



editorial

Welcome to the first edition of the Lihnn newsletter, sporting as it does a new look and a new name.

The last few months have been an exciting, challenging as well as nail-biting time for all members of the editorial board as we have ventured into new territory of publishing software, logos and printing technology.

All a far cry from the early days of the newsletter, which was laboriously photocopied by a frantic co-ordinator! I can also recall a time when the co-ordinator's job was dreaded as it was hard work dredging up articles and persuading people to spend valuable time at a word processor.

So the fact that the last few editions of the hand-produced newsletter were bursting to the brim with splendid articles is a good indicator of how times have changed. How much more professional, rewarding and valued our work has become in the last few years, and it's high time this was reflecting in a group newsletter worthy of being distributed throughout the region and the country!

I must pay tribute to the hard work put in by the other members of the editorial board whose enthusiasm and commitment to the project have ensured that momentum has been maintained. We have all travelled, thought, discussed, chewed over tricky issues, made decisions, and drunk more than a few cups of tea in the process!

How then to sum up the finished product? A glossy, professional, print-format forum for the exchange of information and expertise sounds like a good enough definition to me.

What are we hoping to publish? The essential aim of the newsletter hasn't changed. It's still a forum for reports from events and courses. As we are committed to producing an issue every quarter, this should help maintain currency, a feature that was admittedly often lacking in the hand-produced version. Articles about project development and management within your library and/or patch group would be very useful.

Short items of a more 'newsy' nature, such as details of staff changes, useful web sites, new reports, amusing anecdotes, and indeed, anything to brighten our hardworking lives, are also welcome.

I have tried to keep the Notes for Contributors short and practical, so please don't let any hint of formality put you off writing. Please remember that reports of events and courses can be kept fairly short if backed up by support material that you can supply to interested colleagues.

Finally, as the slogan says "By health libraries, for health libraries", so it's a Lihnn members' newsletter and it's up to you all to decide the content. Make it what you will!

Kathy Turtle

IN THIS ISSUE

Editorial 1

Kathy Turtle

Valerie Ferguson - a tribute 2-3

David Stewart

Valerie's Last Song 3

Valerie Ferguson

The New NHS 4-5

Glynis Platt

Managing Change 6-8

Mandy Beaumont

Staffing Issues in Mental Health 9-10

Norma Blackburn

InTray 11

Editorial Board

BackBites 12

Inky Shaeffer

valerie ferguson - a tribute



VALERIE & LIHNN COLLEAGUES AT A NORWESLA MEETING Courtesy Rose Turner

Last September saw the retirement of Valerie Ferguson who has had a long and distinguished career in health librarianship. Colleagues joined her at a farewell 'do' to mark her retirement, and she was presented with gifts and flowers. David Stewart, Regional Director of Health Libraries, paid tribute to her with the following speech.

It is rare for me to read a speech - but this one is so important that I'm making an exception. I've been thinking for several weeks now about the best way to start this speech- and as with many presentations, something that happened as recently as Monday this week made me dump all the other beginnings and start with this one.

On Monday I went to see Maxine Melling, the JMU Librarian. It was the first time we had met each other and I launched in to my usual description of the background to setting up the Health Care libraries Unit - and a list of all the organisations we deal with. In the middle of the bit about the Manchester Deanery, she said "...ah, Valerie Ferguson... I've heard of her..." "This tells us something about the impact that Valerie has had - something I shall

return to later. Now, most of you have know Valerie a lot longer than I have, so I'm not going to regail you with a resume of Valerie's career.

Suffice it to say that before she was Libraries Advisor to the Deanery she was Medical Librarian at JRULM (and therefore her picture will now hang in the Manchester Medical Institute) and before that she was Librarian at Withington Hospital. No. Instead I'm going to concentrate on those qualities that have become clear to me in the 16 months that I have worked closely with Valerie: Well first of all Valerie is very honest. When a southerner comes "up north" he expects the stereotype to be true, i.e that people say what they think. That in itself has mostly turned out to be the case.

However, I'm not saying that Valerie is blunt - she is accomplished in the art of knowing when to say "David - you're wrong..." and "Have you thought of looking at it like this" - or even of raising a quizzical eyebrow. I suspect this art derives from a mixture of Christian belief and many years working in the politics of higher education and the NHS.

Secondly Valerie can spot opportunities- that is she is strategic and operational at the same time. In my experience this is rare. The ability to see what might be possible and then work out how to get there is, in part, the definition of leadership. There are examples from the last few years in the development of the accreditation programme and what was the NoWNet project.

Thirdly, and this is different from being able to function at operational level, Valerie has an eye for detail. OK - many librarians do - but I have been able to put any number of documents in front of Valerie and she will read them thoroughly and carefully. She always came back with the corrections and a list of implications in what I was suggesting. The other thing we all expect librarians to be is inquisitive; the urge to understand structures, processes and inter-relationships. Valerie is no exception. I have never, in the whole 16 months, had the sense that Valerie was saying "oh well, I don't need to know about that because I'm retiring in September". She retains that need to know- the mark of a true information professional.

**"Valerie Ferguson...
I've heard of her..."**

Valerie is flexible - the last two years or so have not always been very easy for any of us. Huge and continuing changes in the NHS, changes within the Manchester Deanery and the publication and acceptance of the SECTA report on libraries - and my arrival. Throughout Valerie has seen the benefits and the problems associated with the growing role of the HCLU and has been supportive -and as I said earlier, honest.

CONT.

Penultimately I come to wisdom. Valerie is wise in more ways than I can describe or list. And, I must say I value Valerie's wisdom above all else. Wisdom, it seems to me, is the active combination of experience and common-sense. Valerie has both in abundance. And here I would like to quote from the Bible and please forgive the wording: "With the ancient is wisdom and in length of days, understanding".

"combination of expertise and common sense"

And lastly (in this section) - Valerie has been a saleswoman - untiring in her advocacy and promotion of the cause of health sciences librarians and the services they can provide. And this was the point I was making about Maxine Melling at JMU - she had heard of Valerie. And almost everyone I have met or spoken to over the last 16 months has heard of Valerie - that's what you call an impact factor.

OK. Turning now to the future. Valerie has said that she has some house sitting to do in Yorkshire and I know she has plans to totally redesign her garden. However I also know that being a consummate professional does not mean that you stop "at a certain age" - Valerie will want to keep in touch. And we will need to keep in touch too - to check facts, to find out how things came to be and to preserve the sense of family within the network of health librarians in the North West - a network that owes much to Valerie Ferguson.

Valerie, we wish you a hugely enjoyable and active retirement. We thank you for your contribution to the NHS in the North West. We thank you for your wisdom.

**Ladies and Gentleman -
Valerie Ferguson.**

valerie's last song

On the Motorway

No more will I go on the motorway
To Burnley and Bolton or Morecambe Bay,
Rochdale at Birchill can now rest in peace,
Blackburn (Hindburn and the Ribble Valley)
can now take its ease,
I won't be losing my way again,
To Wigan and Leigh in the rain again

At Jefferson, Eye or Withington I'll call no more,
At Chorley, North Manchester or Wythenshawe,
No climbing the Pennines to Tameside or Oldham,
No fighting for parking at Stockport I told 'em,
No Preston Acute no visit to Guild,
Asking is it re-furbish or is it new build?

On the hillside at Kendal
The sheep still cry,
And home-going sunsets,
Blaze in the Lakeland sky



No trips out to Hope on the M602,
Or getting to Blackpool past windmill and zoo,
At Prestwich and St Mary's I've paid my last call,
At Pendlebury, Trafford and dear old Booth Hall,
That visit to Bury was one of the last,
The Postgraduate Advisor is now in the past

Ormskirk for Wroughtington - on the motorway
Barrow in Furness, Lancaster, Calderstones -
the end of this day

Valerie Ferguson

Postgraduate Medical & NHS Libraries Adviser
North West Deanery 1993-2000

On a horse with a laptop: the new NHS

A seminar on healthcare information in the North West was held at John Rylands University Library of Manchester on Monday 4 September.

Three speakers gave presentations on the present state of the NHS and its need for high quality, accurate, effective healthcare information to an audience of health information professionals and senior staff of the JRULM.

JOAN HIGGINS, Professor of Health Policy, Director of The Manchester Centre for Healthcare Management, and Regional Chair of the NHS North West spoke on The National Health Service in the North West Region.

She outlined the history of the NHS since 1990 when the previous government introduced the internal market with its purchaser/provider split. This was intended to stimulate a competitive environment and drive up standards. She went on to examine the present government's healthcare policy following on from the white paper, *The new NHS: modern, dependable* (1997). This emphasised efficiency, equity, access, improved quality, consumer friendliness and flexible use of healthcare staff.

Government priorities are to improve health by extending the years of healthy life; to close the health gap; and to modernise the health and social care system.

"...mental health... the poor relation..."

The three clinical priorities are cancer, coronary heart disease and mental health, although Professor Higgins pointed out that mental health has often been the poor relation in this scenario.

Other major priorities are the care of older people, improving primary care and better healthcare information (for patients, clinicians and management). The health service in the North West Region must deal with the area's extensive deprivation and poor health, in both rural and inner city communities, ageing health facilities, problems of recruitment and retention, and a poor track record of delivering on key targets.

The region has a population of 6.6 million, sixteen Health Authorities and fifty-seven NHS Trusts. There are 3,778 GPs, 35% of whom operate single-handed. The Shipman case had added impetus to the reduction of the number of single-handed practices, but it was noted that these are often based in areas of worst deprivation such as inner cities.

Rural/GPs face difficulties too, primarily in terms of reaching their patients. The example of a rural GP who rides a horse to reach his patients, taking his laptop with him, caused some amusement, but illustrated the point well. A major thrust of new government policy is the abolition of GP fundholders by Primary Care Trusts, of which there should be thirty in place by 2002.

"...patient demands are rising..."

These initiatives should generate more demand for information both from existing sources (postgraduate centres and university students) and from new professional groups in primary care (who, hitherto, have had little access). Also patient demands are rising. Many now arrive at doctors' surgeries armed with information printed from the internet.

This demand for information was explored by, LESLEY HANNAM, Head of Information, NHS Executive North West. Her topic was

the importance of information in the NHS today. She spoke of a top-level commitment by government to harness the information revolution and use it to benefit patients. The purpose of the information strategy was for NHS clinicians and managers to have the information needed to support the core purpose of the NHS, and for the public and patients to have easily-accessible, quality information about health and healthcare services.

Specific targets include an agreed security model, a robust framework of national standards, secondary care EPRs (Electronic Patient Records), lifelong EHRs (Electronic Health Records), twenty-four hour access to records and information, a National electronic Library for Health, public access to on-line information, and reliable information for managers.

EPRs would be the record of periodic care by one type of institution (i.e. a hospital), and EHRs would comprise a longitudinal record of patients' health combining records from all healthcare providers. This would provide a true cradle-to-grave healthcare record.

The benefits of the system would be that patients would be spared the endless ritual of repetition of personal details each time they attend: there would be speedier communications between GPs and Trusts, with a seamless service no longer a cliché. Fewer potential mistakes by professional staff and less damage to patients by not needing to repeat such procedures as X-rays would result.

Public access to information has already been improved by NHS Direct, intended to become a twenty-four hour service. More health information services will be established on the internet with equal access to all, including public access to the National electronic Health Library.

In turn this should create a positive culture amongst professional staff providing information to patients, and local NHS Trusts will be able to develop partnership strategy provision with other bodies like local authority social services departments and private hospitals. Electronic prescribing could also combat fraud and abuse.

"...create a positive culture amongst professional staff..."

Our final speaker was VALERIE FERGUSON, the JRULM's Postgraduate Medical and NHS Libraries Advisor, NW Deanery. She spoke on *Recent developments and the new profile for NHS libraries: NHS and Higher Education Partnerships in Information*.

After showing some entertaining examples of cartoons depicting stereotypical librarians, Valerie moved on to today's health professionals' requirements for information.

Evidence-based healthcare needs good quality information, and quickly. In 1977, the *Health Service Guideline Library and Information Services* HSG(97)47 was issued requiring all NHS trusts and health authorities to draw up a library and information strategy covering all staff groups, and its implementation by autumn 1998.

In the document, the role of libraries and information services is presented as being to support clinical effectiveness/governance, lifelong learning/CPD and research and development. However there has been

no consistent national policy in many areas, and different professional groups have had separate provision. Funding has also been erratic and uncertain from year to year.

"...funding...erratic and uncertain from year to year..."

Key principles of HSG(97)47 are: access, resources, funding and region-wide co-ordination. Historically, access to information resources has been on an ad hoc basis, and many professionals (particularly trained nurses) lost out when nursing college libraries moved from hospital sites to higher education. Postgraduate medical libraries may have allowed access, but did not have the funding for resources.

Other healthcare professions were in a similar position, and staff working in the community often had the least access to library services because of limited opening hours. Regional co-ordination is seen as the key principle in dealing with these issues, and the application of HSG(97)47 has been most successful where there have been existing Regional Healthcare Library Units. The situation in the North West was addressed by a wide-ranging consultation regarding the provision of library and information services for healthcare staff and users of health services.

This was funded by the Regional Director of Education and Training. One of the recommendations was the appointment of a Regional Director of Healthcare Libraries for the North West, a post that has now been filled for the last twelve months by David Stewart.

Looking at the involvement of librarians in the library and information strategies undertaken in the North West it was disappointing to see that 20% had no involvement from the professional librarian. Moving on to partnerships, the importance of the NHS and HE in recognising their mutual responsibility for health professionals' education and the need to move away from purely contractual arrangements to long-term partnerships was recognised at national level. This has been articulated by a series of statements jointly issued by NHS Executive and CVCP.

"...dramatically (will) increase numbers in healthcare training..."

At a local level, Valerie outlined current partnerships between JRULM and the North West healthcare libraries. Some problems of access have been resolved by ATHENS authentication, which has allowed valid users access to any ATHENS-mediated resource from any computer linked to the internet.

The future is only likely to increase demand for information as the National Plan (2000) is dramatically to increase numbers in healthcare training, whilst changes to curriculae will put increased pressure on resources. However, Valerie noted that, whilst not being complacent, the JRULM was ready for this challenge. The afternoon ended with all three speakers taking questions from the floor, and useful discussions were established. The three presentations were very stimulating and contributed to the informed debate of the future provision of healthcare information.

Glynis Platt

managing change

A Study Day for Library and Information Professionals

Nov. 23rd 2000 Monkbar Hotel, York

On a cold and blustery November day and British Rail permitting I attended a study day at York on change management. The study day proved to be very informative with each speaker concentrating on a particular aspect of change. The first speaker Andrew Mackey described the changes, which took place within the workplace and highlighted the importance of consultation with staff throughout this process.

Gordon Watson concentrated on how to help library users deal with change and in particular a different way of accessing information.

Greg Kent discussed dealing with changing direction within your career and looked at different types of career path. David Stewart dealt with change and the information professional and provided an insight into what librarians need to be doing to keep pace with increasing change.

Sally Hanley discussed changing your image and went into detail about how to create the right impression by choosing the right colours and clothes to suit an individual's colouring and shape.

After the presentations, there was an opportunity to take part in workshops covering one of the topics which had been discussed.

From my point of view the day highlighted the importance of being proactive rather than reactive in managing change and that to do this effectively librarians need to be aware of new technological developments and be sensitive to both

Below, I have only produced notes for the sessions where handouts were not available. If you would like a copy of the handouts *Dealing with change in the workplace* or *Dealing with change in your career* please contact:

Mandy Beaumont on
01772 710763 or at
prepgmc@hotmail.com.



1. Dealing with change in the workplace.

Andrew Mackey, Chief Executive,
Healthwise.

See Handout 1.

2. Helping your users deal with change.

Gordon Watson, County Durham and
Darlington Health Promotion and
Resource Library.

Confessions of a Change Inflictor

The need to amalgamate three health promotion libraries resulted in providing access to resources over the Internet and resulted in the:

- Development of an on-line health promotion information resource library
- A library catalogue (HPAC) which can be searched on-line
- Orders and reservations can be placed on-line
- Virtual resources can be searched on-line

Changes for the User

- Three libraries merged
- New physical location
- New catalogue system
- Access via the internet (induced fear)
- Penalties for late returns
- Register to use the library (allowed password access)

Introducing the Victims

- Health promotion specialists
- Health visitors
- GP practice nurses
- School nurses
- Teachers
- Lecturers
- Students



Managing the Change Process

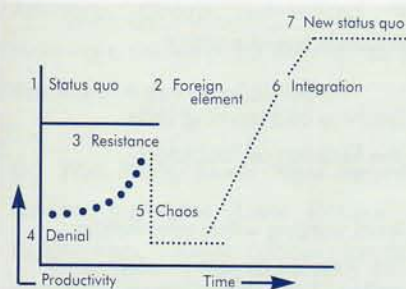
The following quotes were given about the change process but no references were quoted:

"...the only person who likes change is a wet baby..."

"Change replaces old rules with new, old skills with the needs for new ones and competence with incompetence"

"Neat and cool is not a reason for change" (don't make changes for change sake)

The Change Process



1) Status Quo

- Sum total of your competencies
- Security and comfort (can be seen as an obstacle)
- Your current status quo. Do you like it? How does it compare to what is being offered?

2) Foreign Element

The event triggers the change:

- It destroys the investment made in competencies
- Make the foreign element as internal as possible
- Give as much control as you can to staff so that they feel empowered
- Make sure staff have plenty of information
- People hate being changed without consent or control - ownership

3) Resistance

- Why should I change?
- Often due to a lack of information. This could be a lack of information regarding developments i.e. what suits today's environment may not suit tomorrow's.
- Allow feedback regarding the new vision

4) Denial

- Is it not a conscious act
- People don't like losing control
- It's normal to ask "what's in it for me"

5) Chaos

- The foreign element eradicates competencies that brings chaos
- People fear being incompetent. This was overcome by one company who encouraged staff to ask questions while they were learning to use a new piece of software. Every time a person asked a question a coloured sticker was put on their PC. At the end of the session the person who had the most stickers won a prize. They were given a sticker.

6) Integration phase

- Assimilation part of the change process
- You think you have achieved competency
- Something happens to say you have not quite mastered the changes e.g. new software

7) New Status Quo

- The new status quo is reached

Goals

- Minimise the chaos involved from going from the old status quo to the new
- Reduce the pain involved where change is unwelcome and does not result in a better deal for everyone

Applying the Model

- The key is to enable the user to understand what they have to know in relationship to what they may have
- Keep the user informed by giving presentations and circulating library leaflets

Helping Users Change

- The old system was kept but made less appealing
- Inform users of the advantages of the new system
- Training on the software for users
- Printed catalogues
- Leaflet samples on the internet
- Worked with IT departments to ensure internet access available for users
- Ensured that portable document files of the catalogue were available on the trust's networks

HPAC (Health Promotion Access Catalogue) - more than a catalogue

- Not based on a traditional library model
- Market health promotion to library users
- Developing a community of users
- Encourages feedback
- Enables clients to interact with clients

3. Dealing with change in your career.

Greg Kent, Senior Consultant, NHSP.
See Handout 2.

4. Changing your image.

Sally Hanley, First Impressions, York

Initially, this presentation seemed to be out of place with the rest of the speakers but as the talk progressed it became clear that people do make value judgements about a person dependant on their appearance and that a certain uniform i.e. suit will represent a certain image. Sally Hanley then described ways of making the best of yourself. Below are a series of pointers for improving your image at work:

- A working wardrobe should contain 12 garments: four bottoms, skirts/ trousers and eight tops, (jackets, blouses/ cardigans). Out of this you should be able to make 65 different permutations.

- All the clothes should work for you.

- Adding accessories such as scarves/ jewellery/gloves help to finish an outfit off.



- Work out your work life style and choose garments accordingly.

- A separate set of garments will be needed for your leisure time.

- Take a friend and test which colours suit you. Wearing the right colour can make all the difference.

- Make sure that the style of suit/trousers compliments your bodyline.

Buy good quality clothes, as they will last longer and tend to have a better line.

5. Change and the information professional.

David Stewart, Regional Director of Health Libraries, NHS Executive North West.

The Information Environment

- Information technology
- Intranets/internets
- WAP (Wireless Application Portal)
- Television to P.C.
- E-Government
- European Computer Driving Licence (ECDL)
- Convergence
- The consumer (role of the consumer e.g. patient, doctor)
- The information-aware and -enabled consumer
- Multiple information providers
- Access verses holdings debate (who holds what?)



Organisational Change

- Primary Care Trusts - single organisation (buy care from acute and mental health trusts)
- Acute trust mergers
- Health authority mergers
- Future of Regional Offices to be decided
- Workforce Planning Confederations
- Deaneries

Information Professionals - The Tasks

- Horizon scanning and reading
- Awareness of changing IT
- Awareness of NHS organisational changes
- Education, Education, Education becomes central (CPD)
- Evidence-based practice
- Teaching and learning skills (the librarian as facilitator)
- Team working within information (the librarian as part of informatics)
- Working across organisational boundaries

Management Skills

- Persuading and influencing
- Presentation
- Strategy and business cases
- Costing and pricing (Primary care trusts)
- User needs analysis
- Marketing and PR
- Quality - measuring lack of awareness



Mandy Beaumont

medical staffing issues in mental health services

CREATIVE SOLUTIONS

Wrightington Hospital Conference Centre - 14th July 2000

Dr. R. Johnson, Chairman of Greater Manchester, Lancashire & South Cumbria Local Medical Workforce Advisory Group introduced the morning's session. He referred to the document *A service of all talents*.

Dr. Wyn Pugh, North West Regional Adviser from the Royal College of Psychiatrists, spoke about medical staffing in mental health. She confirmed that the Royal College of Psychiatrists was aware of the difficulties in recruitment of staff.

The North West currently has 50 consultant posts vacant. Evidence is available which demonstrates recruitment into SHO posts has improved, although a number do leave before reaching Specialist Registrar grade.

Reasons given for this were: stress; lack of supervision; and concern about the workload of consultant posts. Consultants were leaving because of the unacceptable workload, and the enticement of larger salaries from some Trusts.

Dr. Pugh felt that consultants must be positive about medical students and trainees. She warned that feelings of isolation and being unsupported rapidly lead to burnout.

To overcome these problems, a number of initiatives were taking place. At undergraduate level, Careers Fairs would be encouraged, such as those organised by the BMA, along with special study modules and elective modules in psychiatry.

At postgraduate level, problems in obstetrics and gynaecology have increased recruitment to psychiatry. In addition SHO posts in general practice were being piloted in the North West.

At consultant level it was felt that job descriptions must change. More R & D sessions should be built in, there should be peer review, and continuing professional development.

Dr. Pugh concluded by saying that posts must be attractive. General psychiatry, in particular, has major problems. It is not only patients who are stigmatised, but also psychiatrists.

The *National Service Framework for Mental Health* provides the opportunity to improve the lives of 1/6 of the population.

Dr. Poole, Consultant Psychiatrist from the North Mersey Community NHS Trust then gave an inner city consultant's view. He first of all congratulated consultants for having pulled off the

impossible, to become more unpopular than NHS managers! However, in reality, consultants are currently paid 50% of the international rate, and have little opportunity for private practice. Academics, he stated, did less clinical work because of the pressure to produce papers. Locums brought with them a number of difficulties.

It becomes more difficult to monitor their work. As a group they attract more litigation. They are also more expensive to employ than substantive consultants. He questioned if we should recruit from the USA, or underdeveloped countries. With the latter he felt we would be accused of draining the underdeveloped countries of their staff.

To move some tasks to nurses is doomed as they have their own recruitment problems.

He saw the solutions as training more staff than were needed, and offering better jobs. To employ fewer consultants, pay them more money, but at the same time have an increased range of people working with them. The number of community psychiatric nurses are presently sufficient, but more support workers, and different types of support workers, are needed, with their own career structure.

David Curtis, Clinical Director of Mental Health Services at Oldham NHS Trust, gave the provider's view.

He recommended that Specialist Registrars shadow the manager to show the politics in mental health. He also felt that the environment they work in should be improved, e.g. new buildings. He was resigned to using locums, but preferred not to use them all the time.

For the future, he acknowledged the workforce shortages, but suggested a big PR job to attract people to the profession. He agreed with Dr. Pooley in that the role of the consultant should be redefined, and the community mental health teams needed a wealth of other people to support them.

He highlighted primary care in particular, by saying that mental health staff and GPs should come together in specialist groups. In this way primary care would be re-educated about psychiatry. Finally, people should have a good, clear, clinical and social work structure.



For the second half of the morning, people were split into three groups. Each group was given a topic for discussion. The topics were:

1. What major changes need to occur in mental health services in the North West in the next ten years to achieve the standards set out in the **National Service Framework for Mental Health**? What are the most pressing local medical/non-medical workforce issues? What should be the first step in addressing these issues?

2. How will service changes affect the number and mix of doctors and other professional staff required in mental health services? How can skill-mix solutions which ensure that staff deploy their skills in the most appropriate way be used to develop an adequate workforce? What local examples are there of good practice?
3. How can information about population needs assessment be woven into mental health workforce plans effectively?



The groups then reconvened. The following is a summary of the main action points arising from the workshop.

1. Extend the levy which funds the service element of the increased number of radiology and pathology SpR posts into psychiatry in 2001/2.
2. Recruit from overseas to fill current vacancies.
3. Offer newly appointed consultants in adult psychiatry a mentor.
4. Develop and implement clear, locally-agreed operational policies which define the roles and responsibilities of professionals in community mental health teams.
5. Explore the possibility of establishing a clearing house for consultant locums in psychiatry.
6. Review the remuneration packages that trusts in the North West are offering to consultants and locum consultants in psychiatry.

One of the key underpinning programmes of the National Service Framework is Workforce Planning, Education and Training.

The NSF Workforce Action Team has now published its Interim Report on the Workforce Planning, Education and Training Underpinning Programme of the NSF at:

<http://www.doh.gov.uk/pdfs/nsfmentinterim.pdf>.

Norma Blackburn

future features

Two ideas for features for future editions of the Newsletter are **Letters to the Editor** and **Sounding Board**. The former can be on any topic of interest, as well as responses to particular articles. The latter would be a column in which Lihnn members can express their views on any topic related to the profession or to working in the NHS. You can provoke a lively debate amongst members, and be as controversial as you want, but please refrain from any libellous comments!

These features would obviously appear on an ad hoc basis, depending upon responses.

How about letting the editorial team know what you think of **Lihnnk Up** as the first content for the **Letters to the Editor** column?

Over to you, Lihnn colleagues!





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>



Has anyone noticed any slackening off in the pace of the thinking which consigns the librarian to the past as everyone embraces the web for their information needs? You haven't? Well, take heart.

For a simplified but useful view of the renewed relevance of the librarian in today's web-enmeshed workplace, take a look at the *Revenge of the Library Scientist* at:
http://www.onlineinc.com/online_mag/OL2000/ainsbury11.html

Perhaps it's time we put the boot in?
"...urgent need...chocolate ...Viagra..."

I could not read Valerie's farewell poem in this issue without quietly wondering - is this what they mean by a valeriedictory poem? So just to show this column can go effortlessly from bad to verse, I thought there might be an urgent need therefore to consider the poem as a possible entry for the website *Librarians as Poets*, too contest (or not). What greater life for Valerie to go on to after JRULM, RLG, Lihnn, DSO and bar, than to join the illustrious in the *Librarian-Poets Hall of Fame*? So everyone else, sharpen those quills and get writing. The world's your tub of chocolate at :
<http://www.rothpoem.com/libpoet2.html>

What next? Ah, yes! Forget Viagra. Be a librarian instead. 'Librarians do it with their reference tool ...' is the one car sticker that isn't. But perhaps it ought to be, having just learnt that none other than Casanova was a librarian of (so to speak) thirteen years standing.

This is just one of the many interesting titbits to be found in Stacie Marinelli's absorbing and learned website which considers the image of the librarian and the challenges confronting a changing profession. The site is at :
<http://www.wam.umd.edu/~herodf/ImageHomepage.htm>
 and has distinct echoes for librarians inside a modernizing NHS. Forget Erica Olsen. Highly recommended.

"...Casanova...lycra...fun..."

Still on the subject - librarians' image, not Casanova - why don't you do yourself a favour and have a micro-makeover?
 Chuck out that knitted cardigan of your current job title (*their* label for you) and zip yourself up into the lycra of a new persona, tailor-made for the new cyberworld of knowledge boffins that you are now boldly stepping into as a proud member of the Lihnnettes! Have a go at Michelle Mach's smileathlon of a website at :
<http://alexia.lis.uiuc.edu/~mach/jobtitle.htm>

There you can have fun with her job title generator for library and information science professionals.

"junk...manging...rituals"

My own favourite (not on her site, by the way) derives from the registration form I once filled in at the *Library and Information Show* at NEC. The computer-input form could not accommodate fully my (then) job title of *Intelligence Information Manager* so I sought to meaningfully compress it within the number of character boxes available on the form.

Since then, I sometimes get junk mail addressed to me as the *Intelliginfomanger*. But then perhaps I've always been manging information, now I think about it ... My particular copy of the OED defines *mang* as 'vt to cloak forms and procedures in arcane rituals [Sanskrit dimin. of *umanaga*, mystical force]'. So there you have it. I can live with being a Knowledge Manger. Though I'm not struck with the tee-shirt.

If anyone has their own story of labels and identity, this column would be pleased to hear from you.
 Only no car sticker labels, please. Keep it clean. This is, after all, an NHS Family column ...

Inky Shaeffer

