editorial

Those of you who attended the Lihnn/HCLU update meeting on 17th October at Warrington may remember that, on behalf of the Editorial Board, you were asked, jokingly, to interpret the term "summer" in the widest sense of the word!

Well, the sun was shining on that particular afternoon as I recall, and I have heard a BBC weather forecaster comment that it has been the warmest autumn on record. That brings me to the real point that we are just about managing to get the publishing schedule back on track and that issue 3 - Autumn – won't appear too long after we've all started scraping frost off our windscreens!

At sometime in the dim and distant past, which means a few weeks ago, I muttered something about doing an editorial on the theme of communication. I just got the feeling that some Lihnn members were missing the old style get-togethers where you had the opportunity just to chat and maybe moan a bit which I think is more useful that it sounds!

There have also been a good deal of staff turnover in the last year or so, which is marvellous, but does mean that there are even more names and faces to remember. Therefore it was good to meet up again at Warrington though we were all aware of the need for a more congenial style of room, in other words, not a lecture hall.

This brings me rather laboriously to the subject of using the newsletter to express your views, share news, and pass on expertise. Please remember that a photograph can always accompany articles!

In the first editorial, I mentioned the two colums, *Sounding Board* and *Letters to the Editor* which are prime ways in which you can get a good debate going on topics close to the professional heart. I have just commissioned what promises to be a meaty subject for the next issue! There is, of course, also *BackBites* where contributors are particularly welcome.

Those of you thus tempted to take up the challenge of authorship will find David Ellis's article particularly relevant. It talks about the problems faced by the Editorial Board in getting issues to print, and especially about the task of the proofreader.

The use of email to whiz items around between contributors and the editorial team has made our lives much easier, but there still remains the all-important human element of proofreading and liaising with printers! We have now had several offers of help with proofreading and commissioning which is very gratifying for us.

So I anticipate a lively future for *Lihnn Up* – please keep communicating!

Kathy Turtle

Conference on Evidence-Based Librarianship

3rd & 4th September 2001, University of Sheffield
FIRST DAY

Background - This conference was the first of what is hoped will become a regular event. Organised by the LINC Health Panel and the School of Health & Related Research at Sheffield University (ScHARR) it brought together health information practitioners and researchers in an informal setting. The aim of the conference was to establish, through debate and discussion, whether we currently run our services on the basis of sound evidence. Is it desirable for library and information services (LIS) to develop an evidence-based approach similar to that in medicine and health care?

Monday 3rd September

The first speaker, John Eldredge, gave an overview of the development of Evidence-Based Librarianship (EBL) in America. His vision of the future was that within the next 10-15 years decision-making in LIS will become much more evidence-based. Key questions have already been defined by the Medical Library Association in America and should yield answers using appropriate research methods. He envisaged a world where librarians, like other health professionals, use evidence-based guidelines to make decisions about their services. This vision was, however, dependent on EBL remaining a practitioner-led movement with adequate time and money available to enhance the research base.

In response to this somewhat optimistic view Andrew Booth from ScHARR provided an assessment of the current situation in the UK. Knowledge of research design and use is generally poor among UK librarians. These concepts are poorly covered at library schools at undergraduate level. Doing research is something which tends to be done as part of a formal post-graduate course. It was noted that remote access to LISA (Library & Information Science Abstracts) as part of our LA subscription fee is probably the single thing which would enable us to access evidence. However, wider change is needed to create a research

culture. More practitioner research has to be carried out and people have to be willing to accept change. A good start would be to join the discussion list *evidence-based-libraries@JISCMAIL*

Ann Brice from the Institute of Health Sciences in Oxford then described the research she and colleagues had carried out called CRISTAL (Critical Skills Training in Appraisal for Librarians). This research aimed to develop tools and check lists to facilitate the critical appraisal of health information literature. This would help librarians as consumers of research in getting findings into practice. The particular focus of the project was on interpreting the findings of user needs and information needs The research revealed that many librarians found difficulty interpreting the meaning of statistics.

After tea in the afternoon a choice of sessions focused on either systematic reviews in health information or particular research methods. I attended the sessions on systematic reviews. The first session reported the findings of a systematic review on clinical librarianship which is going on at ScHARR. The results show there is some evidence that clinical librarianship has a positive effect on use of information and services. However, there is no evidence of the impact on patient care. In the

second presentation, Alison Brettle from Salford University reported her findings from a review of evidence on the impact of information skills training. She found limited evidence that training does improve skill levels but there is no evidence of impact on patient care. Both speakers emphasised the generally poor methodological quality and reporting in journals of many of the results which meant it was impossible for them to be used meaningfully. Fiona Duggan, who is a PhD student, then reported findings from a review of evidence on effective means of disseminating information. She was prompted to investigate this in the context of dealing with a health incident in the community. Her results showed that the key factors in effective dissemination are using opinion leaders to support an intervention, targeting information accurately and the willingness to change and acceptance of the need to change on the part of recipients.

The process of change and innovation in the services we run is complex. Research evidence is one possible source of information which can help us make decisions. However, politics (both internal and external), economics and where power rests in the organisation all impact on our ability to make changes. Having said this I really enjoyed the conference and came away with lots of useful ideas to build on.

Rosalind McNally
National Primary Care Research and Development Centre
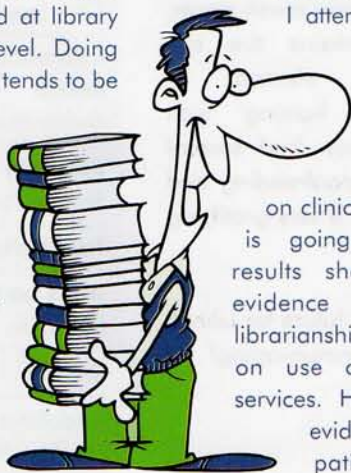
Conference on Evidence-Based Librarianship

3rd & 4th September 2001, University of Sheffield

SECOND DAY

Tuesday started with a session looking at the parallels in health service libraries to extending the evidence base in public library research, a session taken by John Sumsion a previous Director of LISU.

Basically we need evidence to show how marvellous libraries are and how they can be even better. There are three ways to do this. One is the survey, which can be effective but does need to be sent out to all employees. This should then provide an analysis of why a particular type of service is being used, or not, as the case may be. It is also important to know what is happening at the enquiry desk, so keep taking the stats! As a final example we were provided with details of the "Exit Questionnaire", a joint information-seeking standard questionnaire used by several public libraries, but this only covered those who went into the library.

Any way of looking at evidence in this manner is cross-sectional, as the most purposeful analysis is to relate activity with type of user, which is required in all libraries.

Next up was Nigel Ford, a senior lecturer at the Department of Information Studies, University of Sheffield. His session was on evidence-based decision-making, what is required and how technology can help, but he let his scepticism of EBL rule. As I personally disagreed with most of what he said I took very few notes. Basically, the problems he foresees for EBL are in developing the large and heterogeneous critical research mass that would encourage practice-reliant research practitioners; how we produce, evaluate and disseminate for practitioners; and the time and resources required.

Technology can help with less restrictive dissemination, and electronic access will allow original data to be available. Problems can arise however with the volume that could be published quickly as against the delays of current publishing schedules, and articles published quickly without too much refereeing, as against the high quality of peer-

reviewed and edited published journals.

After coffee we went to Canada and the University of Alberta. We were taken for a quick run through six aspects of EBL, ending up at the Well Built Clinical Question (or how to use EBL to compare Clinical Practice). This led to EBL domains and EBL methodology including collaboration with research and a hierarchy of library evidence which does not look very evidence-based when placed alongside the medical hierarchy. We came back to the UK via access to research (do we need a library equivalent to Cochrane?) and educating others including librarians about EBL. If we really want to be an evidence-based profession once back home donít forget to disseminate all those research findings.

Margaret Haines then spoke on increasing the impact of health libraries based on the EBL Paradigm shift. The talk was based on "Alice in Wonderland", but you needed to have seen the slides to really get the flavour, so I'm afraid this is just a quick look at the topics she picked out.

There are new e-learning initiatives coming from the DoH, with a corresponding need for external and internal leaders in these new areas. Libraries need to maintain new roles and get people to understand we have moved on but there is a need for a set of standards and principles to keep the profession together. We have to be bold and promote libraries by being positive and assertive to as wide an audience as possible. So we need to invest time and resources in EBL and look at filter databases and websites.

Research funding is available and there are plenty of Bursaries and fellowships out there. Look up the R&D support units, and R&D web page on the DoH website.

After lunch, the conference separated into four workshops, presumably so that we could all fall asleep in smaller groups. I ended up learning about cohort design, a workshop that was run by Jonathan Eldredge, who had presented the opening address the previous day. The session covered how to produce evidence for making practical decisions in librarianship. After going through what a

cohort study is we went on to the practical examples starting with the research question – Does a diet of citrus fruit prevent scurvy in sailors on long voyages? There are three elements to cohort studies:-

* *Population – sailors on long voyages*
* *Exposure – diet including citrus fruits*
* *Outcome – prevention of scurvy*

The session then went through what a population is, what exposure is or non-exposure, data collection and, finally, examples of cohort studies in the health sciences, outside health sciences and finally librarianship.

For further information see the paper by Concato and co-workers (1) or there are some very good handouts on this subject available at **www.shef.ac.uk/~scharr/eblib/je2.ppt** Finally there was a debate entitled "This House believes that librarianship is light years away from being an evidence based profession". For a feel of the seriousness of this debate, try reading Andrew Booth's proposal for the motion at **www.shef.ac.uk~scharr/eblib/ab2.ppt.**

Veronica Fraser spoke against the motion by summing up the previous sessions of the conference. We all went home after voting believing the promise that the result would be put on the website. I have yet to find this, perhaps David knows since he was chairing the session!

On a serious note, if any of the above has whetted the appetite for more on EBL, handouts provided at the conference are available from the conference website at **www.shef.ac.uk/~scharr/eblib/progra mme.html** Other EBL information and links are on the EBL website at **www.shef.ac.uk/~scharr/eblib/ebl.htm**

REFERENCE Concato,J. et al (2000) Randomized, controlled trials, observational studies and the hierarchy of research designs. N Engl J Med 342: 1887-1892

Val Haigh -
Salford Royal Hospitals NHS Trust

ADITUS developments

The ADITUS Portal has been with us since April 2001. It provides access to 7 core health databases and is available to all health staff in the north west.

The ADITUS Board

The philosophy underpinning ADITUS is equity of access. The definition of access is understood to mean:

- Access to NHSnet/Internet
- Access to information resources that support clinical work
- Access to professional library staff who will provide support and guidance
- Access to education services that will facilitate effective use of the resource.

The launch of the ADITUS portal is the beginning of a development that will be a focal point for virtual health information services in the northwest.

The success of ADITUS is dependent on collaboration with all interested parties. It is important that stakeholders are involved in its development and that the service develops inline with national and regional policies. For this reason the ADITUS Board was established. The Board will:

- Develop the ADITUS portal to meet the needs of NHS staff.
- Develop a 'joined-up' policy linking ADITUS with the *Information for Health* process.
- Work closely with ETD leads.
- Work closely with health care librarians.

ADITUS Working Group

The ADITUS Working Group was established to work on a series of small-scale projects and advise the Board on possible portal developments. To avoid setting up another group, the pre-existing LIHNN Web and IT Group agreed to adopt the role of ADITUS Working Group, co-opting librarians onto the group as ADITUS projects are brought on stream.

Current projects include:

Links to free full-text journals (Project Lead Melanie Hinde)

The Manchester Patch Group will be linking free web based full-text journals and locally subscribed e-journals to the portal. This project has highlighted the complexities of doing something that at first seems straightforward. Complexities have included IP addresses, NHS and academic networks, publishers, suppliers and the ever-present firewall.

The findings of the project will be used to rollout access to freely available e-journal and locally purchased e-journals via ADITUS databases. These finding will be available by the summer of next year.

Electronic Document Delivery of Paper (Project Lead Steve Glover)

Software is being developed that will enable librarians to supply paper documents using email and web server technology. Tests have already taken place between Withington and Wythenshawe and a full-scale pilot is planned. The technology is very simple.

Using freely available scanning software, a request is supplied by scanning to the web server. An email, with a hyperlink, informs the requesting library the article is available to collect and can be downloaded. Don't worry about copyright – it has been taken into account.

User Focus Groups (Project Lead Tracey Roberts-Cuffin)

As part of performance monitoring and service development, the views of users are essential. The End User Skills Group will soon establish focus groups with the aim of understanding the needs, views and requirements of real users. Although these groups will not solely focus on ADITUS, virtual library services will be discussed and comments reported to the Board.

ATHENS (Project Lead Mair Pierce Moulton)

The cost of using ATHENS authentication is not clear and so ATHENS has been put on the back burner, while we try and determine what is happening nationally.

Full-text journals (Project Lead Colin Davies)

I have recently completed a scoping study for the Greater Manchester Workforce Development Confederation. I will write about this report in a later edition of LihnnK Up, but in relation to ADITUS, the WDC has strongly hinted that a substantial amount of money for electronic full-text journals will be available at the end of the financial year. David has recently written to the other Confederations asking for matched funding.

Although this money will not be recurrent, we should have enough to negotiate a three-year deal. Titles to be included in any deal will be agreed as part of a wide consultation process. However, this will be end-of-year money and so the process will have to take place quickly.

The collection of e-journals should be viewed as value-added, as I do not want librarians to end paper subscriptions just yet.

Board Members currently include:

David Stewart (Chair)	Regional Director of Health Libraries
Colin Davies (ADITUS Project Manager)	Deputy Director of Health Libraries
Bryan Kessie	North Western Deanery
Dr Graham Lamont	Liverpool Health Authority
Pam Hughes	NHS Information Authority
Penny Roberts	Manchester School of Physiotherapy
Sam Burgess	Morecambe Bay Hospitals NHS Trust
Graham Titley	Rochdale Healthcare NHS Trust
Tracey Roberts-Cuffin:	Trafford Healthcare Trust
Melanie Hinde	Manchester NHS Agency

Future membership will include representatives from Workforce Development Confederations and Primary Care Trusts.

Bandwidth and caching (Project Lead Colin Davies)

Bandwidth and caching have been issues since the beginning. Some libraries have resolved their difficulties, but as discussion in recent weeks has demonstrated, some libraries continue to experience performance and access difficulties. I am not 100% clear what the issues are. I am certain that HCN is not the source. If they were, everyone would have the same performance and access difficulty, and this is not the case. I suspect that local networks and firewalls are at the heart of the matter. Over the coming months I will be working with patch groups to ensure that local networks are able to deliver our services.

Finally

All views and comments are welcome. Constructive criticism is also very much welcome as this is a mechanism for development. Please forward your comments/views to me and I will raise them with the Board.

Colin Davies
ADITUS Project Manager

Workforce Development
CONFEDERATION DAY

The Workforce Development Confederation Open Day, Tuesday 16th October 2001, at the Inn on the Park, Astley Village, Chorley, Lancashire

The Lancashire and South Cumbria Workforce Development Confederation has funded a number of projects responding to local education and training needs. The purpose of the Open Day was for recipients of funding to display details of their projects and thus to give health service staff a comprehensive idea of the work supported by the Confederation. Libraries were well represented!

(Photographs: Linda Riley, Blackburn Royal Infirmary).

Kathy Turtle (Library Services Manager, Chorley & South Ribble NHS Trust) (left) and Mandy Beaumont (Library Services Manager Preston Acute Hospitals NHS Trust) (right) with the stand for the North West Lancashire Libraries Consortium. The display describes the Database Trainers project, which is providing training in the access of information via web-based database portals, Ovid and Aditus.

Judith Hilton (Head of Distributed Services, LLRS, Uclan) (left) discusses the work of the East Lancashire Health Libraries with Yasmin Shabi, ETD Co-ordinator for North West Lancashire Health Authority (right)

North West Health Care Libraries Unit
—— THE FUTURE ——

There has been a series of meetings between myself and Simon Thompson, Deputy Director of Workforce Development at the Regional Office, as well as discussions with the Chief Executives of the three north west Workforce Development Confederations to discuss the future of the Health Care Libraries Unit (HCLU).

I am delighted to announce that the future of HCLU has now been secured. The Unit will continue to provide strategic leadership, development, co-ordination and monitoring for NHS library services in the north west. The Unit will continue to be physically based at Warrington Hospital.

The Unit will be accountable to the Cheshire and Merseyside Workforce Development Confederation (the WDC) and I will personally be accountable to a member of the senior team of the WDC. The WDC will act as the lead on library issues for the other WDCs in the north west and the Unit will have three-year service level agreements with each of the three WDCs which will define the working relationships and the roles. The Unit will continue its very close working relationship with both the Mersey and the North Western Postgraduate Deaneries.

There is still a range of issues that need further exploration:
- How will we work with our sister Unit in Northern & Yorkshire given that the new Northern Region includes both our areas?
- How will development funding be channelled?
- How can we ensure that stakeholders are involved in the work of the Unit?

I am certain these issues will be resolved in the next six months or so. In the interim there is still lots to do:

- Monitor the emergence of new NHS bodies including Strategic Health Authorities, merged acute trusts, mental health trusts and primary care trusts, ensuring that libraries are on their agendas
- Further develop ADITUS including the addition of full-text journals
- Launch of the new Union List of Periodicals in electronic form
- Develop further support mechanisms for Route A and B candidates
- Continue to offer a wide-ranging and relevant CPD programme. Watch out for our two-day residential course on quality in March 2002
- Roll-out the new accreditation scheme across all NHS libraries in the north west
- And of course ... publish the draft libraries strategy for consultation.

David Stewart
Regional Director of Health Libraries - North West

The North West Mental Health development centre

The North West Mental Health Development Centre (NWMHDC) is dedicated to the continuing development and improvement of effective and sustainable mental health services throughout the North West region. We work with all parts of the mental health system in the NW to support this in delivering improved outcomes in the life experience of individuals and communities within the region.

A significant amount of NWMHDC's work is currently covered or subsidised by a Department of Health grant and is focused on facilitating the implementation of the National Service Framework (NSF) for Mental Health. We bring an informed perspective coupled with extensive experience to the issues and problems that local organisations are facing. As part of the Institute for Applied Health and Social Policy (IAHSP), King's College London, we are able to draw on a wide network of expertise and skills, linking with the Centre for Mental Health Services Development in London, the Scottish Development Centre in Edinburgh and the Centre for Mental Health Services Development in Wales.

We aim to:

- work in support of the implementation of mental health policy at a national, regional and local level.
- influence policy, drawing on practical experience and evidence.
- work with a wide range of agencies, organisations and individuals to ensure that local service developments can benefit from the wealth of experience, which currently exists in the region and beyond.
- provide practical support, independent consultancy, advice and training with the key stakeholders involved in the planning, purchase, delivery and receipt of mental health services.

We can help link with national policy, the findings of research; experience of practice and simply what has been tried and tested elsewhere, to the local context and priorities. We can assist local agencies as they develop creative and sustainable services. We can support service users, carers and service staff as they seek to ensure that services are truly responsive and that both users and carers play a real part in the planning and delivery of services.

A major focus of work for the Centre is to support the implementation of the NSF for mental health through providing support to the Local Implementation Teams (LITs) throughout the North West. The NSF expects local health and social care agencies to set up LITs led by one person, the Local Implementation Officer (LIO), with a clear remit and explicit accountability, and supported by team members with sufficient seniority to commit their organisation to implement a sustainable programme of action.

The LITs are seen as the driving force for change in the localities. Their role is comparable to that of the Local Information Strategy (LIS) Patch Groups in relation to implementing the *Information for Health Strategy*.

LITs face a huge agenda and they seek support from NWMHDC in a variety of forms. There is a steady programme of workshops and study days that enable local interests to work through particular subjects integrating outside experience and expectation with the local context. Many seem to find this to be a helpful and efficient way of working out the local solutions to deliver key objectives or milestones.

NWMHDC is also finding itself regularly asked to help with a more strategic stock-take of the local situation, helping the LIT and key stakeholders to review progress and to maintain a coherent work plan. As well as working with individual LITs there is a growing amount of shared and collaborative work, drawing together neighbouring LITs or those sharing a particular concern.

The current areas of work NWMHDC is undertaking in relation to LITs are:

- Organisational development
- Service development
- Leadership development
- Capacity and capability building
- Investing in local talent
- Team building development programmes
- Developing the involvement of users, carers and the voluntary sector in Local Implementation Teams
- Training in subject areas, such as dual diagnosis and risk management, and of particular individuals, such as Community Mental Health Team (CMHT) co-ordinators.

A recently published Working Pap *Lessons from LITs - Issues in th Implementation of the NSF for Ment Health* is available to download from th Centre's website (see below). It aims share the lessons from the Institute f Applied Health and Social Policy work wi approximately fifty LITs in England. provides an overview of LITs, the development and the issues they hav faced and continue to face in the endeavours to implement the NSF and distils a number of lessons from this an considers how these might be applied.

As our work with LITs develops we a increasingly able to identify some comm themes where collaborative work across LI or the development of programme networks or learning networks at a region or zonal level will bring added value to th local support. One example of this, which particularly relevant to the LIS community, the development of the Mental Heal Information Capacity and Capabili Project, developed by the NWMHDC conjunction with Mental Health Strategi (MHS).

At the beginning of January, NWMHDC ar Mental Health Strategies (MHS) circulate some key resource material to help LITs. Th material, developed by MHS, has thre components: an Information Map, whi identifies the information deman impacting on local mental heal communities; a Self Assessment To designed to help the key agencies asse their state of readiness and to identify loc

issues and a Returns Map, highlighting the statutory returns required by the system.

One of the outcomes from this material has been the identification of priorities for a developing work programme that can support local activity. This includes three main objectives:

- to strengthen the integration of LIT and LIS agendas across the North West, by:
  - developing a comprehensive 'critical path', detailing the information tasks of leads from LITs and LIS patch groups. This will help to identify joint areas of common work and relative priorities in moving mental health information tasks forward.
  - developing the necessary LIT/LIS partnership through a series of workshops considering the issues of relevance flowing from the above critical path.
- to develop a series of projects establishing a framework in which the 'information' deficiencies highlighted within the LIT/LIS communities can start to be tackled. One of these will seek to engage the health library services with

the mental health agenda, focusing on knowledge management in the context of information strategy and the integration of the evidence base with routine clinical and social care practice.*

- to further enhance the North West picture of capability and capacity by following up the non-respondents in the trust and social care sectors and producing reports for them.

*Initially a seminar *Engaging health library services* with mental health services is being organised and hosted by NWMHDC on 16th November 2001 and supported by the North West Health Care Libraries Unit (HCLU) and the North West Mental Health Librarians Group (NWMHLG). The seminar is aimed at LIS Patch Groups Leads, LIS Library Lead Officers, and members of the NWMHLG.

The seminar seeks to strengthen the integration of LIT and LIS agendas across the North West, acknowledging that Library Information Services, and in particular librarians, are crucial to the implementation of the NSF for mental

health, including the information and clinical governance underpinning programmes, and the effective development of comprehensive mental health services in the North West.

Librarians face a great challenge in trying to develop NHS-based systems and in particular library information services which engage with, support and respond to the whole mental health system, beyond the traditional NHS-based stakeholders. The need to link LITs and LISs is seen as a crucial step to progress improved mental health information. A report of this will appear in LihnnK Up.

For more information, contact: NWMHDC, First Floor, Adamson House, Pomona Strand, Old Trafford, Manchester, M16 0BA. Tel: 0161 873 7444 Fax: 0161 873 7222. I can be emailed at rowan.purdy@nwmhdc.co.uk or visit our website at http://www.nwmhdc.co.uk

Rowan Purdy
North West Mental Health Development Centre

Mental health and patients' libraries
Support services in Preston

I was appointed to the role of Library and Information Services Manager in June 2001. I am responsible for the Mental Health Library (Academic Unit) and the Patients Library (Avondale Unit) which are based at the Royal Preston Hospital

Although I have worked in libraries for over ten years, I only had a limited knowledge of the mental health sector thus I was looking forward to the challenge of this role and focusing all my energies on one specialised area. I can honestly say I haven't been disappointed. I sometimes feel that the more I learn

the less, I realise I know but I am thoroughly enjoying the post.
I have been busy developing the medical libraries IT services in a joint project with the Guild Trust IT department. We have finally got the library equipment to a standard that will ensure we can take the service forward and be more than able to take on new future demands. We are developing the intranet at present and I am undergoing training in developing my own web pages. This is the challenge to take me up to Christmas and beyond.

I am keen to develop the patients' library into a more "buzzy" Learning Resource and Information Centre. In

a joint venture with Adult Education and Preston College we are, at present, piloting classes in confidence, assertiveness and relaxation training which are proving to be very popular. We have secured eight new PCs, which will enable the patients to have access to the internet and email and, I hope, build their confidence in basic IT skills.
Thus I can safely say - "No regrets."

Carmel Smith
Guild Community Healthcare NHS Trust

Internet Access for Service Users Project

The *Radical* Department and Resource Centre is a central, "one-stop" clinical governance facility, providing a "gateway to governance" across all mental health and primary/community services within North Mersey Community NHS Trust. A recent quality initiative that reviewed all adult mental health facilities highlighted the difficulties service users have in accessing good quality information when required. Even though the Trust had produced award-winning mental health information (Well Informed Leaflets - North Mersey Community NHS Trust), only one print copy had been distributed and both staff and service users expressed a need for a permanent supply and further sources.

The above findings coincided with the recognition by the *Radical* Resource Centre that requests for information from or for service users was increasing. The Resource Centre had not been developed to serve service users, only staff, and consequently did not have sufficient funding or resources to provide a quality service to both client groups. This led to the *Radical* Knowledge and Information staff leading a pilot to provide information through internet access on the adult mental health and elderly mental illness wards. A project group was formed, consisting of Knowledge and Information staff from *Radical*, representatives of Finance, IM&T, the Directorate Management, Advocacy, The Patient's Council, Pharmacy, Health Promotion and Ward staff.

The project group discussed usage, access, location, equipment and funding. It was decided that internet access would be provided through televisions placed in five differing sites for a pilot period of one month. The added difficulty of security on high dependency wards meant that training was targeted initially at ward staff who would then cascade those skills to other staff and service users. Staff received internet training and then a tailored session that concentrated on the television format, quality health information on the internet and the process of evaluation we had developed. In order to assist staff in supporting the information needs of the service users, the Trust mental health information referred to previously was developed as a web page and a page of links to quality sites was created.

A two-stage evaluation assessed usage through a survey completed by the service user each time the internet was accessed and then more qualitatively looked at impact through follow-up focus groups. Initial evaluation has revealed that the initial pilot period of one month was not enough time and this has been extended to three months.

There have been issues around access for service users due to staffing and security and, additionally, the use of this access as part of a therapeutic approach to care needs to be emphasised. This is a very brief synopsis of the issues so far and further follow-up evaluation is currently ongoing. However, it is becoming clear that this approach can engage users and help staff in providing health information but needs a co-ordinated lead to ensure service users are supported and for staff to recognise the benefits of usage. As a service our main concern is how to ensure that this access fulfils its potential without dedicated resources.

References (these represent some of the background reading that informed the project)

Angunawela, Indra and Mullee, Mark A (1998) Drug Information for the Mentally Ill: a randomized controlled trial. *International Journal of Psychiatry in Clinical Practice* Vol 2: 121-127

Bolton, V and Brittain, M (1994) Patient Information Provision. *Health Libraries Review* II: 117-132

Department of Health (1989) *Working for Patients*

Department of Health (1991) *Patient Charter*

Department of Health (1992) *Local Voices*

Department of Health (1998) *New NHS Modern and Dependable*

Department of Health (1999) *Information for Health*

Deyo, Richard A (2001) A key decision maker: the patient. *British Medical Journal* Vol 323 1 Sept.: 466-467

Evans et al (1996) Educating psychiatric patients about their treatment: do fact sheets work? *Journal of the Royal Society of Medicine* Vol. 89: 691-693

Eysenbach, G (2000) Consumer Health Informatics *British Medical Journal* 320:1713-1716

Laurent (2001) I Can See You Now *Health Service Journal* 4 January: 9

Jones, et al (2001) Randomised Trial of Personalised Computer Based Information with Patients for Schizophrenia *British Medical Journal* 322: 835-840

Sweetland, J (2000) Users' Perceptions of the Impact of Information Provided by a Consumer Health information Service: an in-depth study of six users *Health Libraries Review* 17: 77-82

North Mersey Community Trust (1999) *Well Informed Booklets*

Justine Karpusheff
North Mersey Community NHS Trust

LIBRARY AND INFORMATION SERVICES AT ASHWORTH HOSPITAL AUTHORITY

Multidisciplinary library services were established at Moss Side and Park Lane Hospitals back in 1975. Whilst its primary function was to support the RMN and RNMH training programme, there has always been considerable medical input into both establishing the core forensic collection and the supportive use of the service. Nurse training continued well into the 1980's to support the staffing requirements of the Park Lane development and until the changes in nurse education made it impossible to continue. Employed by Sefton to provide both staff and patients services, we have grown to two static library service points for patients and a grand extension to the staff library. Staff are now employed directly by the Authority and we have a service level agreement with Sefton to provide a service to patients.

The library has supported the Education Centre training programme through post-basic nursing courses to the current modular BA(Hons) and Diploma in Forensic Health Care in particular providing teaching input in literature searching and critical appraisal skills. The academic link is provided by Sheffield Hallam University and there have been 67 awards (19 at degree level) since the programmes started in 1995. Other academic links include the University of Central Lancashire, Manchester University and Liverpool University for a range of multidisciplinary training needs. The library offers reference facilities for students on the PGDip/Masters in Forensic Behaviour at Liverpool University reflecting its value as a specialist resource within the region. The Centre is currently focusing on the development of management courses – clinical governance and MESOL (Managing in Health and Social Care).

IT services at Ashworth are undergoing something of a revival at the moment. Re-investment in a well-developed, but out of date, infrastructure makes me hopeful of re-establishing the networking of library services across the site now we have upgraded to Windows NT, and MS-Office in the near future. Windows 3.1 and DOS had previously ruled OK including networking library services! The library has its intranet site written and ready to go when the new service is launched in December and a new provider for the hospital's web presence is planned offering further possibilities for promoting library services.

The library's training programme has been developed to incorporate the new Aditus service and include a more structured approach to internet searching. It is being offered outside of the academic programme to attract a wider audience. The internet is only available for public access in the library at the moment. As the deadline in 2002 approaches, it will be made available, in the first phase, to some clinicians on the secure site, but not to the wards. Within the Improving Working Lives initiative we are hopeful of incorporating internet access in a proposed on-site/ off-ward facility for staff (cyber cafe!!). Once we can demonstrate services on-site we will look to delivering training to support its use.

Chris Bradshaw - *Ashworth Hospital*

The information needs of the Mental Health and Social Care Team

This research focussed on identifying the information needs of health professionals, social workers and staff from voluntary agencies, who work together in the provision of services for people with a mental illness. The aim was to provide a fully integrated library and information service.

A number of government reports prompted the research. These reports culminated in the publication of the *National Service Framework(NSF) for Mental Health* and the *Mental Health Information Strategy*. The areas covered by the research fell broadly within the north west and south Lancashire, areas which illustrate inequalities in health. It was decided to conduct a qualitative study using semi-structured interviews with individuals and multi-professional groups. The groups were composed of key professionals who had been identified in the workforce planning arrangements in the NSF, and in the document *Finding a place: a review of mental health services for adults.*

A thematic analysis highlighted a number of key themes including -

information need
information-seeking behaviour
information services
information flows

Results have indicated that because of the dispersed nature of mental health services, across primary and secondary services, and from statutory and non-statutory organisations, information technology is the main vehicle to provide the information required. As mental health trusts are configured, covering wider geographical areas, this can only increase the reliance on information technology and associated information skills training, for multidisciplinary access to true information sharing. Discussion must therefore centre on electronic patient information systems and electronic access to the evidence base. The Mental Health Information Strategy (Figure 1) is designed to address the inadequacies of the present system.

The Strategy Goals

1. The Integrated Mental Health Record (IMHER) will link with the primary care record to provide information on the service user, for seamless co-ordinated care.

2. Each health and social care community will

Figure 1: The Mental Health Information Strategy Goals

be tasked to develop a local directory of service information, to be available both in print and electronic format.

3. NHS Direct on-line will be developed and tailored for mental health care. This will be achieved by working in close co-operation with the National electronic Library for Mental Health (NeLMH).

4. The Mental Health Minimum Data Set will reveal the wide range of patients seen by today's modern mental health services, and will go some way to providing quality and management information.

5. The evidence base will be provided by the NeLMH, and will include links to other quality web sites such as the electronic Library for Social Care (eLSC) and the National electronic Library for Health – for Primary Care.

This study has highlighted a need for workplace access to health and social care information, and demonstrated a need for access to be supported by training in information seeking skills. Such training should be available in the library's own training suite, or at locations in the community such as Mental Health and Social Care Knowledge Centres.

As mental health librarians work closely with staff at the North West Mental Health Development Centre, this co-operation should now be extended to LIS leads and information leads in the Local Implementation Teams (LITs) from the NSF for Mental Health, as well as staff from the Workforce Development Confederations. In this way the learning and development agenda of the NSF will be supported.

Norma Blackburn
Blackpool Victoria Hospital NHS Trust

spotlight

I am the Knowledge Management Co-ordinator for North Cheshire Health Trust. I started in this post at the end of July. It is a new post so it will be interesting to see how it develops. My role is to develop and implement the local Library and Knowledge Strategy, across all organisations in the local community. This includes supporting and promoting the development of a library and knowledge service, providing Health and Social Care staff with equal and unrestricted access to information.

I previously worked for Cheshire County Council, where I was Head of the Central Information Unit. Here I co-ordinated the roles of providing a Central Reference Point for all of Cheshire Libraries, controlling the Countywide Business Information Service, and managing the EuroInfoPoint for Cheshire. In April this year, I was seconded to manage the Business Information Service for the new Business Link for Cheshire and Warrington.

In a not too distant past, I was Senior Librarian at Broadgreen Hospital. I am really pleased to be working with health care libraries again, and for being given the opportunity to use my skills, to support health care staff.

My contact details are:-
North Cheshire Health Trust, Lister Road, Astmoor West Estate, Runcorn, Cheshire WA7 1TW
Tel: 01928 593000
e-mail: hilda.faragher@ncheshire-ha.nwest.nhs.uk

Hilda Faragher

I started my new job as Library Services Manager at Bury Health Care NHS Trust in April. I've been to a few LIHNN events since then, so have met quite a few people - hello to everyone I haven't met yet! I have always worked in special libraries - my previous jobs have been in the Civil Service, British Cement Association (yes, a whole library on cement and concrete!!), and Merck Sharp and Dohme (pharmaceuticals). Out of work, I'm into rock-climbing, walking, canoeing and cycling. I have moved from Down South to Saddleworth, on the edge of the Pennines, which is a great base for outdoor activities.

I moved house, started a new job, bought a new car, celebrated my birthday and got engaged all in the same week. Since then, the pace of life has not slowed up much, as working here has provided me with plenty to get stuck into! The most exciting thing here at Bury is our future move to a new purpose-built Education Centre. It's still very much in the planning stage at the moment, so thank you again to all those of you who have let me visit your new libraries. Also thank you to everyone else who has helped me settle in - everyone has been so friendly and supportive.

Sue Locke

After 36 years with Wigan Public Libraries, I was appointed as Trust Library Services Manager for the Southport and Ormskirk NHS Trust. During my time with Wigan Libraries (starting as a Saturday boy in 1965), I worked at all libraries within the Borough, and for the past 10 years, as District and Schools Services Manager.

On the professional front, I have been Education Officer and Chairman for the Association of Assistant Librarians North West, and assisted in the formation and progress of the Greater Manchester Public Libraries Training Co-operative.

I am really looking forward to developing the Trust Library Service across two sites and using my marketing and planning skills to actively promote the Trust library services to all the staff of Southport and Ormskirk NHS Trust.

Michael Mason

✔ Top Marks ✔ Top Marks ✔

It was a dreadful day. I remember vividly walked along the corridor with a mounting feeling of dread. My heart beating rapidly, my breathing shallow. I hate to admit damp palms and as to the number of times I had frequented the ladies facilities - well you get the picture!! So what had prompted these symptoms of panic in one usually so confident and with unflappable librarian calm? It was the day of my first ECDL exam!! Looking back on it now, after successfully completing all seven modules, it was totally unnecessary to feel so anxious but I know I am not alone in having those feelings. It is that dreaded word EXAM which seems to strike fear and trepidation in the hardiest of souls. Cries of "it's years

Licence to e-Quill

since I did any exams" and "what if I fail" rang through the office and corridors of Gateway House like a mournful chorus on ECDL exam day.

As so many of you embark on your ECDL training, sharing my experiences rather than words of comfort and assurance may seem unfair but the reality is that most folk feel this way, so if you do, don't worry you are not alone. Now, come the words of comfort and reassurance. With your work packs you will receive sample exam papers. These resemble the real exam papers in structure and wording so running through a couple of these per module will prepare you fully for what you will face in the exam room. There are no trick questions and the feelings of exam dread lessens and the feeling of achievement swells with each exam successfully completed

So good luck, enjoy the course and as you head for your first ECDL exam remember: you will soon be joining the list of your colleagues who are European Computer Driving Licence holders and they all felt that way too.

Melanie Hinde

Kathy Atkinson   **Rini Banerjee**
Colin Davies   **Chris Thornton**

write on time!

Readers will have noticed, and no doubt commented on, the fact that the previous issue of LihnnK Up (Issue 2, summer) came out end of October. This was some two months behind schedule. There was a combination of reasons for this including a hiatus when people were away on holiday during the production/proof-reading stage.

For the record, the publication schedule is
- **Winter**   **January/February**
- **Spring**   **April/May**
- **Summer**   **July/August**
- **Autumn**   **October/November**

This is stated in the Editorial Board's minutes on the Lihnn website. As you can imagine with delayed issues, there is a knock-on effect on publication of subsequent issues. The Editorial Board will be trying to bring production back on track over the coming months.

By far the main reason for the delay however was the late receipt of some of the contributions, including main articles. For some otherwise good-natured folk, nagging, cajoling and pleading are like water on a duck's back. The bottom line is this: it is imperative that if LihnnK Up is to appear on a regular, timely basis, all contributors should meet copy deadlines.

It might interest readers to have the gist of the production stages so that they may appreciate how little leeway there might be for delays within the production window for conceiving and delivering the next issue.

1. Commissioning. Prospective contributors approached and contributions agreed. Chasing.
2. Receipt of contributions. Proof-reading. Sub-editing. Compilation and sequencing.
3. Printer's. Design and production of first proof.
4. Proof-reading and amendments.
5. Repeat cycle stages 4 and 5 till proof authorized for printing.
6. Printer's. Print run of issue. Delivery to HCLU.
7. HCLU. Distribution.

The time involved at each stage can vary but essentially, holding back the newsletter beyond the deadline for receipt of contributions, as happened with Issue 2, holds everything and everyone up. In fact, the next issue should be already on the assembly line while the current issue is in late stage of production.

All contributions are valued. They really are. LihnnK Up is, after all, a high-profile vehicle for showing that Lihnn is alive and kicking. It belongs to all of us and the sooner those contributions are in, the sooner we can have a good read!

David Ellis

---

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

LIBRARY AND INFORMATION HEALTH NETWORK NORTHWEST NEWSLETTER

Editorial Board

Kathy Turtle (Chair)
Chorley and South Ribble NHS Trust

Rachel Bury
University Hospital Aintree

Margaret Greenwood
Health Care Libraries Unit

David Ellis
Wigan and Bolton Health Authority

Guidelines for contributors are also available on the Lihnn website.

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

back bites

Ouch! I feel I have to respond to Ms.Blaster and her criticism of my article in the first issue of *LihnnK Up*. I wrote that piece merely as a set of snippets on the lighter side of librarianship.

It does not "celebrate" stereotyping. That's *(Deleted - Ed)*. Nor do I see what "capital" I was making out of the article. I think it was fairly upbeat and innocuous and did not involve an attitude I should be "ashamed" of. I thought my attitude to librarians was on a par with whatever attitude I have towards, say, lolly-pop ladies, road painters, chocolate blancmange or anything else I feel, in a fuzzy kind of way, is basically ok and benefits society. Perhaps Ms.Blaster should be less restrained and tell us which particular attitude is acceptable to her.

"chocolate blancmange... sideswipes...oomph"

Any subconscious sexism I may have shown (and I'm sure we all have some) is matched by her own conscious sexism. Of "sexist ends", isn't appropriating librarianship for women ("let women get on with !") just that?

Correct me if I'm wrong, but since when has teaching ever been a traditionally female profession and I always thought until Florence Nightingale came along, early organised nursing care was often carried out by men? She makes a good point about the value of books and learning but cannot refrain from spoiling it with sideswipes of prejudice.

As for the images "peddled" by the likes of me that devalue the contribution of librarians in the eyes of their employers, I suggest that is an issue to be taken up with the employers, not me. Why does

she think I was job-titled 'Intelligence Information Manager' by my employers if it was not for the fact that, in their eyes, 'librarian' did not have the right ring to it. And it's more than about oomph.

Why does she think that librarianship has had to have a makeover in the form of Knowledge Management if it's not to survive in the face of the relentless advance of IM&T? She is quite right. Society is "awash" with IT and the 'solutions' it offers. The problem partly, is not employers' attitudes about librarians but their simple ignorance of what librarians do and of their relevance to managing and exploiting the, possibly now, exponential accumulation of human knowledge. But that's what librarianship has always been doing, surely? In that, I suspect Ms.Blaster and I may well agree.

I resent the epithet "geeky" for a number of reasons, one being that Ms. Blaster herself is prone to stereotyping. I thought one of the functions of the librarian was to gather intelligence, which, nowadays, includes being aware of relevant sites on the internet. I don't consider anyone should be disparaged for intelligent activity. I would have thought current awareness and SDI were part and parcel of that very "luminosity" that she seeks.

"librarianship...makeover... Knowledge Management"

There is nothing "cheap" about women/chocolate jokes. Some, though not mine obviously, can be funny and may come from women themselves. Very recently, an email went round this organisation's network from our (female) Operations Services Manager about a broken drinks machine. I quote: "The vending machine is now in fully working order - chocs away for those who had serious withdrawal symptoms". And I am still mystified as to where the "mockery" is.

As for the "patronising" notion of the Lihnnettes, can she come up with a better playful name for our network members (which is predominantly female)? Ms.Blaster should read what she writes - "women can take a joke !"

I see no sinister forces at work with vested interests that exploit stereotypes. But then as someone manipulated by those forces, I wouldn't, would I? Rather, I think she needs to explain her world-view in more detail to make any sense here (only I'd appreciate some warning next time, so I can duck).

"sinister forces... cult...passion"

And, no. I did not "skip" that film. I have seen it too. Some of us still have no inclination to have a home computer. Old-fashioned perhaps; geeky not.

I mentioned Erica Olsen only to contrast her cult website with the more engaging and thought-provoking site of Stacie Marinelli, that's all.

It is a pity that Ms.Blaster, who writes with passion, wit and penetration, should spoil the delivery of her arguments through an unmannerly style. And no. I am not going to apologise for using a word with 'man' in it.

Oh, by the way, Zelda. That parting shot about splashy blots. Did someone mention "cheap jokes"?

But you are, in fact, quite right. There *is* something subconscious going on. And it's this. Could you please change your name. It sounds far too close to *gelder* for comfort.

Inky Shaeffer