects providing information services and training for the 21st century health professional

Members of the Library Projects Board, (From left to right) - Mrs Hilary Booth, Dr Edward Renvoize, Mrs Norma Blackburn and Dr Mark Preskey, listen to Project Officers Trevor Morris (Left) and Neil Foley.

You may recall reading in issue 1 of LihnnK Up, David Stewart's tribute to Valerie Ferguson to mark her retirement last September. David referred to Valerie as "a true information professional" who would wish to keep in touch. Indeed, in her role as initial project manager, Valerie has kept in touch via two innovative projects at Blackpool Wyre and Fylde Community Health Services NHS Trust.

The projects complement each other and are progressing extremely well. A successful bid to David Stewart for NMET funding led to the appointment of Neil Foley, Marketing Librarian, working across the Blackpool Wyre and Fylde Community Trust. A simultaneous bid to the Department of Postgraduate Medicine and Dentistry, University of Manchester, was successful in attracting funding under the Blending Service with Training initiative, and Trevor Morris was subsequently appointed as Distributed Services Development Librarian for the Blackpool PCG.

A committed project board supports both librarians. Members of the Board include Dr. Edward Renvoize (Project Director) Dr. P Isaacs (Clinical Tutor) Norma Blackburn (Project Manager) Dr. Mark Preskey (GP Tutor) Steve Agius (University of Manchester)

Daryl Peter (LIS Lead, Lancashire and South Cumbria Agency), Colin Davies (Deputy Director of Health Libraries) Steve Gornall (Blackpool PCG) Judith Hilton (University of Central Lancashire) Hilary Booth (Education Centre Manager) and Veronica Southern (Speech and Language Therapist).
Trevor and Neil here summarise their work.

Identifying Electronic Information Training Needs

As an Information Specialist working within the health sector, you will doubtless know modern patient care is based on a foundation of evidence-based practice (EBP) and clinical governance. These practices mean that better quality services will be achieved by basing clinical and managerial decisions on fact and research evidence rather than on tradition or habit.

But for all the articles and reports that are using these terms in every other paragraph, how many of you have noticed them being put into practice by health care professionals? How many professionals do you feel would have the necessary skills to search the Internet, find a piece of quality evaluated information relating to their query and be able to perform this search in a minimum amount of time?

In Blackpool, the library is attempting to promote these methods, which are important factors in the Government's modernising of the NHS, by providing health care professionals with the access and skills to use this wealth of quality information. The project, has been active since November 2000 and is concentrated on primary care and community care staff who are based within the 29 practices in Blackpool Primary Care Group.

Before we could decide our training strategy, we needed to assess the current access, usage and confidence which existed in using electronic sources of clinical information.

The project officer visited 27 practices to conduct an information audit of the information resources available and to interview the practice managers about their staff's access and confidence in using the electronic resources available in the practice. The visits were also an opportunity to promote the project using posters and flyers (Figure 1) and raise awareness of the baseline questionnaires which would be sent to 350 staff members in the Blackpool practices.

"...only 2% using NeLH..."

The prime aim of these questionnaires was to discover the information needs of staff in order for the project officer to offer a series of training workshops which would give staff training specific to the needs they had expressed.

Not only was there a positive response to the questionnaires (69% were returned) but the results, which were collated by the Preston Medical Audit Advisory Group (MAAG), provided some interesting and unexpected results from a broad range of health care professionals.

In terms of Internet usage, even though there is practically blanket coverage of the Internet via NHSNet only 16% of respondents used it.

The same was true of health databases provided by Ovid and Silverplatter (19% usage). Examining the results of Internet awareness only 9% of respondents were aware of the National electronic Library for Health (NeLH) and The TRIP database (Turning Research into Practice) with only 2% using NeLH and no one using TRIP. Probably the most surprising statistic in this area was that only 3% were aware of OMNI (Organising Medical Networked Information) with no one

using it as 'a gateway to high quality Internet resources in Health and Medicine'.

"...worrying statistics... Bandolier...92% were not even aware of it. "

These worrying statistics were not limited to electronic resources, as printed sources of quality clinical information were generating similar results. Bandolier, 'the premier source for evidence-based health care' was being read by 7% of respondents and 92% were not even aware of it. The same results greeted Guidelines in Practice with 13% being aware of it and only 9% reading it.

Several recommendations were identified from these results:

- Improve the awareness of electronic sources of quality clinical information

- Provide better access to quality electronic clinical information

- Provide training for information retrieval.

All these recommendations were addressed by the project and the Blackpool Health Professionals' Education Centre (HPEC) Library and several services have been implemented in response.

Two of these recommendations regarding raising awareness and providing training will be met with the HPEC Library Training Workshops which began in June.
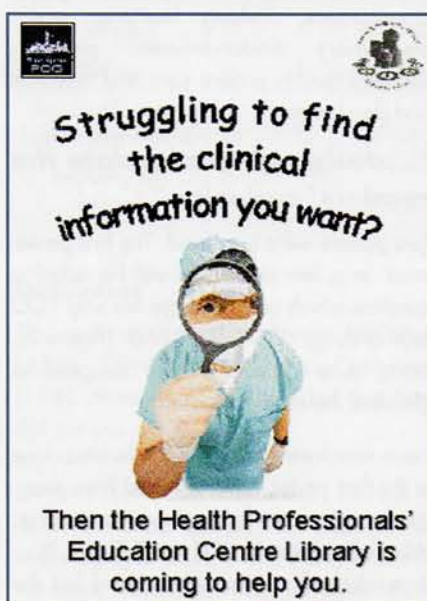

Struggling to find the clinical information you want?

Then the Health Professionals' Education Centre Library is coming to help you.

Figure 1: Promotional Flyer/Poster

The workshops will take the form of four different sessions that deal with a different area of electronic information retrieval. Each session has been designed as bite-sized tutorials of between 1-2 hours so as not to disrupt the attendee's practice and to ensure that as many people as possible have the opportunity to attend. The sessions are being held in the library's IT training suite and are designed for a maximum of 6 people.

A brief outline of each workshop is described below:

Workshop 1: Introduction to the Internet for Health Care Professionals

To provide participants with an introduction to the Internet and highlight the quality health Web-sites that are available in their chosen field. Also to raise awareness of the issue of information quality on the WWW.

Workshop 2: Searching the Web for Clinical Information

To help participants improve their ability to search for the information they need by using search techniques and following an information-seeking process.

Workshop 3: Searching the Health Databases available through ADITUS/OVID

To help participants improve their ability to use the ADITUS and OVID interfaces to access clinical databases and carry out specific searches using search techniques and strategies.

Workshop 4: Focusing the Question & Finding the Answer

To help participants improve their ability to formulate a clinical question into a search strategy and to find evidence systematically about clinical effectiveness.

Following an excellent response to the training, 35 workshops have been arranged between the months of July - September, with another set currently being organised to begin in October. Interest in the workshops is now coming from the Fylde and Wyre practices and the community care sites in the area. Added to this is demand from acute staff at Blackpool Victoria Hospital. Workshop attendees are ranging from GPs to speech and language therapists with the aim being to enable them to find high quality electronic clinical information which can answer questions relevant to their day-to-day practice and be performed in a minimum amount of time.

The response is unsurprising when you look at the results of a survey carried out by the Imperial College Management School (1). This reported that more than three quarters of those questioned believed that all doctors should be trained to use the Internet. Dr Benita Cox, a co-author of the report said: "Doctors need to stay a step ahead. Doctors need to know what's available on the net, how to access it and how to evaluate the good and the not so good sources of information so that they can advise their own patients."(1)

"...workshops impact on EBP and clinical governance "

This is what the workshops are striving to accomplish. After the first batch of workshops in September, another evaluative questionnaire will be distributed to all workshop attendees. It will run along the same lines as the baseline questionnaire and ask about information access and usage. The aim is that following the workshops, the results of the questionnaire will demonstrate that the workshops have made an impact in EBP and clinical governance in the Blackpool area.

These results plus a detailed final report will be available in November when the project is due for completion.

Marketing NHS Library & Information Services

Prompted by a growing awareness that a significant proportion of local NHS staff have little knowledge of the information assets available to them, a project entitled *Marketing NHS Library & Information Services in the Blackpool, Wyre and Fylde*

area has been initiated to investigate users' and potential users' information needs. The findings will then be applied to developing a marketing strategy for the Library & Information Service.

Work on this project started in December 2000 and is still in progress. To date, the main elements of the project may be summarised as follows:

- Conduct a survey of existing users to establish current usage of the Library
- Investigate reasons for non-usage

Questionnaire

Information-gathering commenced with developing a questionnaire. Initially, the development of separate questionnaires for both users and non-users was considered but limits on time necessitated one consolidated version. Subsequent to being piloted, the questionnaire was distributed to all staff via staff pay statements.

To encourage staff to invest their time in completing the questionnaire, the questionnaire was promoted actively by:

- Flyer and posters
- Presentations
- Newsletters
- E-mail

Flyer and posters

An A5 flyer was produced reminding staff that access to the knowledge base of health care is a key component of clinical governance, continuing professional development, lifelong learning, multi-disciplinary evidence-based practice, excellent quality patient care and research and development.

"...designed to stimulate the readers' curiosity."

Two posters were produced. The first poster read: In a few steps, you will be asked a question which could change the way YOU look at things. STOP and READ (Figure 2). Being quite obscure, it was designed to stimulate the readers' curiosity.

Have stimulated their curiosity, located close to the first poster, readers would have seen the second poster, asking them the question: What information do YOU need? (Figure 3). A number of posters were created but the design shown is the one which emerged as the

favourite. According to the pilot undertaken, it was chosen for the following reasons:

- Caring image of child and adult, young and old
- Larger image
- Overall presentation is balanced
- Eyes are drawn down with the increasing size of the images, towards the text.
- Range of professions evident

Importantly, we were able to provide an incentive for staff to complete the questionnaire by offering a prize of £75, donated by a consultant.
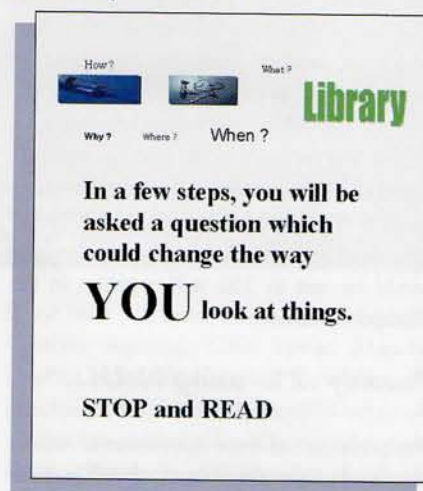

Figure 2: Promotional Poster 1

The flyer and posters were distributed via the internal post to health centres and clinics, together with personal visits to the 8 hospitals, together with the Trust HQ, which form part of the Community Trust.

"...most effective way to promote [was] talking to key people "

Rather than simply leaving flyers on table tops and mounting posters on walls, it was decided that the most effective way to promote the questionnaire and, indeed, the Library & Information Service, was to spend some time talking to key people such as sisters, staff nurses and ward managers. Although unreserved approval had been obtained from all of the directorates for the unrestricted displaying of posters, in terms of the hospital wards, it was important to persuade these managers of the value to them and their staff of completing the questionnaire.

Figure 3: Promotional Poster 2

The opportunity was also taken to speak face-to-face with a broad range of PAMS.

Many different sites were chosen for the distribution of posters and flyers. Prudently, a reconnaissance of the various locations was conducted in order to gain maximum impact from each poster/flyer mounted. Certainly, in choosing sites, a degree of creativity was employed - not restricted to official notice boards!

Impromptu Presentations

As distribution of the promotional material took place during the course of several days, inevitably and fortunately, this provided for groups of staff being gathered together in dining rooms and staff rooms at lunchtime. This opportunity was exploited by conducting impromptu, brief presentations to the assembled groups, effectively selling to them the Library & Information Service and specifically the questionnaire and future developments.

Newsletters

The project received publicity within the Trust via two different newsletters - *Communicate*, the Community Trust official newsletter, and *Investigate*, the Community Trust's R&D newsletter - featuring text and photographs.

"...countdown...e-mail to all staff,...cryptic message."

E-mail

In the interests of engendering interest and thereby achieving promotion of the questionnaire, a planned countdown to the distribution of the questionnaire was implemented in the form of sending an e-mail to all staff of the Community Trust with an A4 poster attached bearing a cryptic message. On the first day of the countdown, the attached message read: *In FIVE days, you will be asked a question which could change the way YOU look at things.* On pay day, when the questionnaire was distributed, the nature of the cryptic message became clear. Subsequent to the Easter break, an e-mail reminder was sent to all staff of the Community Trust.

Questionnaire Results

Analysis of the questionnaire was handled by the Medical Audit Advisory Group (MAAG). The key points arising from the questionnaire analysis may be summarised as follows:

Information was needed for: continuing professional development (80%), patient care (49%) and research (49%).

Consistent with the objective of addressing both users' and potential users' information needs, the questionnaire asked:

What usage do you/ would you make of the Library's services ? In response to this question, the majority usage is reflected in the following extract from the questionnaire analysis:

Q1: What usage do you/would you make of the Library's services?

	Do Use	Would Use	Total
Journals	92	65	157 (57%)
Studying	61	53	114 (42%)
Returning/Borrowing books or other materials	84	72	156 (57%)
Requesting help from staff	61	41	102 (37%)

Databases

The most used databases were MEDLINE (35%), CINAHL (29%) and Cochrane (19%). Notably, 41% responded that they did not use databases.

Levels of confidence ranged from 4% high to 41% low. Encouragingly, the response for staff wishing to improve their ability to search electronic databases was: clinicians 82%, PAMS 85% and administrative staff 69%.

Q2: Which of the following databases do you use?

	MEDLINE	CINAHL	Cochrane	EMBASE	BNI	PsyINFO	None
Clinicians	60	52	27	6	1	8	53
PAMS	30	23	24	8	2	4	33
Admin	6	3	1		1		24
NR	1	1					2
TOTAL	97 (35%)	79 (29%)	52 (19%)	14 (5%)	4 (1%)	12 (5%)	112 (41%)

Clinicians = Doctors, Nurses, Specialists, etc. NR = Not Recorded

Opening Hours

84% responded positively to the current opening hours of the Library.
(Monday - Thursday 8.45am - 8.30 pm ;
Friday 8.45am - 7.30 pm).
Additional comments indicated some interest in opening at weekends, early morning and late evening. A perennial problem at Blackpool Victoria Hospital is car parking and this was commented upon very clearly.

The questionnaire and its analysis represent the first phase of the project's life. Looking to the near future, staff views will also be taken into account via follow-up, in-depth interviews and the setting up of a User Consultation Group(s). Cumulatively, all the information gleaned will be co-ordinated in developing a marketing strategy for the Library & Information Service.

For further information, contact:

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Reference - Cox,B et al (2000)
The Impact of the Internet on the
Doctor-Patient Relationship.
The Imperial College Management School.

Norma Blackburn Blackpool Victoria Hospital NHS Trust
Neil Foley Blackpool,Wyre and Fylde Community Health Services NHS Trust
Trevor Morris Blackpool Primary Care Group

Egyptian mummies, building a library, driving that train
impressions of Umbrella6

I attended Umbrella6 on Thursday and Friday 5th and 6th July. It was a very agreeable experience, in fact, it turned out to be much more enjoyable than I'd anticipated.

I have to confess that I didn't take detailed notes at all the sessions, probably from sheer laziness if I'm being honest, but it is more enjoyable to listen and get the gist of the talk. That's my excuse anyway! So hence the 'impressions'! Each day was rounded off with a Plenary Session. The two very inspiring speakers were Lord Evans of Temple Guiting, on how libraries, museums and archives should all work together and put aside individual differences; and Professor Bob Fryer on empowering the learner and libraries.

I found Professor Fryer to be especially thought-provoking, as he highlighted several problems with the established education world, and the sheer number of marginalized people who are at an even greater disadvantage in the age of electronic information if they donít have the requisite skills. At one point, he asked the audience who had had, at some stage in their education, the experience of being made to feel inadequate or a failure. I was horrified at the number of hands raised!

" horrified alarming infamous dangerous"

Most of the LAís sub-groups had organized sessions, so it was possible to either stick to health-related subjects or try something new and different. I kept mostly to the health sessions, but couldnít resist the prospect of listening to Charles Oppenheim on copyright and security issues in the virtual environment. He gave a very entertaining talk. He included a most interesting and alarming comment that we should all forget about the infamous 10% which I must own I've used as a guideline! He made it quite clear that this is totally subjective in the eyes of the author/publisher and it is very dangerous ground indeed. Unfortunately in the time available, he could not finish all he had to say. However, I gather he is to visit the region to speak to Lihnn members, so I highly recommend signing up to his talk!

On a more leisure-orientated note, I thoroughly enjoyed the Bishop and Le Fanu Memorial Lecture given by Professor Rosalie David who leads the Manchester Egyptian Mummy Project. She gave a fascinating account of the research work into the diseases suffered by the ancient Egyptians. Some are all too familiar, such as cancer and arthritis, but equally alarming were indications of worm infestations and amputations as a result! The research team used modern techniques such as X-rays, CAT scans and endoscopy. They are also establishing a database of tissue samples, with contributions sent in from all over the world. The two health sessions I attended were also excellent. I won't give a resume of the first, as one of the

speakers was our colleague, Norma Blackburn, who can provide details of her talk.

I didn't take sufficient notes to do the speakers justice!

"Have a vision for the service"

The two presentations on planning a new library gave plenty of food for thought for any of us dreaming of the day when the extension or new-build becomes a reality! Having just had the luxury of an initial visit from the architect, I decided to listen intently.

Several interesting points arose:

● Start with a needs assessment

● Don't do it alone

● Ignore disparaging comments that libraries will cease to exist in a few years, as they'll all be electronic!!

● Get support from your staff - there is always the danger of fear of change

● Improve your own knowledge with reading, websites and visits

● There is no consensus on how much space a reader takes up - allow for some 'give'

● Consider all the different areas - from interaction to quiet

● Be crystal clear with architects but don't do floor plans - these get their backs up!

The second speaker from the RCN added other useful tips:

● Have a vision for the service, not just the building

● Bear in mind physical limitations if extending an existing building

● Refer back to your plans regularly and know where you can compromise.

All in all, it was a very worthwhile experience and I would recommend it to all colleagues. The social events were excellent as well. Several of us North Westerners joined others from Oxford to lose hopelessly but hilariously at the Thursday evening quiz! Sam Burgess, Christine Sugden and I ate a hearty meal on the Bury to Rawtenstall Steam Railway, and enjoyed the scenery as well. I took my turn to climb up into the engine drivers' cab, which was extremely hot. I'm just glad I never had an ambition to become a train driver!

One of the best aspects of conferences is the opportunity just to chat to other librarians from different fields and subject areas. What I particularly enjoy is the sheer camaraderie of these occasions as you can talk to anyone and you don't need an introduction. You can have interesting chats in queues, at breakfast, over a pint, waiting for a session to begin etc, etc. All good clean fun!!

Kathy Turtle Chorley & South Ribble NHS Trust

ASPIRE symposium

10th May 2001, Manchester Conference Centre

ASPIRE stands for Action to Support Practices Implementing Research Evidence.

My one abiding memory of this symposium was the lack of library or information professionals present at such an important gathering which aimed to link research, information, evidence-based health care and the primary care sector.

Sally Hollis, Robbie Foy and Natalie Tidy had invited a wide-ranging collection of enthusiastic primary care professionals to hear of the research carried out by the Lancaster University team. The piece of work was funded by the NHS Executive, North West Regional Office Research and Development Directorate in association with-:

West Pennine Primary Care Clinical Audit Group

Stockport Medical Audit Advisory Group

Manchester Multi-disciplinary Audit and Quality Group.

The symposium was chaired by Dr Roger Johnson, Medical Director, Manchester Health Authority.

The day began with a review of ASPIRE rationale and methods presented by Sally Hollis, Joint ASPIRE Co-ordinator. This was followed by practitioners' practical experience of the research carried out in their surgeries. Robbie Foy, Joint ASPIRE Co-ordinator, then reviewed findings and lessons.

"research carried on in their own practices useful and cost-saving - [but] time lacking."

It became clear that everyone had found the research carried on in their own practices useful and cost-saving. It also became clear that time to carry out and co-ordinate the research was lacking.

I did take issue with one speaker later in the afternoon who claimed, somewhat tongue in cheek, that this sort of work could be carried out by a public health type student!! After worrying him to the ground, I pointed out that they already have highly-trained librarians and information staff in the NHS system to carry out this work professionally at very little cost. (That's based on a thumbnail review of information staff salaries and those of other health professionals, by the way) We later patched up the argument after pointing out that these library professionals are being poured out of most university library and information departments in the country and internationally of course.

David Weller, Professor of General Practice, University of Edinburgh, gave an interesting talk entitled 'Promoting effective primary care: the bigger picture', in which he incorporated his experiences of practice in Australia.

So, what came out of the day?

Mainly an acceptance that there is room for much more research in primary care and that there is a need to use information professionals to carry out this work alongside the health professionals. Look out for more interesting types of employment in the primary care sector. Well, I would say that wouldn't I?

Linda Harrison
Central Cheshire Health Trust

clinical governance

I am currently doing an ASSIST IM&T Trainee Scheme. At the last meeting, we had an excellent presentation which I thought would be useful to share. The speaker was John Badham, Head of Clinical Governance, North West Regional Office.

The new NHS: modern and dependable in 1997 put quality at the top of the agenda. This theme was continued in *A first class service: quality in the new NHS* in 1998. These two documents established a partnership between the government and the clinical professions which provided a framework for delivering and monitoring standards of care. John's view was that clinical governance relates to anything that puts hands on patients.

NICE

National Institute for Clinical Excellence
- Sets clear national standards for best practice in the NHS
- Develops clinical guidelines
- Appraises new technology

CHI

Commission for Health Improvement
- Helps NHS identify and tackle serious problems
- Monitors clinical governance
- Undertakes investigation and intervention
- Is an independent body

Every NHS organisation will be reviewed by CHI every three years. The review is usually clinically-orientated. However, support services have been reviewed (including libraries) and this may be more common in the future.

There are two types of review:

Review type 1 = fast track, specific problem when a concern is raised.

Review type 2 = investigative.

The aims of clinical governance are:
- To improve standards of clinical practice
- To reduce variations in clinical practice

- To ensure best use of resources
- To provide appropriate care - planned versus actual
- To promote effective clinical practice
- To maximise the health gain for the population

Clinical governance - the systems:
- Clinical audit (multidisciplinary)
- Research and development
- Evidence-based information
- IM&T support
- Education / library facilities
- Concerns policy
- Adverse incident reporting
- Medicines management
- Risk management programmes - both environmental and clinical
- Complaints systems
- Patient / user involvement
- Appraisal
- Personal development plans
- Leadership programmes

The evidence has to be in place for all of these.

Clinical governance links to other initiatives:
- Quality
- IM&T
- Continuing Professional Development
- HImPs - Health Improvement Programmes, multidisciplinary / agency working
- Calman/Hine
- National Service Frameworks (NSFs)

Regional Office published a document *Steps to Clinical Governance* which outlines some practical steps towards clinical governance:

- Establish leadership, accountability and working arrangements
- Carry out baseline assessment of capacity and capability
- Formulate and agree action plan
- Clarify reporting arrangements within the organisation - frontline is the Trust Board

The way forward is through:
- Identification of clinical information needs
- IT across the health economy - LIS
- Risk management
- Performance management
- Appraisal and development of CPD.

Melanie Hinde
Manchester NHS Agency

I started work as the LMEC Project Manager in South Cheshire on 30 April 2001. Prior to joining LMEC, I was Consortium Librarian for Herefordshire and Worcestershire and, previous to that, had various NHS and business information posts including those of Health Intelligence Librarian at Dudley Health, and Library Services Manager at Chesterfield Royal Hospital.

The first month here in South Cheshire was spent meeting various Chief Executives and key people connected with LMEC as well as attending my own induction programme at Central Cheshire Health Trust (CCHT) and induction into the South Cheshire health sector in general.

Much of June has been spent on updating the LMEC website (http://www.lmec.chester.ac.uk). More revision is still needed and I would welcome any contributions from local groups and associations with useful information such as contact details, e-mail addresses, telephone numbers, etc. In addition, I would also like to hear about any training courses you may be putting on. We can promote them on the website.

In July we plan to run the first primary care training sessions in surgeries in Crewe and Northwich. If all goes according to plan, training will then continue from August to November at all practices and clinics in the mid-Cheshire area. A new newsletter is just about ready to be sent out - LMEC Newsletter 4 - so look out for that one too!

Although I am one of CCHT's staff, I am based in the Postgraduate Medical Centre at Leighton Hospital (MCHT) and can be contacted on **01270 612262** or by e-mail at: **linda.Harrison@dial.pipex.com**

Linda Harrison

I am the Library and Information Services Manager at Guild Community Healthcare. I am based at the Trust Library within the Academic Centre, Avondale Unit, Royal Preston Hospital. I started my library career at the University of Central Lancashire and I worked there for ten years. First as a library Assistant then a senior Library Assistant and, once qualified, an Information Specialist. Whilst working at the University of Central Lancashire I attended the Manchester Metropolitan University were I gained the Information and Library Management BA (Hons) qualification.

I have always had an interest in health issues. In 1997, I took up the role of Health Promotion Resource and Information Manager working for the Blackpool Wyre and Fylde Trust which transferred, in April last year, to Public Health.

I find the constantly changing environment of libraries and information both fascinating and challenging and look forward to meeting you all in the not too distant future.

I would like to say a huge thank you to everyone I have managed to meet to date for being so helpful and supportive. I have found this a great help in settling into my new role. I already feel part of a very large and friendly team.

Carmel Smith

I started in my post as Library Manager at Stockport NHS Trust in April and the weeks have flown by ever since! Previous to this I was librarian at the Manchester School of Physiotherapy. The School was my introduction to the NHS and proved to be a great way to gain experience in healthcare information. While at the School I started an MSc. in health information management, distance-learning from Aberystwyth University and am now in my third year and struggling to complete my dissertation.

My post now is a dual role in that I manage library services for the Trust but am also partly employed to be LIS lead for libraries in the Stockport area. I'm working closely with the IT departments and the clinical governance leads to develop library services. The job is proving to be very interesting, challenging and enjoyable.

Gwenda Mynott

I have worked for the NHS for 15 years, for most of that time in the post of Medical Librarian at Christie Hospital in Manchester.

My current post is on a four-year project which started in October 2000. I am the LIS Project Manager - Libraries Strategy, and am part of the LIS (Local Implementation Strategy) Team at the Manchester NHS Agency.

My project objective is to improve and expand library and information services to all healthcare workers in Manchester. The aim is to improve access, both in terms of better access to the knowledge base for health workers in both primary and secondary care settings and in enabling access to evidence-based resources beyond the confines of a conventional library. Also, for a better integration of library and informatics services supported by highly-skilled library staff experienced in training others in the use of knowledge databases.

Progress has already been made. A Knowledge and Library Skills Trainer has been appointed; 'passport' membership for health libraries has been introduced; the number of NHSnet PCs in libraries has been increased; ECDL (European Computer Driving Licence) training for library staff is to be introduced, and work on improving health information for the public is underway. I look forward to the challenges of my role and hope that the outcomes of the project will enhance the excellent library and information services in Manchester.

My contact details are -
Manchester NHS Agency, Gateway House, Piccadilly South, Manchester, M60 7LP
Tel: 0161-237 2630 **Fax**: 0161-237 2884
e-mail:melanie.hinde@agency.manchester.nwest.nhs.uk

Melanie Hinde

I started work on 18 April 2001 as Library Skills Training Facilitator for East Lancashire, mainly working in the Secondary Care Sector. I am based at Blackburn Royal Infirmary in the Education Centre Library, but it's a case of 'have car, will travel' to wherever I need to deliver training.

I found that the training need was so great, especially with the launch of *Aditus*, that I was called upon almost immediately to help out on an ad hoc basis. Nevertheless, I am hoping to develop a structured programme of training for the clinicians and other healthcare professionals and to conduct a 'Training Needs Analysis', as well as market the service.

I have had a long and varied career in librarianship: public, FE and HE, where I did quite a lot of tutorial work. Latterly, I spent ten years as Information Services Manager for an international multi-disciplinary design consultancy.

I am very happy to be working for the NHS and to be able to return to training/teaching, which I always enjoyed. I can be contacted at Blackburn on **Tel:** 01254 294585 or **e-mail:**Lorraine_Fazakerley@hotmail.com. Those who have been in librarianship almost as long as I have, may remember me as Lorraine Jefferson or even Lorraine Betts - but perhaps not!!

Lorraine Fazakerley

I have been working happily at Wythenshawe Hospital Medical Library for the past three and a half years. I have also (not quite so happily at times!) been completing a Masters' degree in Information Management at Manchester Metropolitan University.

My final piece of work is a dissertation about the role of the health librarian in provision of information to patients. Thanks to all who completed questionnaires for this, by the way. I'll post a summary of results on the LIHNN website in due course. I am now looking forward to lots of new challenges as the Librarian of the Manchester School of Physiotherapy.

Colette King

I worked as a primary school teacher for twenty-two years before embarking on a new career as information professional in 1997. I worked part-time as a library assistant at the Royal Oldham Hospital library for three years whilst I completed the Postgraduate Diploma at Manchester Metropolitan University to where I later returned as a temporary part-time lecturer in children's literature.

My first professional post was as Librarian (part-time) at St. Mary's, Central Manchester Hospitals Trust (now Central Manchester and Manchester Children's University Hospitals NHS Trust) before recently returning to ROH as Deputy Librarian/Training and Development Officer.

Readers wishing to discover humorous anecdotes from my personal life will have to see me in person, or hope, like me, that my manuscript - interspersing excerpts from my life story with a wry look at the history of the Library Association's Carnegie Medal - eventually finds a publisher.

John Addison

I took up my new post of Knowledge and Library Services Projects Manager, based at South Cheshire Health Authority, in April. My role here will be to co-ordinate and develop library services with the primary aim of widening access to users across the community, with a special focus on the primary care trusts.

Before taking up this job, I was Senior Lecturer in Information and Library Management at Liverpool John Moores University where I was course leader for the successful Masters Programme. Prior to that I had extensive experience as a practising librarian in large industrial research libraries.

I am now looking forward to taking on the challenges of developing health-care library services in South Cheshire.

Gill Swash

I have recently been appointed Deputy Librarian at Liverpool Women's Hospital. I am also Assistant Librarian at Alder Hey. A link has been established with Alder Hey Children's Hospital library, and the Head Librarian at Alder Hey has responsibility for both sites.

A key task at the Women's Hospital has been to identify and record journal holdings. This is now almost complete and I am looking forward to establishing an inter-library loan service for Women's Hospital staff. This will enable staff to make use of resources available in the region and, as the service develops, I hope that other medical libraries will benefit from the services we can offer.

There is a considerable amount of work ahead in establishing library services at the Women's Hospital, and this will require not only hard work but patience on all sides. Please bear with us during this challenging process. I am looking forward to my new role and will keep you informed of developments.

Stephen Molloy

I am the Clinical Effectiveness Librarian for the National Refractory Angina Centre at the Cardiothoracic Centre - Liverpool NHS Trust. I shall be working with the angina team on various aspects of their educational programme, such as the website, patient information brochures and nursing guidelines, in addition to more "traditional" library responsibilities such as literature searching and organising references.

My background is as a qualified librarian in academic libraries, but I have more recent experience in an editorial role with a healthcare communications agency.

My contact details are -
National Refractory Angina Centre The Cardiothoracic Centre - Liverpool NHS Trust, Thomas Drive, Liverpool, L14 3PE **Tel:** 0151-293 2201

Gwyneth Pearson

croissants, coffee, lunch & chocolate

A personal perspective on day 3 of Umbrella 6 , UMIST 7th July 2001

Being unable to afford the time or money to attend the whole of Umbrella 6, I signed up as a day delegate for the Saturday . As I drove into Manchester on that hot and sticky day, I debated my sanity in giving up what was not just any Saturday (and paying for the privilege) but one which was also my son's birthday and the Tim v Goran semi-final at Wimbledon. The sessions and the company, however, proved a worthwhile investment.

Croissants and coffee

The first Health Libraries Group (HLG) session (called 'Brass Tacks') was accompanied by croissants and coffee and featured Dave Wilkinson from a well-known firm of library furnishing consultants. Dave took us through some of the problems and pitfalls associated with relocating and refurbishing existing libraries and building new ones. He asked us to consider whether we were looking at a new or revitalised service, what were the main goals and what stood in the way of achieving them, how many staff and readers were involved and what responsibilities we had to them.

He then looked at a number of specific areas.

" wheelchair users - battery hen - data points"

Space

Use of space can be critical. Architects usually refer to Thompson's guide (to library design) which cites the minimum requirements for space between island sites and the size of study spaces. Yet aisle width is about more than having

enough space for wheelchair users' the latter have to be able to swing round the ends of bays as well as move between them. Nor do readers like to sit next to each other in battery hen fashion staring at a blank wall, so a row of study carrels may meet basic space requirements but will not necessarily meet users' needs. An interesting option would be to incorporate data points into easy chairs, turning these into study spaces... and, in case you forgot, tables have four legs. In other words, chairs must be compatible and fit properly and comfortably underneath them.

Choice of materials

Shelving. In a fire, chipboard shelves are a hazard and will collapse easily. Books are more likely to fall off, open up and catch fire when shelved on units with plastic feet which are subject to melt-down. Better protection is offered by solid wooden shelving which will char but hold books in place thus reducing the amount of damage.

" likely to fall off...catch fire ...melt-down "

Flooring. Thick pile carpets look plush but present difficulties when moving trolleys and wheelchairs. Harder surfaces may give problems with acoustics. Acoustic screening or a separate room for quiet study may be necessary to shield users from keyboard noise.

Lighting. There is a need for a mix of ambient and task lighting. Natural, non-glaring lighting is best for study spaces.

Signing. Adequate signing is crucial. Remember, disability is not just about wheelchair access; it also includes

aspects such as visual/hearing impairment hence the need for 'black on yellow' signs and induction loops at the desk.

Security

Security is clearly a major preoccupation. Dave took us through a number of possibilities (including satellite tracking) but pointed out the need for compromise between the sophistication of the system required and the number of books at risk (or as he put it: you have to lose an awful lot of books to make a security system worth putting in). Simple measures included the avoidance of windows at ground-level which lever open and allow users to drop books through them.

"It is imperative to view - from staff and the users' perspective."

Conclusion

Overestimate, overestimate, overestimate. Flexibility is the key. No two people are alike. It is imperative to view the project from both the staff and the users' perspective. Don't be afraid of change but remember, if it's not broken, don't fix it. And finally, whatever you do, use specialist movers !

Lunch

Lunch with Penelope Lively proved just that. In her witty and thought provoking talk, Penelope told us of her long love affair with books and highlighted three types of reading which had featured prominently throughout her life: reading

croissants, coffee, lunch & chocolate

for pleasure, reading for research and reading for information. It made me wonder how many of us find the time to do much reading for pleasure (apart from LIS documents, that is)?

" key role of the senses in making informed choices."

Chocolate

The third HLG session - yes, I know I haven't mentioned number two - was a joint session with the Community Care Network and was entitled 'Reader development - an inclusive approach'. Linda Corrigan from the National Library for the Blind and Anne Brimlow of Essex County Council had the difficult task of following Penelope Lively and addressing an audience sleepy after an excellent lunch and anxious to be on their way home. However, they caught our immediate attention by opening up two large packs of Rose's chocolates. Through a variety of 'interactive' exercises (ie. choosing and eating chocolates) they sought to put us in the shoes of someone who was visually impaired. In this way they underlined the key role of the senses in making informed choices. It was a very satisfying session in more ways than one.

So there you have it. Day 3, Umbrella 6. And in case you are wondering, session 2 was about the Core Collection. Enough said.

Chris Thornton
Central Manchester & Manchester Children's University Hospitals NHS Trust

Health Authority Library Services: the future

This is a condensed version of a position paper prepared earlier this year for management by the authors on behalf of the Health Authorities Information Group.

Health Authorities need libraries

With the increased availability of information in electronic formats a key question is do we really need a library service within the Health Authority environment?

The answer is yes because:Library services make sense of the diffuse information required to manage effective health care delivery by the effective organisation and the dissemination of information resources to the point of need in a cost-effective manner. Librarians are trained explicitly for this purpose. Indeed Gray (1997) lists the support of a librarian as essential to every decision-maker as the librarian has an effective role as an information broker.

Library services offer effective management of the explicit knowledge contained within the health record and provide intelligence required supporting effective use of the Health Authority's implicit knowledge resource.

Evidence-based practice is reliant on effective retrieval of information. Evidence supports the notion that retrieval of information is best achieved by the effective use of trained librarians who retrieve information and train end users to retrieve material cost-effectively.

Libraries maximise the effective use of information resources. An item held and recorded by a library is available for use throughout the organisation. Held by an individual in an office it is anonymous and duplicates are likely to be procured. Health authority libraries provide material to support corporate knowledge governance throughout the NHS in the North West . 90% of information required by library users is not yet available in an electronic format or is not acceptable to users in an electronic format. Even hardened users of electronic information have a tendency to print material in order to read it, thus placing a cost burden on the organisation by which they are employed.

Areas of Expertise and Policy Initiatives Supported by Library Services

Health authority libraries offer unique experience in the health sector to support this role through well developed services in the following areas:

Government publications

"The entrepreneurial imperatives of the market place are secondary for the government and publications are promoted, if at all, in different ways and, to a different extent, to a different clientele", Cheffins (2001). NHS Circulars and government reports inform the NHS of how it must act areas of priority and how it should manage itself. Despite increased availability on the Internet, hard copy and local e-collections are required to cope with the built in obsolescence of e-information. Can we be sure in 10 years time Adobe Acrobat will be available and function with current Department of Health and other government documents? Similarly there is no formal archiving programme for e-publications. On occasions after only three to six months, items are removed from the Department of Health web site and are no longer accessible.

NHS circulars represent an invaluable area of the NHS record held by health authorities. The two major enquiries undertaken at Alder Hey and into the practice of Dr. Harold Shipman have drawn heavily on resources and services of health authority libraries.

When a review of practice is undertaken, there is a legal requirement to understand the policies and protocols that existed at the time period in question. Regional holdings of circulars, going back to 1948, facilitate these reviews of practice. Counsel in both enquiries required support from health authority libraries in order to locate pertinent material, despite access to their own specialist collections. 'Special expertise is required to handle official publications' Cheffins (2001). This expertise is found in health authority libraries.

Grey Literature

Grey literature is really a type of informal communication. A key support to the delivery of grey literature services will be the development of the regional Grey Literature service at Liverpool Health Authority but this will only offer part of the solution. Discrete local collections of grey literature must be maintained to ensure effective corporate knowledge governance.

"Leadership for Health" and Library Services

Health authority libraries support the management development required to deliver effective performance management under the 'Leadership for Health' policy (Denham, 1999) as a result of their focus within the following collection areas:

Information to Support Managers

Health authority libraries recognise the value of management as a professional body

within the NHS and therefore have well developed management collections to reflect the needs of this group. Clinical libraries have with a few notable exceptions, largely ignored the information needs of NHS managers.

Statistics & Epidemiological Information

Epidemiological information forms the basis of public health and will be a key measure against which performance management will be measured. Statistical material from the Office for National Statistics and other sources represents a core function of the health authority library.

Educational Role of Health Authority Libraries: "A Health Service of All the Talents"

The workforce planning policy in the NHS (Hargadon and Staniforth, 2000) calls for health services that are 'supportive of multi-disciplinary training, education and working'. Libraries have a key role as a support mechanism for those undertaking and delivering education to NHS staff. This is best achieved by access to local library services at the point of need. Health authority libraries are best placed to deliver this role within health authorities. In addition health authority libraries have a tradition of remote document delivery to a multidisciplinary workforce at the point of need. This is ideally suited to the delivery of management information in an environment in which primary care trusts deliver services at disparate locations throughout a district.

"For the Record" and NHS.UK

A key knowledge governance role undertaken by several of the health authority libraries has been supporting the development of records management strategies and as web editors for the nhs.uk website.

Evidence-based Practice

Evidence-based practice and cost effective practice are based on having access to the evidence base that underpins decision-making. Health authority libraries have access to the evidence base and are in a position to advise and train end-users in health authorities in the best use of the evidence base. Whilst clinical collections in NHS trusts offer best access to the clinical evidence base, health authority libraries have a larger focus on materials relating to health economics and the cost effectiveness of health services.

Models for Future Delivery of Library Services to Health Authorities

1. Do nothing

Residual health authority libraries and existing trust library services would provide a service to all trusts and health authorities. This results in a non-collaborative service, in which NHS trust, academic and health authority libraries compete to contract with primary care trusts to provide library services. This model demonstrates the lack of a coherent provision of library services to primary care trusts resulting in patchy provision of these services throughout the region.

2. Create merged-Health Authority libraries

As health authorities merge, there is scope to merge existing libraries. This will result in provision of library services for health authority management at the point of need and a greater equity of library provision to health authorities. Primary care trusts access these services via a service level agreement unless funding was provided by health authorities to provide services to primary care.

3. Collaborative service provided at local health community level

Another option is to provide a district library service as part of a Health Informatics Service. This is reliant on co-operative cross-sectorial delivery of services by an alliance of health libraries including health authority, trust and academic library services. This option is dependent on the continuity of Information for Health Local Implementation Strategies communities. The key advantages of this form of provision are that it offers strategic leadership for local library services and maximises use of existing resources and services while continuing to deliver library services close to the point of need. In order to support this model of service, service level agreements need to be established with the libraries within the local health community.

4. Hybrid of options 2 and 3

This option recognises that there may be a lack of coterminosity between LIS boundaries and the new health authority boundaries. Health authority libraries may therefore need to provide services across a range of health informatics services. The key advantages of this form of provision are that it recognises that the material and services supported by health authority libraries are essential for the effective provision of managed health services. Equity of access to management library resources is assured throughout the region in this model. In addition it maximises use of existing resources and services while continuing to deliver library services close to the point of need. To support this service model, service level agreements need to be established with the libraries within the local health community.

5. External Provision of Services

An external provider such as a university library would provide a service to merged health authorities and primary care trusts. Such a model will be less responsive to local needs and lack the material required to support corporate knowledge governance.

6. One Regional library service

Health authority library services provided from a central library with local outposts. The inherent risk with this model is that it provides a library and information service that is less responsive to local needs.

Preferred Option

Option 4 would allow health authority libraries to merge into the new larger health authorities and continue to provide services direct to the health authority. In addition, they co-operatively deliver management library services within local health community groups in the geographical area that they cover.

This option has the following advantages:

- Quality services continue to be provided to the larger public health function.
- Maximises the use of existing resources within health authorities and local health communities.
- Supports evidence-based purchasing and evidence-based decision-making.
- Ensures strategic development of library services at a local health community level.
- Supports development of the Information for Health strategy within local health communities.

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Liz Walton East Lancashire Health Authority
Liz Farrell Salford and Trafford Health Authority
Kieran Lamb Liverpool Health Authority

Chartering a new course

I have finally been admitted to the hallowed halls of the Chartered Librarian (provided I keep up my payments to the Library Association of course!).

First some background. I graduated from Loughborough University in 1996 and worked as Senior Library Assistant at Mount Vernon Hospital (Middlesex) for three years and then as Branch Librarian at St. George's Hospital Medical School (Tooting) for one year, before ending up at Westmorland General Hospital (Kendal) as Site Library Manager - a euphemism for Librarian!

As a Route A candidate, I was registered on the North Thames Regional Library Unit training programme. This was in 1997, so there was a gap between when I registered and submitted the report to the LA. (It is recommended that the report is written by about six months after the training period is finished, one year for Route A and two years for Route B.)

Though guilty of procrastination, once I got going, it did not take long to go from the rough draft to the final, polished Professional Development Report (PDR). If you, too, are guilty of putting things off, then I recommend enlisting the support of the staff. If they are prepared to cover for you for a couple of hours a week, say a Wednesday afternoon, then you can use that time at work to write up your notes and prepare your report. I found that having a set time each week, it was easier to settle down and get on with the work. Using work time may seem improper, but my line manager was very supportive and believed that it was worth my time at work if, at the end, it meant that the organisation had a Chartered Librarian.

Many of you may feel that you do not have enough to write about and will never manage the four thousand word minimum, never mind the upper limit of six thousand. It may then come as a surprise to find that your first draft probably comes to more than six thousand. Unfortunately, it is harder to pare down a report than it is to bulk it up. But you soon learn the art of being succinct and cutting out the words that you do not really need.

The PDR calls for analysis rather than description, which can be hard to comply with as it is easier to describe your job than it is to critically analyse it. That said, you are not analysing your job but your ability to handle it and to show how you have developed professionally since graduating.

Having written my final draft of the PDR, I sent a copy to the Registration Liaison Officer for checking over and was pleased to get it back with good comments and a few suggested changes. Unfortunately, when I sent it to the Library Association I was then asked to write an addendum with the title of "Discuss two current issues of concern to the library profession at large". My heart sank when I had this letter from the Library Association. I immediately assumed that I had done very badly, particularly as I felt that I had covered professional awareness within the body of the report.

However, on reflection, I believe that I had covered it, but only within the health sector; I had neglected to write more widely about professional issues. (For your interest, the issues that I had chosen were: distance learning and the librarian as teacher.) It did take me a long time to finish the report and send it to the LA, but the relief when I put it in the post (registered, of course!) was quite profound. The PDR was no longer hanging over my head. I am also very pleased to use the postnominals ALA and to call myself a Chartered Librarian - I have now taken my professional qualifications one stage further. I would recommend that you keep a close eye on where you are with your own report. Would it only take a couple of days work spread over a month or so, or does it need a lot more work first?

I would also suggest that it is worth watching the proceedings of the LA/IIS unification. Would it be a good idea to complete the report before unification, or would you prefer to wait and see if qualification routes change? I am happy to talk to people who want to know more about the process of chartering. Feel free to contact me at work at: **Sam.burgess@k. bay-tr.nwest.nhs.uk**

Sam Burgess
Morecambe Bay Hospitals NHS Trust

A degree of satisfaction

I am Assistant Librarian at Liverpool Health Authority and have just graduated from Liverpool John Moores University with a BA Hons Upper Second class in Information and Library Management. Looking back, how would I sum it all up? Well, the last five years have been a lot of hard work, commitment, worry and a fair amount of anxiety. My colleagues on the course have become good friends, whom I will keep in contact with for many years to come. My colleagues in work have been very understanding, especially if I needed to take holidays to complete my work and they have encouraged me all the way to the end of the course.

For me it is a time that has gone really quickly as I became a mum. I had a beautiful baby girl on the last year of the course. This was hard work taking five months out and catching up. It was well worth the effort now I have achieved my goal.

Maureen Horrigan

Another brick in the wall

On July 19 2001, I received a BA Hons degree Upper Second class in Information and Library Management from Liverpool John Moores University (LJMU). It was a wonderful day and the culmination of 5 years spent in higher education. It evoked memories of many incidences, some happy, some sad, disappointments and achievements, all rolled into what has been a huge chunk of my life during this period.

In September 1996, I enrolled on the Information and Library Management course at LJMU. I had previously done the City and Guild 7307 Library Assistant Certificate and had been persuaded by one of the other students to join her on the degree course. Because I am a caring, sharing person (!!!!!), I, in turn, encouraged Maureen Horrigan from Liverpool Health Authority to join the course too.

On the first morning, I was late arriving (nothing new there), and had to find the lecture room in this rabbit-warren of a building. Be assured I was never late again. I walked into the lecture room to be faced with 50 strangers all looking at me. It felt very much like my first day at school.

The first tutor I met was Gill Swash, a very knowledgeable lady who lectured on information management. I was in complete awe of this tutor whose expert knowledge and perfect delivery of tutorials are enviable.

The second lecturer, Keith Trickey, was a wacky kind of guy, but I took it in my stride

because you read in the media about university lecturers and their weird and wonderful ways. He did however turn out to be a very interesting man with an innovative approach to studying and university life. The most important lesson he taught me was to take the phrase "I can't do it" out of my vocabulary.

Then I met Helen Chandler who, with a gimlet eye, could stop you in your tracks at fifty paces; again a wonderful tutor who gave a hundred percent effort in her lectures and expected her students to do the same. Certainly our group tried very hard because we wanted to realise Helen's expectations of us.

During the five years we covered a number of subjects such as information sources, finance, reference enquiry, publishing, personnel management, managing library systems, public relations, and management of change. It was a well-rounded course that gave an insight into many and varied subjects. The successful completion of each module became another 'brick in the wall'. Some of the modules were easy to assimilate, some were difficult, but I began to see how the whole course started to fit together. More realistically, with hindsight and a lot of thought, I began to understand the subjects I was being introduced to.

These last five years have been educational but I also gained socially by being part of a closely-knit group of part-time students. The group comprised nine people from a variety of backgrounds and we became a strong unit of support for one another - 'joined at the hip' - as one of our tutors noted. I am sure that if I had not had this support, I would never have completed the course. It is a source of great satisfaction and personal achievement that I remained so focussed for five years.

I thoroughly enjoyed the course and if anyone reading this article is toying with the idea of starting a degree course, then go for it. You have a whole lot to gain. As Mrs Doyle would say - 'Ahh, go on, go on, go on.'

Marie Ford
St. Helens and Knowsley Health Authority

letter to the editor

Dear Editor,

Just thought I'd write to let you know what I think of your newsletter. Don't panic it's not all bad.

I'd just like to mention the tribute you did to Valerie Ferguson. Being a Library Assistant you don't often get the chance to get out and about meeting other Librarians and I think it might help, if when putting a photograph in, you could point out which one she is!

Also I have noticed that you mentioned that the guidelines for contributors in the newsletter are also available on the Lihnn website. Maybe it's me, but I couldn't find them.

I especially liked the Inky Shaeffer column and hope he/she continues to become a regular on *BackBites*.

How about recognising staff achievements and feature their successes in your newsletter? For example, an NVQ success could be highlighted with the person's name and where they work, and if possible a photograph.

I don't want you to get the wrong impression with this letter. I think the newsletter is great and I know how much hard work has gone into producing this. I am looking forward to reading the next one!

Teresa Couseins
Wigan and Bolton Health Authority

editor's reply

We tried all kinds of wheezes to identify Valerie succinctly and unequivocally, including the proverbial arrow ("problems with that" said the techies), but none worked unanimously with our test panel.

For your information (and others'), Valerie is the pure blonde wearing glasses in the light blue top with pendant. Sorry about the missing guidelines, Teresa. This will be rectified as soon as possible. I imagine Inky will be pleased to have a fan though one of your colleagues (see this issue's *BackBites*) clearly sees things differently.

You will see in this issue that we have taken up already your suggestion on staff achievements though owing to copy deadline it has not been possible this time to trawl for details of everyone relevant. Thanks for your feedback. I hope this particular issue does not disappoint you.

intray

NOTES FOR CONTRIBUTORS

1. Articles and news items are welcome from all members of Lihnn, including support staff and staff in higher education institutions.

   Lihnn members are actively encouraged to write up accounts of events and courses attended. Articles on new developments and projects successfully managed are also welcome.

2. News items and short pieces, which can range from factual to amusing, are also welcome.

3. All items can be submitted in print or electronic format.

Please abide by the following points:

Don't forget your name, location, title of article, and date of article.

All acronyms should be written out in full for the first occasion they are used in the text. Please give full details of events, courses and conferences attended. This should include:

- The name of event and location

- Date of event

- Name of organising or sponsoring body

Details of how support materials can be obtained (where necessary)

Full references to any published reports, articles etc.

Items not submitted in time for the publication deadline will be published in the following edition.

Contributions should be submitted to:

Kathy Turtle, Librarian, Postgraduate Education Centre, Chorley & South Ribble NHS Trust, Preston Road, Chorley, Lancs PR7 1PP
Tel: 01257 245607
Fax: 01257 245623
Email:
KATHLEENTURTLE@HOTMAIL.COM

Guidelines for contributors are also available on the Lihnn website.

We're on the web at -
http://www.lihnn.org.uk

Move over, Inky! This girl's had enough. Jokes about knitted cardigans and the Lihnnettes might raise an uncomfortable smile with Miss Frump of Godawful Trust but not here, buster! You're not from Mars, you're from the planet Mongo.

How on earth, in this day and age, can a fellow (I use the word advisedly) librarian still be peddling attitudes (explicit or otherwise) that reinforce - nay, celebrate! - stereotypes? Inky, you should be ashamed! Stick to infomanging or - your true forte I suspect - dodgy car stickers, and let women get on with creating librarianship fit for the twenty first century.

" flash magazine ... killer heels ... wet-look "

OK...OK. Calm down. But what hope for anyone in the profession if some of its members still make capital out of images that should have been consigned to the bin years ago.

Images that are false, devaluing and detrimental to workers who have traditionally been undervalued, underpaid and underresourced and who have been cloned into caricature by public and media alike until the joke sticks like chewing gum on the soles of your shoes and drags you back towards the drab bookcases where *they* see you as being shelved?

Inky, dear boy (love the blots, by the way. They're the best application of the ink on that page), has it never occurred to your web-surfing, geeky mind that a profession dominated by women is a natural target for those men who instinctively load it with as much negativity as fits their sexist ends?

Women can take a joke, sure, even a cheap one about chocolate, but why indulge in mocking (however slightly) your colleagues just to dosh up some filler for a new, flash magazine *(Careful now - Ed).*

Women librarians have a varied image (Guess what. I've got killer heels and a wet-look skirt - catalogue that!) but there are vested interests in using stereotype images for dubious ends. And you serve those ends. But then, poor boy, how were you expected to know that, when you sat down to think up the Lihnnettes?

Take for instance the other year when Christmas left more than a turkey leg bone stuck in my gullet. Showing on television was one of the greatest films of all time (so went the hype) - *It's a Wonderful Life,* starring James Stewart. Know the one I mean? Or did you skip it Inky, because it wasn't something you could download?

Anyhow, the scene where the angel tells the James Stewart character who wishes he were dead what would have been if he had never been born. So what does the wingless nerd show the wretch? There unfolds a life-sapping scene showing the guy's wife as a would-have-been librarian in the public library. What a fate! See what I mean, Inky?

" dead ... nerd ... sexist "

Well might you want to forget Erica Olsen and women like her. Stick to your mangy tee-shirt, Inky, it's safer than wearing the one she sells. I guess it never occurred to people like you that one reason that librarianship is so largely populated by women is that working with knowledge is intrinsically life-enhancing for all those it benefits - just like nursing and teaching, other 'traditional' professions of women.

Sorry to disappoint you, Ink (if I may be so familiar) but I've never shushed anyone in my life *(Why bother when you can head-butt them - Ed).*

And even now, when librarianship is awash with the gadgetry of IT (as opposed to the luminosity and vision of ET), librarians are at the forefront of exploiting emerging technologies for the good of all. New skills, new services, new thinking. Why, hell! We were using computers way back in the seventies *(In the sixties actually - Ed),* way, way before managers (or should that be mangers? Oh, oh!) ever cottoned on. Add to that the anti-intellectual instincts of a good slice of the population, mix in male sexist mentality, stir in a dash of management ignorance and myopia, whisk in the crude stereotyping a tabloid would be proud of, and hey presto! You've got a dog's dinner of prejudice, chauvinism, neglect, unfairness and downright harm to the cause of spreading wisdom and excellence which all librarians espouse.

" dog's dinner ... bleeding ... rioting librarian "

The other day I was shown a clipping from a newspaper sporting a large photograph of a riot policeman bleeding from the head. It was under the caption 'The rioting librarian'. Reading the article, it turned out that amongst people arrested in the riot was, not a librarian, but some guy who was a "library attendant".

OK. The rag has to sensationalise to sell, but yet again people's stereotypes are invoked and manipulated for such ends. Librarian 'characteristics' such as quiet, introspective, bookish, boring - you get the picture. But - rioting? Heaven forbid! This you just gotta read!! A rioting librarian? Isn't that an oxymoron? No, Inky. Oxy, as in oxyacetylene, moron as in....OK.OK. Calm down. But Inky Shaeffer (Mr. Pen Name on a keyboard), you might smirk at the patronising notion of the Lihnnettes but another group of women is called to mind - the suffragettes. And you know what they achieved.

One more thing. My own copy of the OED defines mang as 'n. condescension. Obsolete'.

Oh, by the way, Inky. Those splashy blots. There's a subconscious urge there somewhere, don't you think?

Zelda Blaster

PS. Don't you dare change a word of this, Editor! *(Wouldn't dream of it - Ed)*