LIHNNK UP

musɟc
to your ears

Write an editorial for LIHNNK-UP Kathy and the LIHNNK-UP crew said. No bother I thought, I'm never short for a word or five.

Then I get the horror, the blank screen. No bother, I'll make a coffee, shove in some Hefner in the stereo and just write. The screen's still blank but believe me this issue of LIHNNK-UP will rock you as surely as Darren Haymen's bittersweet tunes are doing to me here. This is the sound of librarianship plugged into a stray AC-30 or two and coming to you loud and proud.

So on stage for your delight, for one performance only, 'A Silence of Librarians'. Let me introduce the band. Providing a solid thumping bass sound **Hannah Grey** and **Rachel Bury** with their article on the recent 'Marketing Residential'. Read it, if you weren't there,

this is some work that's going to underpin everything we do. **Liz Mailer** provides a bouncing rhythm with her description of the Morecambe Bay Knowledge Base training for Primary Care. For light brass accents we have a horn section of **Steve Glover, Anne Webb** and **Andrew Craig** with their description of the United Kingdom Serials Group Conference. Underpinning it all **Melanie Hinde** pounds the drums and beats a call to arms with a description of the Public/Patient project being undertaken in Manchester. As ever the flash lead licks are provided by **Mr. Inky Schaeffer** and vocals of Janis Joplin proportions are provided by **Shan Annis** with a summary of the Library Workforce Survey. And as for me, well I play a mean lead electric triangle if anyone's interested!

Kieran Lamb
Fade

Assessment of Usage of Clinical Guidelines and Protocols:

Setting-up Knowledge Systems for Electronic Retrieval

In an example of KM in action at Central Cheshire Primary Care Trust (CCPCT), a project is currently underway to collect and publish clinical guidelines and protocols. The project officer is Neil Foley.

Working closely with Clinical Governance, my project as Knowledge Officer is to identify the clinical guidelines and protocols presently in use at Central Cheshire PCT and Mid Cheshire Hospitals NHS Trust. The aim is to get the most up-to-date versions up on the PCT Intranet wherever possible and to demonstrate that library skills are valuable for organising information on many levels. Maintenance processes and procedures for the clinical guidelines will be set up to ensure that guidelines and protocols are systematically collected, verified and routinely posted on the Intranet. This project does not take into account risk or non-clinical guidelines.

The project began in January 2003 with an information audit and an assessment of the existing clinical guidelines and protocols. The findings of the audit have contributed to the development of an interview schedule to be used for consultations with authors and key users of these documents.

In developing the interview questions all issues have been considered relating to the three processes of collection, verification and posting

Neil Foley

on the CCPCT Intranet. Nominally, questions have been devised under the headings of Creation, Currency, Distribution, Intranet, Learning from Experience, Links, Marketing, Sources Consulted and Usage. On-going consultation with the authors is now helping us to identify how best to present and organise the guidelines and protocols on the Intranet.

To raise awareness of this project and therefore encourage clinicians' participation, the project has been widely publicised through articles in newsletters and numerous meetings and presentations.

Funded by the Health Care Libraries Unit, the project is managed by Sue McDowell, Clinical Governance Manager at CCPCT. Later on in the year the work will be extended to other Primary Care Trusts in West Cheshire.

This summary article will be followed-up with a more detailed report in a later edition of LIHNNK UP.

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National Electronic Library for Health's national competition winner

I recently received some exciting news... I am the National Electronic Library for Health's national competition winner!

The competition involved thoroughly searching the website to find the answer to a series of questions, providing me with an excuse to explore previously untouched NeHL territory. After completing a series of questions to enter the competition I have won for Cheshire West PCT's Library £1000 worth of Primal Pictures Anatomy software.

I am currently choosing the software from the extensive list available that covers every part of the body, from head to toe and everywhere in between! There is also Chiropractic and Sports Injury specific software. The software illustrates and explains in detail the function of body structures and muscles, and the actions generated by physical movements. You can also rotate the body part to see muscle groups from a different angle or strip layers of muscle away to see what lies beneath.

If you would like to know more, or would like to see the software when I have it up and running, please contact me on 01244 650430.

Alison Paul
10/4/03

BOOK LURE

"So. You want to be a librarian." I guess that was the moment, the moment he put that to me, that my goose was cooked. Like the glittering neon sign over a dark, alluring doorway that flashes Enter Here, his words beckoned me into a decision I never consciously made, only instinctively felt was what I wanted.

True. I loved books and book lore and, in childhood, was one child that found his visits to the library exciting. Books took you to other worlds and, in wonderment, I could forget what a snotty-nosed kid was and, instead, feel all the possibilities. But that was then, and this was now. "So. You want to be a librarian."

It had been an untypically hot summer and as it stretched into mid-August, thunderstorms had become the norm. That day, however, it had been magnificent all morning: azure blue, a sky you could wallow in, and a pure white sun, too dazzling to behold but bliss to be under. Thunderstorms were forecast later. Half-past three, I thought, that's when they'll start. I just had to arrive looking like a drowned rat.

"I'm thinking of becoming a librarian and I wondered if you could kindly spare me a little of your time telling me about librarianship as a possible career." The cold call turned out to be easier than I thought and, over the phone, he sounded quite friendly. Four o'clock, Thursday next week, John Risotto, City Librarian, third floor.

The storm clouds were already building up. It was clammier than ever. I needed to look smart. Should I wear a suit and dissolve in my own sweat? Needed a tie. OK. Casual jacket then, thin cotton shirt, blue gingham. Strangled with a tie. Drowned in a jacket. Swept away in the flood when the storm broke. I'd never get there alive. Damn. No brolly.

I did have a sort of raincoat though. Black, belted, epaulettes. Everyone laughed when I wore it with the collar turned up. Nothing wrong with being a gangster, I'd say. More laughter. "So. You want to be a gangster." I looked back in the mirror and replied, feebly, with a sheepish shrug, "Well, that's if the library schools don't want me …".

Right! That's it, I thought. Let's hit the road! And

I grabbed my jacket.

The steps up to the main entrance of the building were imperial. The pillars of the portico echoed the shouts of the crowds of Rome. Great stuff, I thought, my kind of office.

Third floor. Cool on the corridor, but I was cocooned in my sticky prison garb and the tie round my buttoned-up neck was already tightening like a hangman's noose. I was wilting and, for the first time, realized a librarian might have to wear a shirt and tie. I knocked on the door and went in.

The room was hushed. High, impossibly expansive ceiling. Windows opposite, somehow far in the distance. Dark red, almost plush carpet that tempted you to throw off your shoes and socks. In the wall on the right, a large solid oak door built for giants. To my immediate right, an easy chair, sumptuously upholstered. On my left, a coat stand and a photocopier with an evil yellow light on, glowing and staring at me. Opposite the giants' door sat two women at their desks behind typewriters.

"Mr. Shaeffer?". She did not smile. "Mr. Risotto is busy at the moment. Take a seat," and her eyes indicated the chair to my right. I sat down and collapsed into its deceptive, deep embrace, sinking down into its arms, alarmed that I didn't think I could actually get up out of it again. A surge of heat shot through me.

The room was sticky, almost sultry, and I wanted to peel off. The air hung thick and close everywhere, cloying and oppressive, even though the windows were all open. Stillness reigned.

Madam Starch scribbled busily. Then, on her left, I saw her. An exquisite vision. A centre of cool in a universe of heat. She was immersed in checking what she had typed, her black sleeveless top baring her shoulders, her dark curly hair brushing her bare shoulders, her bare shoulders soothing the burnished heat of the room. I could feel the pores of her skin breathe.

She moved – ever so slightly – the light glistening on her shoulder. Libraries are the abode of angels, I thought. Something told me she was Veronica. I sighed, oblivious to the boiling fetters of my prison garb and the tightening noose, oblivious to the paralyzing incarceration in the chair.

Was this a dream? And I gazed, and gazed, and… She got up, saying something to Mistress Starch and, briefly straightening things on her desk, glanced at me with a hint of a smile, and came over to the coat stand. She was going!

The phone rang, lacerating the solid air. "OK," said Madam Starch, replacing the receiver, "He'll see you now," and her eyes indicated the giants' doorway. A rustle on my left and I glanced over. It was Veronica, radiating there for a moment, slipping into a mac, translucent plastic, that caught the light on her shoulders, iridescent, and soft, like a caress.

"See you tomorrow," she said in the direction of Starch and, with a smile at me, moved for the door. The last I saw of her was the hand on the door's edge as it was closing behind her. A waft of perfume, the parting gift. In the cloying atmosphere, I suddenly couldn't breathe.

"You can go straight in," said Starch, observing my inertia. On my third attempt, I got up and went in.

JR beamed. Well-dressed and suntanned, a beefy kind of guy, clearest eyes I'd ever seen on anyone for a long time, he looked more Chief Executive of MultiGlobal Incorporated than librarian.

"Inky!" – still beaming – "Take a seat," and I settled down in well-coordinated, seductively plush surroundings. If the foyer had angels, where was I now?

"So. You want to be a librarian." I gazed into the beam and, bathed in its light, saw Veronica. I saw imperial Rome. I saw the huge Canaletto on the wall behind him. I felt my bare toes nuzzle the shag pile.

Veronica smiled, and I beheld the glass cabinets to his right, replete with opulent books and a sherry decanter. Spanish galleons glittered gold, moored on the blue sea of his shirt cuffs. I looked upon Veronica, saw her bring me my mid-morning cup of coffee with chocolate biscuit, gliding over the luxuriant carpet toward me at my spacious desk.

"Yeah …", I drawled, inaudibly. "Yes," I replied firmly, and looked Beef straight in the eye, "I do."

Inky Shaeffer

Healthcare Computing 2003

Lyn Edmonds (Papworth Hospital) and I were sponsored by Nelh to attend Healthcare Computing 2003 which was organised by the British Computer Society's Health Informatics Committee and held in Harrogate 24-26 March.

This was the 20th annual conference and exhibition which has been dubbed "Europe's largest and most comprehensive healthcare Informatics event", with over 1200 delegates this year, six conference streams featuring keynote speeches, tutorials and debates, and over 200 exhibitors in five halls.

The conference theme was "From information strategies to health solutions" and it was an extremely informative 3 days. Being relatively new to NHS, I wanted to find out more about what else is going on in the wider NHS field, with all its new initiatives, in order to understand the context in which libraries and information services have to operate. There were keynote speeches from top people like Sir John Pattison and Richard Granger about the roll-out of high level strategies affecting the NHS IT programmes and the Integrated Care Records Service, but there were also detailed case studies e.g. on e-bookings and e-referrals, which gave the practical "lessons learned" type of information, not only from within UK but also abroad. For example, there was a presentation by a Canadian speaker, on the direct electronic ordering of tests / prescriptions by doctors and the impact,

on patient care, of embedded alerts / guidelines / advice etc. with direct links to databases like Medline for further information. Fascinating stuff.

The final day included a very informative address by Dr Peter Drury who explained the role of DoH's Information Policy Unit, in advising on investments, making particular reference to the need for access to the knowledge base and having evidence "on tap". Dr Gwyn Thomas followed this

and described the NHSIA's role in implementing the IT infrastructure which will deliver the sharing of information.

The National Knowledge Service was launched on the last day of the conference, with presentations by Margaret Haines, Ben Toth, Bob Gann & Scott Gibbens, outlining the vision and how it is going to be realised. Undoubtedly though, the highlight of the day was the plenary session which included Richard Granger speaking to a packed auditorium Many exhibitors and suppliers also attended this session to

hear him set out his vision and make his announcement on the number of local service providers. He repeatedly stressed the need for partnership He asked for support from the NHS IT community, clinicians and suppliers saying, "If we work together, we will deliver it together. This is about what we do collectively to serve the society we are part of." He also pledged his personal commitment: "I don't have somewhere else to go. I will make this work." Since this was a Friday afternoon, the warm glow did last at least the weekend!

It wasn't all hard work either! There were of course, the usual opportunities for networking and socialising, and dancing the night away after the conference dinner, not to mention the freebies at the exhibition!

I do think more librarians should attend this event and I hope next year there will be more applicants for the sponsorships. This year, we were the only two who applied and we were both given the opportunity to attend. So thank you Nelh.

Roshanara Nair
Libraries Project Manager
(Wigan & Bolton)

Knowledge Management
SEMINAR

On 4th April I attended the seminar on Knowledge Management (KM) jointly organised by the North West Health Care Libraries Unit and ASSIST (Association of ICT Professionals in Health & Social Care).

The aim of the morning was to provide an introduction to the concept of KM and some practical examples of KM initiatives in the NHS.

So…. What is KM?

There are 2 types of knowledge. The explicit ie. What is formal & systematic (plans, guidelines, procedures) & the implicit ie. What is hard to formalize and articulate such as Know How (experience) and tacit knowledge, which is in our heads and often, remains unspoken but understood. Implicit knowledge is always related to a context or situation and depends on current and historical culture and values, feelings and intuition.

KM is about harnessing this implicit knowledge from the heads of people and applying it to the aims of the organization.

So, for example, the research produced by the organization I work for, NPCRDC, is not in itself knowledge. The publication of articles and reports is evidence that knowledge exists, but it only becomes knowledge when people start to try and use it and apply it in their roles in primary care, along with all the other evidence

of knowledge they have available to them in addition to documents, such as routines, processes, professional practice and norms.

KM then is about people, not computers, and the challenge is to make the implicit knowledge – explicit, for everyone to share. However, clearly this depends on whether the organization can accommodate KM and the cultural change it might involve. The existing culture in the organization needs to be able to respond to KM principles, which involve a great deal of sharing, collaboration and awareness of the roles of others.

Speakers, from left to right: Chris Mimnagh, Maggie Haines, David Stewart, Jim Hughes and Colin Davies. Photograph taken by Assist member John Leach, Greenways Informatics.

Most of the examples presented were initiatives linked to the development of intranets, for example, using the intranet to support a directory of expertise and past experience known as a 'people pages' and ensuring exit interviews are used when staff leave and projects finish to capture expertise and plan ahead.

Margaret Haines, who is Acting Director of KM at the NHS Modernisation Agency, concluded by reporting on how the DOH intends to create

greater integration between their various initiatives to develop the knowledge base of health care (NELH, NHS Direct, Electronic Library for Social Care, nhs.uk, National Patient Safety Organisation, NHSU) via the new National Knowledge Service (http://www.nks.nhs.uk

There was an acknowledgement that to do this a common set of tools and infrastructure (including a thesaurus) is needed to create more consistency for users. The British Standards Institute is due to publish a set of measures to assist organizations in assessing their capacity for KM. The Modernisation Agency is also focusing effort on 'Communities of Practice' and the creation of learning networks eg. GPs with special interests. This was a very interesting seminar and the message was very much that KM and the mobilization of the evidence base is moving up the DOH agenda and will play an important part in policy reorganization.

Rosalind McNally
Library & Information Officer
NPCRDC

Health Knowledge Base Training
for Morecambe Bay Primary Care

The Health Knowledge Base Project, which ran from January to December 2002, was a Morecambe Bay Hospitals' Trust/Local Implementation Strategy bid project.

It was managed by Paul Longbottom, the Librarian at the Lancaster site of Morecambe Bay Hospitals Trust, with Liz Mailer as the project trainer (employed for 15 hours a week).

The objective of the project was to raise awareness of and encourage the efficient use of high-quality web-based medical and health information within Morecambe Bay Primary Care Trust. The project aimed specifically to run training sessions to promote the use of the Aditus portal (especially the databases), the National electronic Library for Health (NeLH) and the Morecambe Bay Hospitals NHS Trust Library website.

Out of the 59 GP practices in the Morecambe Bay PCT, training visits were made to 23, and were attended by a total of 155 people, including 83 GPs. Sessions were also held for 47 people in the PCT community services, including the Learning Disability Service and Nutrition and Dietetics.

A typical training session took place in a health centre, GP practice or community service office and took the form of a one hour demonstration of the Aditus portal and the NeLH and Library websites. Heavy demands on the time of the trainees and lack of suitable IT provision in practices and community offices did not permit much hands-on training. The trainees were given an Aditus workbook, giving step-by-step instructions on searching a database, NeLH worksheets designed for the various professions, the necessary usernames and passwords and other publicity material, and were strongly encouraged to devote time to familiarising themselves with the resources. Subsequent feedback indicated that 70% of the trainees had consulted the material since the session, with 90% finding it useful. The training was open to all staff but was more positively received by those in the medical and allied professions than by clerical and administrative staff.

A pre-training questionnaire was sent out in advance to all the trainees, to find out how IT proficient they were and to acquire data on their existing use of Aditus, the NeLH and the Library website, to act as a benchmark for measuring the success of the project. Each trainee was given an evaluation questionnaire at the end of the session and a third questionnaire was sent out to 77% of the trainees three months after the training to determine how much they were using the resources (there was a 43% return rate for this questionnaire).

Significant results of the final questionnaire showed that three months after the training:

- 30% of the GPs who replied were accessing Medline through Aditus on a monthly basis, as opposed to 1% before the training.

- 24% were using the NeLH monthly, compared with 10% before the training.

- 42% still did not use the NeLH at all, but compared with 68% not using it before.

The most frequently cited reason for not making more use of the resources was, not surprisingly, lack of time. It was often commented by clinical staff that it would take a lot of familiarisation with the resources before they would feel confident enough to refer to them during a patient consultation. Offering longer hands-on workshops would give busy practitioners the opportunity of practice away from their work environment.

Professional reflection on the results of the project and personal impressions gained from talking to the trainees during the General Practice sessions would indicate that there was not a huge demand for research evidence as found in journal articles and systematic reviews. Although people stated at the end of the individual sessions that they found them useful and a significant increase in the use of Aditus and the NeLH was noted, three months after their training still only a relatively small number of the health professionals attending the sessions were using the websites frequently (although it may be that they were using resources other than Aditus and the NeLH to gain their information). This reflects perhaps the current extent of the application of research evidence to primary care practice. Lakhani has pointed out the cultural shift required for practice to become more evidence-based.[1]

Towards the end of the project, four hands-on training sessions were held in hospital IT suites, advertised to the whole of the PCT. These were all oversubscribed and were attended mainly by people from the community services, demonstrating a big demand for access to electronic resources from areas other than General Practice.

The project highlighted the ongoing demand for training, especially as nothing in the electronic world stays the same for long. Very recently, National Core Content has changed the face of Aditus and the NeLH is constantly being added to and improved. Since the project ended, the training needs of the PCT have been incorporated into the regular sessions run by the site libraries. The Trust informatics trainers also promote the electronic resources featured in the project within the context of their own training. The goodwill generated by the project has enabled work to begin on developing library facilities within the PCT.

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REFERENCES

1 Lakhani, Mayur, 'GPs and the information revolution', BMJ, 325 (2002), p.109

North West NHS Library Staff Workforce Survey

Undertaken by
Shân Annis, Assistant Director,
North West Health Care Libraries Unit

STAFF DETAILS	%
Staff planning to retire after 2010	70%
Staff planning to retire between 60 and 65	76%
Staff who have worked in health libraries less than 2yrs	23%
Staff who have worked in health libraries 2-5 yrs	30%
Staff who have worked in health libraries 6-10 yrs	20%
Staff who have worked in health libraries 11-15 yrs	15%
Staff who have worked in health libraries over 15 yrs	12%
Full time staff	61%
Part time staff	38%
Library Managers	30%
Library Assistants	40%
Assistant Librarians	15%
Chartered Librarians	27%

RECRUITMENT AND RETENTION	No.
Vacancies over the last 12 months	33
Library Assistants	23
Library Trainers	3
Library Managers	5
Systems Librarians	1
Assistant/Deputy Librarians	1
Current Vacancies	10
Library Assistants	4
Library Trainers	2
Assistant/Deputy Librarians	4

RETENTION	%
Staff indicating they intend to remain in NHS libraries	63%
for under 2 yrs	8%
for 2-5 yrs	11%
for 6-10 yrs	15%
for 11-15 yrs	4%
for over 15 yrs	3%
Didn't know	22%
Staff indicating they intend to leave the NHS	37%
Better pay	14%
Lack of career posts	9%
More interesting career	14%
Staff indicating obstacles to career progression	83%
Geography (unable or unwilling to travel out of the area)	23%
Lack of posts	23%
Too few qualifications	14%
Too few training opportunities	5%
Inconvenient hours	5%
Lack of experience	13%

Background:

In October 2002 the North West Health Care Libraries Unit (HCLU) was commissioned by the Greater Manchester Workforce Development Confederation to produce a workforce survey as part of a wider workforce recruitment and retention study being undertaken for the North West. HCLU was asked to provide information specifically on the workforce of North West NHS libraries.

We at HCLU saw this as a good opportunity to obtain a profile of our present library workforce and to highlight any potential recruitment and retention issues.
The survey could also help us determine the future development needs of staff and library services in the North West.

Following guidelines from the larger WDC survey, a questionnaire was devised which asked for personal and job specific information and looked at recruitment over the past 12 months. The questionnaires were sent to all library staff in every NHS library in the North West. 163 questionnaires were returned (68%)
The results were entered into an Access database and analysed.

Major Trends and Issues

As you can see from these returns, we do not seem to have a problem with imminent leakage of staff as 70% of us will not be retiring for at least 7 years and 63% of us intend to remain within NHS libraries in the North West

We have a pleasing division of fairly new staff and faithful retainers.
Just over half of our present workforce (53%) has worked in health libraries for less than 6 years (30% for 2-5 years and 23% for less than 2 years)
Just under half (47%) of our library

staff has worked for NHS health libraries for over 6 years. 5 staff members have worked for us for between 21 and 25 years and 3 have been with us for nearly 30 years.

We do have a high number of staff indicating problems with career progression (83%) and 37% of our staff does intend to leave the NHS. Lack of posts in the area, a desire for a more interesting career and better pay seem to be the main reasons.
There is a significant indication of staff with too few qualifications and lack of experience impeding their career development.

Conclusions

The workforce survey has given us some interesting trends and challenges to ponder and some issues to address.
We do not seem to have a present recruitment or retention problem but the high percentage of staff perceiving obstacles to career development raises some professional development issues for the unit.
We need to encourage our more library assistants to study for library qualifications and to offer them varied workplace experience.
There seems to be a strong case for providing career opportunities that are adequately paid, interesting and stimulating so as to retain some of the 37% of our staff who are forced or tempted to seek career opportunities outside NHS health libraries.

HCLU has gained much valuable information from this questionnaire and I would like to thank everyone who contributed to the survey.

Shân Annis

Assistant Director, North West Health Care Libraries Unit

Marketing Residential

5TH, 6TH, 7TH March 2003, Ribby Hall

Welcome to the 4th Annual HCLU Residential. Over the past three years the HCLU team have organised residential courses on strategies, costing and pricing and last year, quality.

Now it was time for something, which is very dear to all librarians, as we have to admit we are much misunderstood and we need to get on that radar and raise our profile. The course was at Ribby Hall, Wrea Green, nr Blackpool. The site itself is a modern holiday complex with many outdoor and indoor activities. All those attending had been allocated a chalet to share and I have to say I found this a great experience. Everyone in our chalet....and you know who you are, really bonded and a good time was had my all....we should have just taken more wine!!!

Picture the scene.....the wonderful surroundings of the Flyde Coast, everyone checked into their very own chalet....more details about late night parties will follow!!..and we are all eagerly awaiting the start of the much anticipated Marketing Residential. Everyone of us with our own ideas about what might turn us into PR and Marketing Executives.....Patsy and Edina would have nothing on the North West Health Libraries!!!

Everyone did have their own ideas about the aims and objectives of the residential but the area of marketing has been something that has been much talked about over the years. The group assembled for a warm up and overview on the Wednesday evening. Everyone had settled in and had been fed and watered and we got our first introduction to Brian. The course had been co-ordinated by HCLU and Brian Rolfe.

Brian is a private consultant working in the field of management and marketing but taking a holistic approach to health, wealth and happiness and the course did also focus on how we become successful and improve our personal and professional development.

We all had an excellent start as we were asked to list exactly what we hoped to get out of the course and what we hoped to take away. This was a good start as we could all be clear about

what we wanted and it allowed Brian to structure the following two days based on what we wanted to cover. The group as a whole had good representation from health libraries, there were staff from acute trusts, community, PCTS, smaller district generals and HE health libraries.

The key themes that came out of the evening session were: Market Research, Market Segmentation, Advertising and we all wanted to know how to produce that killer leaflet!! Everyone contributed and there was some lively banter....John Addison was just warming up.

We had all been forewarned it was to be a very intense few days and starting on the Wednesday evening certainly set the tone for the rest of the course. After the opening session Brain was able to introduce the carrot for the event. He had boxes of handmade, exclusive chocolates and he was going to award them at the end of the residential. He was not open to bribes and there was set criteria, as each group was going to reward an individual for their contribution. Each table did work as a group but this did rotate over the three days so that everyone got to work with new people and new styles.

With our first activities under our belts it was off to the bar, well for the usual suspects.
Over the next two days we focused on the four themes of:

- Market Research,
- Campaign Development,
- Advertising and
- Professional Development.

Thursday.....Up with lark and off to meditation, well for some keen enthusiasts anyway. There was the option of starting the day with some yoga and meditation and I know from colleagues who attended, this was well received and very fulfilling.

The first part of Thursday was very much around market research as we looked at knowing yourself and knowing others. We looked at success and successful people. A mantra we all took away from the morning session was that the only thing we can really change is ourselves, we can not change others. The importance of mentors was discussed and it was discovered that successful people do have

mentors and it might be that they have a formal session with a peer, two or three times a year. This allows people to learn from others and very successful people are very willing to share that knowledge and would welcome becoming someone's mentor.

Everyone was encouraged to think about the small things they could change and if we chose to change something every week, by the end of the year we would have changed 52 things about ourselves or our lives and positive change will increase our success.

Next part of the morning was very interesting.

Leading on from finding out about our users and who they are we discussed how we treat people, and how we treat people depends on how much we know about them and how well we know their personality. Treating people how they would wish to be treated is a better recipe for success.

Colours to identify personality types!!!

We all had to answer a number of questions looking at being either Open, people centred or Direct or In-direct and finally Self contained. The way we answered questions would make people either Red, Yellow, Green or Blue.

Reds 'its my way or the highway so shape up or ship out.'

Yellow 'Lets be friends and work

together as a team so we can be one big happy family.

Green 'Documentation beats conversation, so can I have the facts please.

Blue 'Hey, let me tell you a joke then after that I'll tell you another one.'

In reality we are a mixture of all four. However, when we were placed in our colour groups there were some surprises and others that were so predictable. The very confident, direct and organised who are very decisive were the Red Group. This was a large group, but not as large as the fun loving, happy, chatty Blue Group!!. Greens and Yellows were quite small...but perfectly formed!

A task for the colour groups was to plan a weekend away in London. We were asked to look at all the things those personality types like doing and would enjoy but we had to include a meal on the Thames.
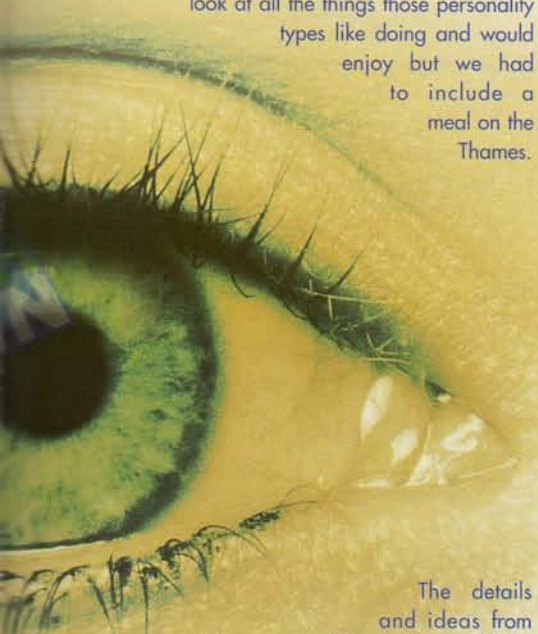
The details and ideas from this exercise would be used later in writing an ad for a trip to London, targeting a specific group.

Our next task was to look at segmentation. Knowing our users is central to understanding them and targeting services. Numbers and demographics are crucial to planning when looking at a marketing campaign. We all brain stormed to come up with a comprehensive list of all our users and boy was it a list!!. Our users are now so diverse. When looking at these groups, a key part is 'Tell me what the problems/issues are that you face on a daily basis' and then 'How can we help to solve those problems?'

Break for lunch, with lots to talk about. The colour experiment had got everyone talking. We had a longer than expected break in the middle of the day, with one hour to go and enjoy and take some personal time to reflect. We were lucky with the weather for the whole three days with exceptional sunshine and a sense of Spring on Thursday.

Thursday afternoon saw the start of campaign development. Emma gave a very interesting overview on segmentation and the importance of focus groups. It gave everyone lots to think about in terms of setting up groups and how to make them effective. Our task for this section was a case study with the theme of chocolate bars. A company needed to increase its market share and needed a focus group or a number of focus groups to look at all the issues.

We all had some real fun with this and thought about the groups we needed to set up and what would we ask them. The feedback from this section was interesting with Hilda Faragher and John Addison heralding some great ideas on who to test possibly contaminated chocolate bars on!!!. The list of focus groups needed included both internal and external, with some real in-depth questions we needed answers too. Could we save Wonka Chocolate bars from extinction and actually increase their market share?? I think so.

The other two case studies in the afternoon were library and information services based. We had scenarios around trusts and trust library services. The idea was to look at the issues then consider a plan of action including focus groups. In one case the real problem was funding and the working groups looking at that case were asked how they would address the issues i.e. Who would they approach? How could the library manager get the issues on the radar? Who would be the most effective members of a focus group?

Looking at the NHS library scenarios was useful as the working groups could express what they thought might have been the problems and issues and more importantly, if the new manager had 1 hour a week, what would their strategy be to make improvements and develop the service.

Thursday had been a very long day but a great deal had been achieved. We had all learned a little more about our personality types and how we deal with people and importantly in terms of using what we have found with real situations, we had started to think about our market, how to target them and how to get them to talk to us!!

Thursday evening was a sociable occasion with a very well received three-course meal, (four if we include the chocolates very kindly distributed by Brian) with a bit of palm reading thrown in and on to a chalet party for some of the group.

Friday morning began as Thursday had with a session of meditation for some and for others, Houdini like escapes from an apartment and a few sore heads!!

Friday was spent mainly on the theme of advertising, with a short session on professional development. During the advertising session we focused on the following areas:

■ Benefits and features
When advertising / publicising, use the benefits to grab attention. For example: 'Improve your practice using the new resources available'. Then use features to back this up. For example: 800 journals full text / search the major health databases. We also explored the idea that different people / groups have different perceptions of what is of benefit to them and this must be considered before creating publicity materials

■ Keywords
These are words that can be used to use to gain the attention of our target audience. Companies selling a product may use words such as 'Free...' or 'Bargain....'. We can appeal to our users with words like '**Save** time, ask your librarian' or '**Announcing** a new current awareness service'

■ Aim of publicity
We need to consider whether we want to reinforce current perceptions of the library service or change them. This will affect how the service is publicised.

■ Information design
The delegates were given a brief insight into the theories behind information design. Research has shown that people reading an advert for example, tend to read a heading, then the last line of text, then scan sub headings in-between the two. The most important information should therefore appear in these areas and in this order based on level of importance.

If questionnaires are used for market research purposes, it is likely that some knowledge of the principles of information design will be beneficial. On a very basic level, the questionnaire is more likely to be filled in if it looks appealing, and for example, there are white spaces for responses, enticing someone to complete it.

■ Publicity methods
We discussed the need to target people more than once, this is largely because research has shown that someone may need to see the same information numerous times until it gains

credibility and registers in their mind and they can then decide whether it is important to them. It could also be useful to target different groups in different ways using a variety of different publicity types and media. An evaluation of response rates / uptake should then indicate which method of publicity was most successful.

We took part in the following group activities to add to our understanding of the concepts discussed:

- Brainstorming key words to use to grab attention
- Advert for river boat meal for different groups of people (eg over 50's / young couples)
- Designing publicity for new core content resources for a variety of groups

A short session followed on Professional Development, the main messages of which were that we must continue to develop professionally to market our services successfully. Again we talked about small changes (to both ourselves and in our working lives) building up over time into significant shifts in the way we do things.

This uplifting half-hour brought the course to a close and the weary but inspired delegates headed home.

In conclusion, the residential was an enjoyable, intense and very worthwhile course.

The sessions on personal / professional development and market research helped to expand many delegate's (myself included!) perception of marketing from a focus on

publicity / advertising to that of firstly focussing on ourselves, then exploring our user groups and their needs.

Not only was the content of the course of benefit, the chance to network and forge stronger relationships with colleagues is an invaluable aspect of the residential course format.

Finally but arguably most importantly, the boxes of handmade chocolates were awarded to:

Kindest gesture: John Addison
Needs Cheering up: Linda Riley
Commitment to Meditation: Roshanara Nair
Most Positive Attitude: Penny Street

Most Constructive use of Leisure Time:
- Hilda Faragher
Acting out of Colour: David Stewart

Final Box: Birthday present for David!

Future developments:
- A LIHNN marketing group has been created and is about to have its first meeting
- HCLU will be working with the LIHNN group to develop the core content publicity material for various NHS professional groups, begun by course delegates.

For any further information about the course please contact either Hannah or Rachel

Hannah Gray, Merseycare NHS Trust
Rachel Bury, Aintree Hospitals NHS Trust

Aditus - Public / Patient Project

Good quality patient and public information is key to effective patient and public involvement in health care. There is a need to improve the quality of patient information, to ensure it is evidence based, there is also a need to improve patient and public access to health and health service information.

The Aditus Public / Patient Project aims to bring together currently disparate electronic health information and will act as a gateway to high quality health information for the public and for information providers.

On hearing of the project a Manchester GP said:-

"This is one of the projects that really does make a difference to clinicians working lives. It's extension to provide information to patients is crucially important in terms of them being able to access high quality health-relat-

ed information in the chaos of the Web. It becomes even more relevant as time passes and we move towards a situation where patients routinely retain detailed control over what happens to them within the NHS. Their ability to make informed decisions about their treatment hinges absolutely on their being able to access high quality information. It's just as important for them to have such access as it is for health professionals to have it."

The project will incorporate areas of existing good practice, will avoid duplication of effort and will bridge the gaps that currently exist between national information provision and local information needs.

How can you help?
We are looking for PAL's, Patient Information Officers, anyone with an interest or a role in providing patient information, north west

wide, to join an e-mail discussion group whose remit will be to offer advice and to help in the evaluation and monitoring of the project. Contact details should be sent to;
melanie.hinde@agency.manchester.nwest.nhs.uk

Next steps:
Alice Taylor, has accepted the position of Intelligence Officer for the project and will be joining the team in May.

Researching content for the site with the National Service Frameworks being the initial focus.

Design structure of the site to include metadata, critical appraisal guidance, and working towards accessibility guidelines.

For further information contact
melanie.hinde@agency.manchester.nwest.nhs.uk

How do you read your LIHNNK UP?

Okay it doesn't taste like a certain crème egg, but the Editorial Board would still like to know what you think of *Lihnnk Up*.

Please complete this short questionnaire, and fax or post it to: Kathy Turtle, Postgraduate Education Centre, Lancashire Teaching Hospitals NHS Trust, Chorley Hospital, Preston Road Chorley PR7 1PP **Please copy and pass on to colleagues if necessary**

1. Do you read your copy:

Please tick which reflects how you usually read the newsletter

Cover to cover ☐   Skim ☐   Dip into occasionally ☐
I don't read it ☐

Please say why: _____
_____
_____
_____

2. Which types of article appeal to you:

Please tick all that apply

Course reports ☐   Conference reports ☐   News items ☐
Professional initiatives (New services etc) ☐
Items about academic success ☐

3. What type(s) of articles would you like to see?

Please give brief details: _____
_____
_____
_____

4. The style of the newsletter

The style of the newsletter is intended to be lively and colourful whilst remaining professional and informative. Do you agree that Lihnnk Up fits this description?

Strongly agree ☐   Agree ☐   Neither Agree or Disagree ☐
Disagree ☐   Strongly Disagree ☐

5. Any comments?

_____
_____
_____
_____
_____
_____

Thank you.

Kathy Turtle

Postgraduate Education Centre, Lancashire Teaching Hospitals NHS Trust, Chorley Hospital, Preston Road Chorley PR7 1PP

Fax back to: **01257 245623**

Introduction

The UKSG is an independent interest group comprised of stakeholders in the serials industry. The conference is attended by publishers, intermediaries, librarians, and online content providers, and attracts over 500 delegates from more than 30 countries.

The usual suspects were all there with the exception of Divine/RoweCom, whose demise has illustrated the fine margins being operated by all involved, including tightly squeezed journals budgets. This was evidenced by the poorer than usual freebies on offer !!!!

As a light "ice-breaker", the conference unofficially started on Sunday evening with a coach trip to Murrayfield for a buffet dinner and an optional tour of the stadium. It was pointed out that "Andrew Craig" had his own peg and name plaque in the Scottish Home team dressing room !!!

The Vendors

The exhibition was similar to a scaled down "online", without the Olympia crowds, which allowed delegates to have a good look at the latest offerings from the world of publishing. The two remaining big agents, Swets Blackwell and EBSCO had prominent displays, the publishers were represented by Elsevier, John Wiley, Springer-Verlag, Kluwer, Blackwell Science, BMJ Publishing Group, Biomed Central, Taylor and Francis, American Chemical Society, Institute of Physics publishing, Nature et al.

Providers of online content were represented by OVID, Proquest, MIMAS, Thompson-Gale, OCLC.

The Papers

A summary of some papers of interest.

Lynne Brindley, Chief Executive of the British Library, gave the Keynote Paper. Lynne gave an overview of the BL's strategic developments in relation to digital archiving, collection, and legal deposit of electronic material.

Jay Jordan, OCLC talked about the next stage of the digital library. Jay highlighted the growing international co-operation of OCLC members across five continents and the development of WorldCAT (a world wide union catalogue of OCLC members). This bibliographic database is being developed into a knowledge hub.

David Seaman (English but without the pony tail), talked out the problems users faced by having to go into numerous "data silos". David is based at the University of Virginia and also talked about merging electronic content into the Courseware systems that are now being set-up to aid students with their courses, this was going beyond providing links to resources.

Rick Anderson of the University of Nevada at Reno gave an interesting and entertaining talk about how the UNR Serials Department have abandoned the checking in of journals!!!! ..... heresy !!! The rational behind this decision was that 80% of UNR journals are online only and are never checked in, these journals represent the greatest usage within the library. The print titles that make up the other 20% are now being used less that 0.5 times per month. The print journals now placed straight out on the shelves, if gaps are noticed during straightening and re-shelving then investigation is then followed through. They have also stopped their binding programme .... food for thought maybe

Jan Velterop, BioMed Central, presented the argument that publicly financed research should be made available to the public at no cost. Biomed Central is an Open Archive initiative that the NHS has recently signed up to. This will mean that NHS researches publishing in BMC journals will be waived the $500 USD article submission fee. Biomed Central submission rates have shown a steady increase over the last year the BMC journals hope to pick-up Impact Factors over the next couple of years.

Briefing Sessions & Workshops

In addition to the main talks a series of briefing sessions and workshops took place over the three days. These included E-Journals for beginners by Graham Stone (Series and Electronic Development Manager from the Bolton Institute) and Copyright by Laurence Bebbington (Law Librarian and Information Services Copyright Officer at the University of Nottingham.) Electronic Journals for beginners dealt with the problems of setting up and accessing electronic journals. Interesting statistics were provided on how users access electronic journals suggesting EJs should be included within the libraries main catalogue in addition to separate A-Z lists on library web pages.

Copyright provided an overall introduction for those not familiar with copyright as well as covering recent changes such as the new EU directive.

The authentication and authorisation briefing session highlighted the current position, as well as new developments likely to impact on issues of accessibility for electronic resources. A subject dear to the heart of all NHS librarians!

Lasting Impressions...

Andrew – This was my first time at a UKSG conference. The conference as you would expect reflected the opinions of publishers, librarians and intermediaries. I did feel however there was a bias towards the needs and problems of large academic libraries and little was mentioned directly about NHS libraries.

Anne – A highly topical programme, promoting lots of lively debate! The E journals workshops were particularly useful. However the presentation on the abandonment of serial check-in particularly caught my imagination! The lack of NHS representation was noticeable though.

Steve – This UKSG conference seemed to me to be the most realistic snapshot of what will be happening in the journals market over the 5 years. Universities are now really quickly moving to online only collections, corporate libraries are already far along that road. For medical libraries the time is fast approaching where we will have to catch up with the big picture
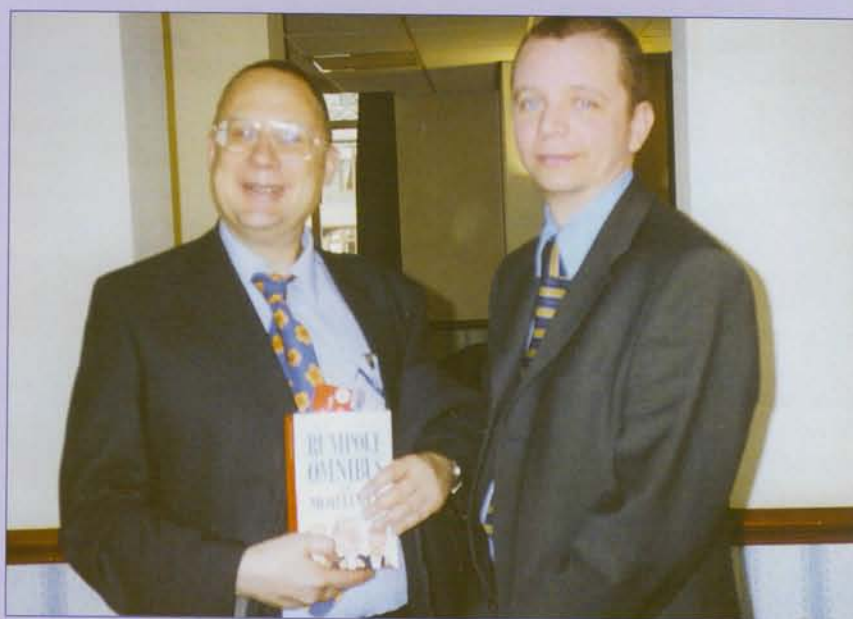
Steve Glover & Anne Webb
Christie Hospital

Andrew Craig
Wythenshawe Hospital

Photographs from the
Lihnn/HCLU Briefing
Warrington PGEC, 26 February 2003

TAKEN BY DAVID STEWART

"editor's column"

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 organizing 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.

Guidelines for contributors are also available on the Lihnn website.

contributions should be submitted to:

Kathy Turtle, Librarian,
Lancashire Teaching Hospitals NHS Trust,
Postgraduate Education Centre,
Chorley Hospital, Preston Road,
Chorley PR7 1PP

Tel: **01257 245607**
Fax: 01257 245623
Email: kathy.turtle@lthtr.nhs.uk

We are on the web at:
http://www.lihnn.org.uk