



## 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 Foundation Trust, Education Centre,  
Chorley Hospital, Preston Road,  
Chorley PR7 1PP

Tel: **01257 245607**  
Fax: 01257 245501  
Email: [kathy.turtle@lthtr.nhs.uk](mailto:kathy.turtle@lthtr.nhs.uk)

Lihnn is on the web via  
Aditus at [www.aditus.nhs.uk](http://www.aditus.nhs.uk).  
Click on Communities, then  
By Profession, to the Lihnn link.

### LIBRARY AND INFORMATION HEALTH NETWORK NORTHWEST NEWSLETTER

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This issue has been a joy to organise as contributions have been flowing in at an energetic pace – just like a river in springtime! I'm delighted to say that there are excellent and substantial items on courses attended and initiatives undertaken. There are shorter news items, interesting photographs and some controversial issues, which I hope will generate correspondence for future issues.

The theme of the "Everyone Counts" study day was opening up services to a wider range of customers. **Christine Sugden** and **Hilda Faragher** give us detailed accounts of the contributions. They both found the day inspirational and had plenty of ideas to take back to their own home patches. **James Allen** tells us about the Clinical Librarians' Study Day, which gave attendees an opportunity to work on a particular clinical question, and included an introduction to critical appraisal.

Information literacy, I feel sure, is a subject in which we are all concerned. **Chris Thornton** attended the Librarians' Information Literacy Annual Conference and reports on the various approaches to tackling this vital need.

Do Once and Share is a relatively recent initiative, and **Michelle Jenkins** provides a reflective account of her involvement with a collaborative project

on epilepsy. **Mary Hill** has sent in a splendid photograph, with a brief report, of the opening of the new elearning centre at Stepping Hill.

On a controversial note, **Steve Glover** and others have compiled a league table of literature searching statistics. I think this is bound to generate some correspondence on just how you define a mediated search and what you include in your statistics. I shall say no more, but please let your views be known in the next issue! An accompanying photograph of the "Fade Team" in action provides some light relief!!

Agenda for Change bandings have caused controversy and the picture is still far from clear. **Linda Ferguson** sets out some of the results for librarians in England.

Our new starter this spring is **Tracy McKay** who has joined **David Ellis** at Ashton, Wigan and Leigh PCT.

Uclan's **Vanessa Booth** points us to the right URL to check progress on the new joint venture library at Royal Blackburn Hospital.

The editorial board also sees some new faces. We'll also be sharing out the writing of editorials.

**Kathy Turtle**

## IN THIS ISSUE

<b>"Everyone Counts: supporting diverse users" (HLG Study Day) (2 Reports)</b> <i>Christine Sugden and Hilda Faragher</i>	2 4
<b>Weblog for Royal Blackburn Hospital Library progress</b> <i>Vanessa Booth</i>	3
<b>LOST IN SPACE? Clinical Librarians' Study Day</b> <i>James Allen</i>	7
<b>Lessons from LILAC (Librarians' Information Literacy Annual Conference) 2006</b> <i>Chris Thornton</i>	8
<b>Do Once and Share - Sharing the experiences of a librarian perspective</b> <i>Michelle Jenkins</i>	10
<b>Changes to the Editorial Board</b> <i>Kathy Turtle</i>	11
<b>Mr Ribeiro makes the first cut: opening Stepping Hill Hospital's new e-learning suite</b> <i>Mary Hill</i>	12
<b>A report of Literature Searching across LIHNN 2004-2005: and a league table!</b> <i>Steve Glover</i>	13
<b>Highlights from the initial Agenda for Change results survey</b> <i>Linda Ferguson</i>	15
<b>Spotlight on a New Starter</b> <i>Tracy McKay</i>	15

# "Everyone Counts: supporting diverse users" (HLG Study Day 17/3/06 at Birmingham)



In writing up this study day I have deliberately detailed the content of the specific sessions; rather, I have tried to give a general overview of the day, with my own reactions, thoughts and feelings and how I might apply ideas I have gleaned to my own situation on the Isle of Man. For those of you who would like to know more about the session content, the whole of the study day with the speaker's handouts will be made available on the HLG website at: <http://www.cilip.org.uk/specialinterestgroups/bysubject/health>.

The attraction for me to attend this particular event can best be understood if I explain our present library access policy:

November 2005 saw the library service at Keyll Darree on the Isle of Man widen its access policy. Since the new library opened in summer 2003, the existing policy stated that usage of the library was for all DHSS staff on the island, but in the intervening 2 years, it had become apparent that there were other staff groups and other government departments who had a legitimate, professional need to use our facilities/services.

Our policy now is to allow library access to people on the island who have a legitimate need and use for health and social care information. In practical terms this can be translated into the following groups now being

allowed to use our library and information service: hospice; staff in other government departments like the police, educational psychologists, etc; community pharmacists; island charities and support groups; care providers with whom the DHSS over here directly contract to provide services e.g. Isle of Man Adoption Service, Crossroads Care, etc; staff working in private nursing or residential homes and those practitioners who are privately employed e.g. dentists, physiotherapists etc. We are aware that some of these categories are not entitled to Athens passwords and this is made clear to them.

It was opportune, therefore, to see that the advertised HLG study day in Birmingham "Everyone Counts: supporting diverse users" was looking at this issue and because of its particular relevance to our situation, I decided it was worth the long trek "across" to find out more and was lucky enough to be funded by the HCLU to attend. So it was that I boarded the flight to Birmingham the night before (you learn to leave nothing to chance on an island as it's not unknown to miss events because of flight delays and cancellations) and found myself 2 hours later eating a meal in the Shakespeare pub just round the corner from my hotel!

The following morning, with the help of a hotel street map, I negotiated and navigated my way to the Birmingham and Midland Institute, the venue for the study day. (Remember, I've been 10 years out here where motorways and city centres just don't exist!) That safely done and the usual registration

process completed and literature handed out, the study day began - admittedly later than programmed due to IT problems, but once underway, covered a wide range of different perspectives.

Our first session "Equality and Diversity: issues for health education" by Anne Garvey, Deputy Dean at the Faculty of Health and Social Care at London South Bank University, nicely set the scene by looking at diversity and cultural issues in the broader context of society before moving on to give practical examples in the academic arena at South Bank, illustrated with examples from experiences of South Bank students.

The following 3 sessions after coffee looked specifically at examples of how some libraries had set about providing services to non-traditional users - patients, ambulance staff and support staff (porters, cleaners, maintenance, clerical staff, laboratory assistants, etc). These 3 sessions were thought provoking in that they raised your own awareness of what was possible and how you might implement something similar in your own workplace.

The first session after lunch saw Pauline Blagden, Service Development Librarian at St Mary's Hospital, Portsmouth talk about the



training needs of library staff - don't know whether I am alone here, but I have to admit that this was an area I had never even really thought about. As Pauline herself commented, this can be an overlooked issue and though it's fine to develop services to other staff groups, you need to take/carry your library staff with you on this if you are to be successful. Pauline went on to explain about the training programme she had instituted to raise awareness amongst her library staff about the widening customer base of the library and to establish priorities for their training and development needs.

The remainder of the afternoon was taken up with group work. Four groups had already been identified (Training needs of library staff; Patient information services; Services to support non-traditional NHS staff; Services to support non-traditional health students) and we had been asked to sign up earlier in the day for the group we wished to

join. Suggestions for additional groups had also been welcomed; I had added the private sector/charities and self-help groups to the list, but as no-one else signed up for that category, I opted instead to join the group discussing patient information services. As usual, at the end all groups reported back in a plenary session so we could all gain something from the deliberations of the other groups.

Reflecting on the study day afterwards certainly gave me "food for thought". I was struck by several thoughts; firstly, talking to other librarians emphasised and highlighted some differences between the Isle of

Man and the UK in the development and progress of Library and Information Services - out of those present, we were obviously the only library to be providing a service to the private sector (though we haven't as yet actively publicised and advertised this to the private sector on the island!). Whether this situation is reflected in the broader, national picture, I don't know. Secondly, it also made me realise that though there are some signs over here that budgets are becoming tighter, compared to several librarians at the study day who are facing drastic cutbacks to their budgets, we are still comparatively well off over here.

I came away from the day feeling enthusiastic and full of ideas (surely a testament to a good study day) that I could take back and try to put into practice - so much so that whilst I was whiling away the time waiting for my plane, I made several bullet points notes as to what we could do over on the island arising out of issues that had been discussed. These range from the more mundane reminder to check out the resources mentioned on the basic skills and learning websites mentioned by Helen Outhwaite at York to exploring ways of publicising our service to our new user groups, perhaps through hosting coffee evenings. Another idea was the possibility of producing a standard template for our library promotional material which would contain standard information pertinent to all our users, but with a section whose content would change and be specific and relevant to different user groups.

Well that's the theory, but as usual the actual implementation can be another matter. It's difficult to accommodate these new ideas into what is an already overstretched timetable and avoid them becoming lost in our day-to-day routine. But at least the ideas are there and have now been

included on my PDP for this year, which will at least act as a reminder and hopefully spur me on to do something!

My thanks again to HCLU for sponsoring my place on the study day.

**Christine Sugden**  
Isle of Man



## WEBLOG FOR Royal Blackburn Hospital Library progress

As many of you may probably be aware the East Lancashire NHS Trust Library at the Blackburn Site and the University of Central Lancashire Library on the site are joining in partnership. The ELHT and UCLAN services will merge to create a multi-disciplinary partnership to provide information services and support to all students and health professionals based at the site. The new library will be situated at the Royal Blackburn Hospital (previously known as Queens Park Hospital), the move is scheduled for the week commencing 19th June 2006. Please view our Weblog at [www.qphlibrary.blogspot.com](http://www.qphlibrary.blogspot.com) to keep abreast of the ongoing progress of the development.

**Vanessa Booth**  
UNIVERSITY OF CENTRAL LANCASHIRE



# Everyone Counts: Supporting Diverse Users

## CILIP Health Libraries Group

### Birmingham, 17th March 2006




This event was held at the Birmingham and Midland Institute. A beautiful Victorian brick building, which is situated at the corner of Victoria Square, and an easy walk from New Street station. At times, I was very tempted by the amazing shops along the route. I will be returning for a day of retail therapy, very soon.


I was looking forward to this study day, as I have been chosen to represent our Directorate on Halton Primary Care Trust's Equality and Diversity Group. We have been asked to look at our services, and check any policies, and procedures to ensure they comply with the Equality and Diversity Action Plan. I was expecting to pick up some good ideas and advice, and also to discover what other organisations were doing to ensure equality for their service users.


I found that this event provided me with the answer to some of my questions. The information given in the presentations was thought-provoking and stimulating, leading me to want to rush back and put some of these ideas into practice.

The first presentation, was given by Ann Garvey, Deputy Dean of Health and Social Care, at South Bank University. She gave a fascinating insight into the problems of dealing with students equally, and the conflict between the need to have rules, and avoiding a lack of flexibility, which could lead to indirect discrimination.


She described three kinds of discrimination with examples of each


 Direct discrimination – eg advertising a job excluding either women or men from applying


 Indirect discrimination – eg requiring nurses to wear a uniform. The usual style of female uniform is not acceptable to Muslim women. This was regarded as discrimination, denying them entry to the nursing profession. The solution was the design of a specific uniform that met hygiene and safety standards, and respected Muslim beliefs.

 Institutional discrimination.– eg advertising a job in the workplace informally – this discriminates against those outside the organisation. Makes it hard for them to break into the organisation.

Another problem highlighted, was the retention of students - there is a high drop-out rate. Most nursing students are over the age of 25, and lecturers are still trying to treat them as if they are 18. Students bring baggage with them of previous educational experiences, and have more complicated lives than in the past. Students individual needs should be identified, such as-

 Working to support themselves whilst studying

 Coping with families

 Lack of familiarity with academic language.

If these needs are not catered for, the university could be indirectly discriminating against these students

Students have particular problems when out on placement. Anne stressed the increasing importance of mentoring, in learning values, and developing skills. She stated that sometimes students are paralysed by the demands of their assignments, and do not know how to start. They are afraid to come into the library, and will not approach their personal tutor.

**Vision for Change**  
**'By the year 2010 all staff working in the NHS will have access to high quality learning opportunities to develop their skills, capabilities and competencies in order to play their full part in creating a patient-led health service and to develop personally'**  
Bob Fryer. Everyone Counts 2005

**Librarians Solutions**  
This was a look at work in progress amongst health librarians who are offering new services to new user groups.

Liz Fairclough started off, by telling us about her work in developing the Knowledge and Information Centre at Guy's and St. Thomas' NHS Foundation Trust. This centre was developed from the basis of a previous staff library, and provides a service for patients and all Trust staff. The Centre has a relaxed and ambient atmosphere. It is a space to read and relax.

Free access to the Internet is provided, and promotional events, with invited celebrities are held regularly. This includes library open days. Information is provided to patients and relatives, and there is an information prescription arrangement between doctors, patients, and the library. The Doctor fills in a form with details of reading for patients, to help them understand their condition, and the library 'fills' the information prescription. The library provides a good range of NHS recruitment and careers information for staff, including e-job descriptions, and electronic staff records, for staff to update their own records online.

There is collaboration with the local public library service, and the Peoples Network is supporting Choose and Book. The service is embedded in as many departments as possible, and encourages self-development. There is a practice of shadowing Trust staff to identify their information needs. This service is the only one of its kind in this country at the moment. Liz stated, 'by supporting staff – we are supporting patients'

The next presentation was by Marie Carter, Health Sciences Librarian for Shropshire, describing the library service she provides to ambulance staff. This is a collaborative service between the West Midlands Health Libraries Network, and West Midlands Ambulance Service.

Initially a working group was formed, with members from both organisations, and the four main aspects of work needed were identified.

**1. Access to Electronic Resources**  
It was found that the Ambulance staff had no knowledge of electronic resources, and needed to develop information skills. This was concentrated on as the first priority.

An intranet was developed for them. When electronic resources were demonstrated to them, ambulance staff were amazed at Athens resources, particularly the availability of full text journals.

A website called the SASHA library was developed bringing together all library resources.

Two clinical librarians helped to produce a leaflet for Ambulance staff, including details of services and how to access them using an Athens password.

**2. Clinical Questions**  
A list of questions was developed and researched by clinical librarians. This was a learning curve. It was found that the questions asked by ambulance staff had a technical bias. When the librarians came back with the information, the ambulance staff were amazed that it could be done. A general list of questions was developed, for which the librarians found answers and the results were posted on the intranet.

**3. Information skills training**  
This was a problem. Not all the staff could be trained, due to work patterns and geographical spread.

It was decided to train the Ambulance Tutors, and for them to cascade the training.

The Tutors were given a home library, with a link librarian/coach, who could advise and support them. Some tutors trained within the library.

A power point presentation was produced by the libraries, for tutors to use in their training sessions.



**4. Publicity**  
How do you get this across to all the Ambulance staff in the UK? An article was written for the main Ambulance Journal, and this was endorsed by UK Ambulance leads, to show their support.

Helen Outhwaite, Librarian at York Hospital, then gave a presentation on her project, 'Learning Support Needs of UK NHS Support Staff'. Funding was obtained through a successful bid to the Workforce Development Confederation in August 2003, for a 9-month project to look at the learning needs of support staff within the organisation, with particular emphasis on library resources. Some support staff roles do not require a professional qualification.


A Project officer was appointed, a literature review was undertaken, and Focus Groups were consulted. There were 9 sessions, each lasting 2 hours. 107 support staff attended. These sessions included one to one interviews, and an essential skills test. Focus groups were asked if they thought work-based learning would be useful, and asked where they would go for information on anything. The Public Library came out with the highest score, as an information source.


There were some interesting findings, some showing lack of awareness, of the hospital library – 42% thought that the library was for nurses, doctors and professional staff only.


There were no appropriate resources for support staff in the library.


The library environment presented a barrier. The lack of protected time, and the lack of access to computers were major issues, also lack of access to the Trust network. Less than 3% knew that there was a library website.


The implementation of these findings resulted in the following:

 Extra books have been bought for support staff


 Discussions are taking place with the public library regarding holding a collection of NVQ books


 There is now a careers section in the library


 Publicity has taken place – materials produced, and library open days held


 A library champions scheme has been developed


Helen listed the issues to consider when providing a service to support staff-


 Huge potential group of users

 Some resources are free eg the BBC website. NHS careers.

 Work with the training department


 Engaging support staff is difficult, there is a high turnover of staff


 Promotion and networking is essential


 Awareness training for library staff


The final presentation by Pauline Blagden was on 'Training needs of library staff within the context of Widening Participation'


The objectives of this project were:

 To raise awareness amongst library and knowledge management staff of the Widening Participation Agenda

 To establish priorities for role development, enhancement and skills needs


 To establish the need for training and development to support enhanced roles, and a programme for training to address the needs


 To plan and deliver the training


 To ensure that the library resources can support early access to the skills escalator for all staff


This project covered 3 strategic Health Authority areas in the South East. Workshops were held and development needs were identified. Two strands emerged, signposting, communication skills, and marketing library services, for frontline staff; and action learning for library managers.


Staff worked on their own projects. Service and organisational benefits that resulted were;

 Development of a more user-focussed service

 Collaborative and partnership working

 Improved accessibility

 Improved quality

 Attracting non-traditional users.

Due to the time limits of the project there is still the need for awareness raising, and skills development. Both strands highlighted the need for libraries to work closely with other departments, network, and contribute to achieving organisational goals. The skills developed improve the service to all users.

### So how was it for me?

This was an extremely useful study day for me to attend. At times I found it inspirational. It was good to hear about all the work that is going on, to encourage wider use of the library by non-traditional users.

The problems of discrimination gave me a lot to think about. I brought back plenty of ideas to consider for service improvement and enhanced provision. It convinced me of the value of library outreach services, particularly in supporting students on placement. Thanks to all the speakers who gave their time, they have really helped my professional vision.

### List of documents and web addresses

Ambulance UK 2005 vol20 (4) pp 290-291

Department of Health (DH). Taking healthcare to the patient: transforming NHS ambulance services. June 2005

Department of Health (DH) Widening Participation in Learning Strategy Unit, briefing Note 1, November 2005 widening participation in Learning in the NHS Developing a strategy- Everyone Counts

Health Information and Libraries Journal, December 2005. Learning Support needs of UK NHS Support Staff  
<http://www.blackwell-synergy.com/loi/hir>

BBC – <http://www.bbc.co.uk/learning/subjects/basicskills.shtml>

NHS Careers – <http://www.nhscareers.nhs.uk>

[www.library.nhs.uk.sasha](http://www.library.nhs.uk.sasha)

<http://www.dh.gov.uk/assetroot/04/11/4>

### Hilda Faragher

Knowledge Management  
Co-ordinator  
Halton and Warrington  
Primary Care Trusts

# LOST IN SPACE? Clinical Librarians' Study Day, 24th March 2006

**This year's Clinical Librarians' study was well-attended by over eighty people. And it was excellent that thirteen of these were from the North West, showing our success in developing these services in the region.**

Despite the early rise to reach Leicester by 9.30, the whole day was extremely valuable and engaging. Apart from the enormous rockets (the event was held at the National Space Centre, hence the name) the main attraction was the presence of four Clinical Librarians from the Eskind Biomedical Library, at Vanderbilt University in Nashville, Tennessee. They started off the day with a description of the Clinical Medical Librarianship service at their hospital, including each of their roles within the team. The main theme of the presentation was the importance of supporting our peers within the Library. Through a well established programme of formal training and competence development, which encompasses the Eskind Library and other medical librarians within the region, the level of peer support within the team is high. This takes place in an environment which encourages continuous learning, including attending lectures within the University medical and nursing schools to develop clinical knowledge, and regular meetings and discussions to improve searching and appraisal skills. Many of the aspects of the Biomedical Library have been explained in a number of published articles.

Whilst the Library team at Vanderbilt is much larger than any single NHS Trust library, the LIHNN Clinical

Librarianship Group can certainly borrow some ideas to encourage the sharing of both library skills and clinical knowledge amongst the librarians of the North West.

Following this introductory talk, the rest of the day was dedicated to approaching some clinical questions ourselves. In groups of two or three, we tackled questions from start to finish: designing search strategies, running the search in different resources, picking out the best evidence, and producing a short digest of the clinical bottom line. This was a very helpful task as we got the chance to see and discuss different individuals' approaches to questions: do they use the PICO formula; how do they discover synonyms and MeSH terms; what resources do they use; how do they limit a search; am I missing anything important, for example?

Once we had found some evidence to answer a question, we then went on to look in more detail at appraising research. This is one aspect of information searching that I have not yet had much experience with, so an introduction to the tools produced by the Critical Appraisal Skills Programme (CASP) was welcome. The tool for making sense of a randomised controlled trials makes you consider both the quality of the trial (eg. was the trial randomised appropriately) and of its reporting (eg. does it describe what happened to all the participants). The tool prompts the reader to think about potential sources of bias in the trial, and thus to reach a conclusion as to the reliability and usefulness of the paper itself. When offering to provide reliable information to support clinical decision making,

being able to judge material in this way is crucial: not all trials are equal.

Overall the study day was very interesting, and introduced the participants to lots of new ideas and views which we can take back to our Trusts. It also proved that there are plenty of other clinical librarians out there who could come to our rescue, should we become lost in space. Encouraging peer support is something that is applicable not only the Clinical Librarianship Group, but to all the medical librarians in the North West.

My thanks go to the team at Leicester University Hospitals for organising the day, and to LIHNN for sponsoring my place.

### James Allen

Lancashire Teaching Hospitals NHS Foundation Trust

The presentation is available online via the Clinical Librarian pages of the UHL Libraries website:  
<http://www.uhl-library.nhs.uk/home.html>

GUISE, N.B., et al., 1997. Preparing librarians to meet the challenges of today's health care environment. Journal of the American medical informatics association [online] 4 (1) pp.57-67  
<[www.pubmedcentral.gov](http://www.pubmedcentral.gov)>

GUISE, N.B., et al., 1998. Clinical medical librarianship: the Vanderbilt experience. Bulletin of the medical library association [online] 86 (3) pp.412-416  
<[www.pubmedcentral.gov](http://www.pubmedcentral.gov)>

The CASP tools are available online:  
[http://www.phru.nhs.uk/casp/critical\\_appraisal\\_tools.htm](http://www.phru.nhs.uk/casp/critical_appraisal_tools.htm)





# Lessons from LILAC (Librarians' Information Literacy Annual Conference) 2006

On Tuesday 28 March I was sponsored by LIHNN to attend the second LILAC conference as a day delegate. Below are some of the main discussion threads from the two keynote lectures and six parallel sessions of the day.



## Keynote lecture: Professor Peter Brophy, Director of CERLIM, MMU 'Informatics literacies: perspectives from research'

- ICT developments dominate everything sphere of life. Information Literacy (IL) has shadowed these developments. For example, the use of seamless searching through meta search engines (which hide the complexities from the end user) may make IL harder to achieve as end users are 'spoon fed' information which may or may not meet their true needs.
- We should not be too prescriptive when talking about IL. This is one of many 'literacies' currently being pursued and needs to argue for its place alongside others.
- In terms of libraries, our literacy agenda should have less emphasis on information and more on literacy – the promotion of reading should be a starting point. Information is a means to an end. Literacy is to do with learning. Libraries should concentrate on how to contribute to learning and, via this, to IL.
- Learning is the acquisition of more than skills, it is also about the acquisition of values and attitudes and leads to behavioral changes. It is an active process in which we contribute our own understanding to new contexts ('situated cognition') hence IL is better when embedded in the curriculum rather than taught separately
- The challenge for librarians is to work in partnership with academic colleagues rather than trying to be the sole deliverers of IL. Librarians need to accept that others are the experts in pedagogy. Academic disciplines are more than their content; they are an 'historically changing set of distinctive social practices' To ensure learners' engagement, librarians need to immerse themselves in the relevant language and mores of these distinctive groups in order to embed (and thus support) IL.



## Keynote lecture: Jonathan Douglas, Head of Access MLA

Jonathan discussed the Alexandria Proclamation on Information Literacy and Lifelong Learning

<http://www.ifla.org/III/wsis/WSIS-report27-01-2006.html> and summarized the main points:

- 'Information for All' leads to 'IL for All'
- IL is necessary for social inclusion
- IL and lifelong learning are essentially the same

- IL is a learning rather than a teaching issue
- IL is more than a library or an education issue as it is critical to economic development, health, citizenship and the quality of life
- IL is part of the continuum of literacies including oracy
- IL is context specific to particular cultures and societies (he cited the example of former communist countries where IL would have been seen as a threat)

He suggested that

- no one sector can deliver IL on its own – this really needs to be a cross sectoral issue
- IL and learning interact and produce lifelong activity which create skills, habits, dynamic and cultures; both form part of a continuum which is strongest when IL and the disposition to learn collide



## Parallel session 1: Cathie Jackson / Rebecca Mogg: The IL resource bank: repurposing the wheel

The presentation centred on a project at Cardiff University to develop a resource bank of learning resources which concentrated on teaching students about citation and plagiarism. These resources were all bite sized, had generic learning objects which could be reused in other contexts (the correct phrase is 'repurposed') and which were interactive and interesting. They achieved the latter by incorporating onscreen demos using videos and flash animation, diagrams, images, screen shots and interactive activities such as quizzes. The resources could be used as standalone tutorials or could be integrated into other learning materials and repackaged in a variety of ways. The speakers cited a flow chart of a 'How to reference' guide which was reproduced in poster / leaflet format to aid 'visual learners'. Visit the resource bank at: <http://ilrb.cardiff.ac.uk>.



## Parallel session 2: Fabrizia Bevilacqua and Monica Vezzosi: Embedding IL activities into subject learning

The speakers focused on a project at the University of Parma and discussed the methodology employed. The effectiveness of IL training was investigated by following three different models: standalone courses delivered to multidisciplinary groups; courses delivered to homogenous groups as add on sessions but focusing specifically on research tools connected to the subject area and courses which were fully embedded into the subject areas. Although the project has not yet been fully evaluated the initial

discussions centred around the fact that embedding IL within subject areas seemed to prove more effective in fostering commitment and interest.



## Parallel session 3: Sharon Hadley, NLH and Kim Hacker, North Bristol NHS Trust: Embedding IL into staff development at an acute NHS trust.

Sharon and Kim talked us through the introduction of a basic study skills course that had been developed at North Bristol. This was delivered in two stages; Stage 1 was aimed at National Certificate level 2 (literacy skills) which included basic grammar, use of tense, punctuation, spelling etc.; Stage 2 expanded on these skills and included practical exercises to develop search strategies and referencing. Both Sharon and Kim discussed the need to link these with the NHS KSFs.



## Parallel session 4: Rebecca Jones, De Montfort University: Don't go back to the drawing board – share our experience with BlackBoard.

This session discussed how De Montfort had moved from a traditional 'library skills' training programme – delivered face-to-face with paper-based assessments – to an online programme (supported by brief face-to-face introductions from library staff) delivered through BlackBoard, the university's Virtual Learning Environment (VLE). Evaluation showed that this was well received (the library had won a Vice-Chancellor Curriculum Development and Innovation Award) and the student feedback was very positive. Academic staff, too, reported better citation practice by students.



## Parallel session 5: Anne Worden, University of Portsmouth: Measuring the impact of information skills sessions, pre- and post-testing student competence

Students at the University of Portsmouth are tested on: relevant databases and their content, efficient search strategies, evaluating websites from an academic perspective, referencing journals and the Internet and locating and accessing dissertation-focused information via COPAC, ILLs and past dissertations. Tests are conducted before and following tuition by library staff. Anne showed examples of the tests and graphs which demonstrated that her teaching was having an impact.



## Parallel session 6: Emma Place, Institute for Learning & Research Technology and Margaret Kendall, Manchester Metropolitan University: Return of the Internet Detective

Internet search skills are increasingly important in terms of QAA benchmark statements and university staff are obliged to teach these skills. Internet Detective was originally developed in 1998 but was withdrawn last year because it needed updating and project funding (from the EU) had come to an end. Following public demand, this e-learning tool has recently been revamped and will go live again on June 13. Freely available, via the RDN Virtual Training Suite, it supports university students in the development of internet search skills and helps them to protect themselves from internet hoaxes, scams, fraud, urban myths and also to avoid problems with copyright and plagiarism. The new version contains more graphics and looks easy and intuitive to use. There will be two versions – a ready to go web version for independent self-paced use and a downloadable version which can be incorporated into VLEs such as BlackBoard.

## Overall message: Information Literacy needs to be embedded within the subject area to be effective

The conference papers will be posted to CILIP's CSG pages: <http://www.cilip.org.uk/specialinterestgroups/bysubject/informationliteracy/lilac/lilac2006>

## Overall impressions

Leeds was an impressive venue, although with too many steps for someone like me with a (temporary) back problem coupled with a (permanent) 'lift' phobia. The conference was well organized – speakers kept to time and most provided handouts, everything was well sign-posted and there was plenty of food and drink. Freebies included a small box of Yorkshire teabags and a yo-yo (not sure of the relevance of either but better than a poke in the eye with a sharp stick as my other half is fond of saying). Although most participants were from the academic world, the topic of information literacy is clearly just as relevant to us. If you have the opportunity to attend the next LILAC conference I would highly recommend it. Many thanks to LIHNN for giving me the opportunity to go this time.

## Chris Thornton

Trust Library Services Manager,  
Central Manchester & Manchester  
Children's University Hospitals NHS Trust

# Do Once and Share – Sharing the experiences of a librarian perspective

**In November 2005 the Library and Information Resource Centre (LIRC) at University Hospital Aintree was approached by Dr Andrew Nicolson, Consultant Neurologist at The Walton Centre for Neurology and Neurosurgery to collaborate on a new national project – Do Once and Share (DoaS) in Epilepsy.**

## Background to Do Once and Share

The Do Once and Share Project is part of the National Programme for Information Technology (NPfIT) which aims to enhance the knowledge base of up-to-date research and treatments available to patients and health professionals. In particular, DOaS aims to encourage clinicians and other healthcare professionals with an interest in a particular condition to share their knowledge, skills and experiences in an attempt to reduce unknowing duplication and create national consistency. (Ref Terms of Reference)

The focus of this project was to develop a care pathway that would challenge and develop current best practice guidelines on the delivery of adult epileptic services (using the NICE guidelines as a basis). The aim was to produce guidance that was generic enough to be nationally accepted, with an implementation guide that would allow local adoption and adaptation. Both myself and Rachel Bury, Library Manager, were invited to join the Epilepsy Core Action Team meeting weekly to maintain the focus and direction of the project deliverables.

## Support

### ■ Providing the evidence base for the care pathway and implementation guide

The main focus of our work was in undertaking a scoping literature review on the diagnosis of epilepsy in adults.

### ■ Identifying communities of interest

Due to the tight time scale required by the project it was essential that all interested parties were informed of the project to allow time for national engagement. The initial priority therefore was to identify all communities of interest involving both patient and clinical involvement. This included all UK epilepsy organisations, other organisations with an interest in epilepsy (eg, The Royal College of General Practitioners, Pharmacists, etc) and all Adult Epilepsy Clinics.

### ■ Identifying guidelines, pathways and protocols in similar areas

As the title of the project suggests, to avoid duplication of effort similar work already undertaken was also identified. While the identification of national guidelines was made easier with the NeLH Guidelines Finder, local protocols and care pathways were more difficult to identify as very few had been added to the NeLH Protocols and Care Pathways Knowledge Service. As well as targeting the communities of interest identified further feedback was achieved by requesting feedback on a number of UK Care Pathway discussion lists.

### ■ Feedback

As part of the Core Action Team we were asked to provide feedback on all documentation produced. This ranged from simply checking references to providing constructive comments on the content and layout of the documentation.

### ■ Literature Review

For the final report I was asked to assist in writing the background to the project in particular, outlining the DOaS initiative and the reasons why a collaborate approach on the diagnosis of epilepsy in adults was required.

### ■ Promotion

My promotional skills were also called into use with the design and production of a flyer to promote the project to all epilepsy clinics and

national organisations (I knew my GCSE art would come in useful one day!)

### ■ Event Organising

Due to sickness we were also asked to assist with the administration support for the Extended Action Team Meetings and National Stakeholder Events, producing information packs for delegates and assisting with the registration and evaluation process.

## Challenges

### ■ Focusing the Question

After initially receiving a request for a literature review on the rather broad issue of the 'diagnosis of epilepsy in adults', we challenged the clinical lead through effective questioning to focus on the particular aspects of the evidence he required. Breaking up the request into seven areas (e.g. the value of witness counts in the diagnosis of epilepsy, value of electroencephalography in the diagnosis of epilepsy, etc) allowed use to have more control over the vast amounts of literature in this area.

### ■ Quantifying Epilepsy Services

The request to identify all adult epilepsy clinics we expected would be one of the most challenging requests received. However, after contacting several of the epilepsy organisations, one of them maintained an up-to-date list of all adult and child epilepsy clinics and very kindly sent us a copy.

### ■ National engagement and consultation with Epilepsy Specialists

As well as identifying communities of interest I was also asked to participate in the discussion groups at the Extended Action Team Meetings and National Stakeholder Events. This allowed us to get a more informed view on the information needs of both clinicians and patient representatives for the care pathway.

### ■ Tight time schedule

The project was run within a very tight schedule (the production of the Care Pathway, implementation guide and feedback on IT

requirements all had to be produced within a 6 month time frame running between October 2005 and March 2006) requiring good time management skills in terms of feeding back to the information requests of the clinical lead.

## Benefits Institutional

### ■ Increased awareness of Resources

The project helped to raise awareness of the LIRC and NHS information resources at a local and national level. The events also provided an ideal opportunity to promote the National Library of Health (NLH) with the distribution of NLH pens and clipboards to all attendees.

### ■ Clinical Information Service

At a local level, the project introduced trust staff involved in the project to the range of services provided by the Clinical Information Specialist at Aintree LIRC.

### ■ Funding

Funding was made available for the Library support to cover staff costs, travel and printing/photocopying.

## Personal

### ■ Increased knowledge of condition of interest

Having undertaken an extensive literature search on epilepsy this project served not only to increase my knowledge of the clinical terminology, but also, it was interesting to note the difficulties surrounding the diagnosis of epilepsy, the effect a misdiagnosis can have in terms of psychological and socio-economic well-being of patients and the importance of patient involvement in national projects such as these.

### ■ Better understanding of different information needs

Collaborating with both clinicians and patient representatives provided a more rounded view of the information needs of everyone involved with the delivery of epilepsy care. The clinicians input was very much on the basis of what the patient should know, whereas the patient representatives input focused more on what the patients wanted to know, with some heated discussions particularly around the level of information provision on Sudden Unexpected Death in Epilepsy (SUDEP).

### ■ New experiences

Providing support beyond the literature search/reference checking and collaborating on the writing of the final report and actively taking part in discussion groups with experts in the field of epilepsy.

### ■ CPD

And finally, my involvement in this project will provide a valuable piece of evidence for my Chartership portfolio.

Overall, while we some of the requests we received were ones we would expect to have been asked for (e.g. literature search, requests for articles) other requests required a greater involvement than expected (e.g. contributing to discussion groups, contributing sections to the literature review).

Although it remains to be seen how this work will be taken forward and implemented at a national level, the DOaS Project Manager Suzy Ning, Cheshire and Merseyside Strategic Health Authority recognised the value of involving librarians on the Core Action Teams.

This has been an excellent example of how true knowledge managers can have a positive impact on the successful delivery of projects

Leading to recommendations that,

It is VITAL that the library services are engaged from the very start with the inclusion of one librarian on the Core Action Team being essential to ensure the success of the project

The above provides an overview of Aintree LIRC's involvement in one of the DOaS projects. Other librarians involved in similar projects across the region and country may well have had different experiences to ours. In sharing these experiences we hope we have shed light on DOaS and potentially what to expect if approached to participate in a similar project or what to offer in terms of support if seeking out such projects.

Further information on Do Once and Share can be found at:

<http://www.informatics.nhs.uk/doas/index.html>

### Michelle Jenkins

Clinical Information Specialist,  
Aintree Library and Information Resource Centre

# Changes to the Editorial



Hannah Gray has been a stalwart of the Board for some time but has now decided to step down, due to work commitments. A big thank you is due to Hannah for her support and contributions to "Lihnnk Up". That leaves Rachel, Kieran and myself soldiering on, but we are now joined by Steve Glover, Christie Hospital, Vicky Sergeant, Cheshire and Wirral Partnership NHS Trust, and Mike Hargreaves, Uclan. Karen Jackman, and I daresay from time to time, Emma Bailey will be representing Health Care Libraries Unit while Suzanne is away.

### Kathy Turtle



# Mr Ribeiro makes the first cut: opening Stepping Hill Hospital's new e-learning suite

March 1st 2006 was a red letter day on 2 accounts at Stepping Hill Hospital. Not only was it St David's Day for which a mini Eisteddfod was held in the Library Office by two very occasional speakers of the Welsh language but more importantly because of the opening of the new E-Learning Suite.



Cutting the Ribbon, Left - Right: Ms Linda Espey (training), Mrs Robina Shah (Chairman of Governors), Dr Chris Burke (Chief Executive), Ms Sharan Arkwright (Training) Mr Bernard Ribeiro, Mrs Mary Hill (Library), Mr Simon Thomson (Manchester SHA)



as an e-learning facility was born. By working together we now have a functional drop-in / training

The E-learning suite was conceived some 9 months earlier. Manchester University were trialling an e-learning module with students at Stepping Hill hospital. Some students choose to work in the library on their module. At times this resulted in a lack of computers and frustrated students. About this time a university office in the Education Centre became vacant and so a partnership between the University, Health Library, IT and Training Departments to develop this room

suite for 11 - 13 users - a facility which no individual group would have produced on its own.

The grand opening took place on March 1st 2006 when we were honoured to have Mr Bernard Ribeiro, the President of the Royal College of Surgeons to cut the ribbon. He spoke of the importance to all medical staff of life long learning and the essential need to keep up to date. He is a strong believer in the role

that computers will play in this. The occasion also gave the chance for the Chief Executive, Medical Director and Chairman of the Board of Governors to test drive some of the pilot e-learning packages under the guidance of the Manchester SHA lead on E-learning.

**Mary Hill**  
Stockport NHS FoundationTrust

## A report of Literature Searching across LIHNN 2004-2005: and a league table!

Steve Glover  
Christie Hospital NHS Trust

\*with contributions from Kieran Lamb, Fade & John Coulshed, Bolton, Salford & Trafford Mental Health Trust.

### Background

There are many arguments for and against librarians carrying out literature searching on behalf of users. One school of thought argues that librarians should train users so that they can do their own searching; however, studies have shown that users rarely retain a high level of proficiency following training. Healthcare workers - doctors, nurses, managers, and students - have their own jobs to do and may only need to consult the evidence on an occasional basis. This evidence is primarily in databases such as Cochrane, Medline, Embase, PubMed, CINAHL, DH Data, Kings Fund, BNI and the list goes on. Many of these databases have different search interfaces and providers which can and do change over relatively short spaces of time. It is not so long ago that ADITUS provided Medline access via OVID and Silverplatter; and Cochrane has recently changed from Update Software to John Wiley & Sons. Even without these complications the workforce is too large to train and keep updated with the new interfaces.

There is however a growing movement back to librarians carrying out searches for users. Librarians are better trained in information retrieval skills. It is more cost effective for a librarian to search the evidence base than it is a consultant. The odds are that the consultant will do a quick search on PubMed or Medline rather than carry out a controlled vocabulary search across each relevant database. Over recent years services across LIHNN have been hiring more Clinical Librarians and fewer trainers. Libraries like the FADE library at Liverpool PCT have

a long established practice of providing a literature searching service and this is firmly embedded within the Liverpool PCT and former Cheshire & Mersey SHA community. The National Library for Health (NLH) also recognises the growing importance of the professional librarian providing "clinical" and mediated information retrieval services. This was reflected by its prominence in the consultation document for the National Service Framework.

### Methodology and Results

The number of mediated literature searches provided by a library service is reported in section 10.1 of the LKDN regional statistics return completed by all library services in the North West. These returns finally make their way via HCLU and LKDN to the Library and Information Statistics Unit (LISU). For the purpose of this report the latest statistics available for scrutiny

were from the 1st April 2004 - 31st March 2005 period. The explanatory notes accompanying the return define a mediated search in section 10.1 as:

"Count all literature searches undertaken by library staff for users. This includes occasions when the requestor is sitting beside the librarian or when a user starts the search, but then requests help with their search, i.e. unless you are actively training them, it counts as a search"

In the results table I have counted the Pennine Acute services separately as each site submitted their own return. Most of the multi-site Trusts submitted a single return so I have duplicated the Pennine Acute figures for comparison. Some library services reported "NK" for section 10.1. These services are not listed in the table.

	Name of Service	No.Searches		Name of Service	No.Searches
1	FADE, Central Liverpool PCT	8439	21	East Lancashire Hospitals NHS Trust	90
2	Bolton, Salford & Trafford MH NHS Trust	1001	22	Wirral Hospitals NHS Trust	87
3	Mersey Neurological Trust	800	23	Cheshire West PCT	78
4	Christie Hospital	744	24	Blackpool, Fylde & Wyre Hospitals NHS Trust	61
5	Pennine Acute Hospitals	699	25	Whiston Hospital	60
6	Wythenshawe Hospital	532	=26	Salford PCT	55
7	ARC Unit	520	=26	Lancashire Care NHS Trust	55
8	National Prescribing Centre	500	28	Oldham, Tameside & Glossop PCT	53
9	Mersey Care NHS Trust	411	29	Rochdale Infirmary	52
10	Hope Hospital	387	30	Countess of Chester	51
11	Stockport Hospitals NHS Trust	386	=31	NPCRDC	50
12	Morecambe Bay Hospitals NHS Trust	373	=31	5 Boroughs Partnership NHS Trust	50
13	Royal Bolton Hospital	293	=31	St Helens & Knowsley PCT	50
14	Lancashire Teaching Hospitals NHS Trust	279	34	Liverpool Women's Foundation Trust	48
15	North Manchester General Hospital	268	=35	Central Manchester & Manchester Children's	47
16	Southport & Ormskirk Hospitals NHS Trust	260	=35	East Lancashire PCT	47
17	Fairfield General Hospital	234	37	Wrightington, Wigan, & Leigh NHS Trust	32
18	North Cumbria Acute Hospitals NHS Trust	185	38	Trafford General Hospital	30
19	Royal Oldham Hospital	145	39	Manchester NHS Informatics Service	25
20	Calderstones NHS Trust	98	40	Macclesfield General Hospital	15

League Table





Fade staff busy literature searching under the watchful eye of Mr Lamb

### FADE Library Service, Central Liverpool PCT

The FADE library supports Central, North, and South Liverpool PCTs and the Cheshire & Mersey Strategic Health Authority. It promotes and markets its service through library inductions and the website. Kieran Lamb reported that a lot of the promotion of the literature searching service is generated by word of mouth from people within the organisation. When asked which databases most of the searches were carried out in, Kieran replied that it was the Core Content databases of Medline, Embase, King's Fund and DH Data. FADE has also picked up a lot of management type literature searches from the old health authority library.

The library promotes mediated searching because the searches can be run across different databases. There by increasing the relevancy of the results and utilising the specialised vocabularies and taxonomies that makes the likes of Medline and Embase so powerful.

Within the FADE there is an unofficial league table of who carries out the most searches. Kieran, Sally and Tracy fight-it-out for top spot but the LKDN return does not ask for a list of winners so you'll have to ask them who won in 2004/05.

### Bolton, Salford & Trafford Mental Health NHS Trust (BSTMHT)

John Coulshed who runs the library service at BSTMHT also broke the 1000 searches barrier. I asked John about how the library promotes

literature searching to its users and which databases were commonly used.

"The staff at Bolton Salford and Trafford Mental Health Trust who use the literature search service are mostly psychologists and nurses, though a number of the doctors also use the service. Nursing students and people on courses such as the trainee assistant practitioners, advanced practitioners, the human resources students, and cognitive behaviour therapy students ask for literature searches as well. Unlike most of the doctors, nurses and psychologists, most of the students require mediated searches. Most of the people requesting literature searches then require the library service to find copies of the references that they require. The most frequently used databases are PsychInfo and CINAHL. The service is advertised in the Trust newspapers, on posters and library information leaflets. Staff are told of what library services are available to them at induction. Library staff liaise with course tutors and managers to ensure that students are given an introduction to the library service at the start of their time in the Trust."

### Christie Hospital NHS Trust

Current Awareness Services (CAS), Clinical Librarian, and mediated searches are an integral part of the services offered to all staff. Anne Webb coordinates the scientific and medical searches and Janet Oliver manages the searches for nursing. Some searches come in over the counter and some are run by library staff on a monthly basis. In the 2004/05 reporting period the

breakdown of searches at Christie Hospital was as follows; PubMed 282, ISI Web of Science 240, and Dialog Databases 222. The clinical literature searching service is aggressively marketed via the Intranet website, posters, inductions, and targeted internal mail shots. When the library receives an over the counter search request, users are questioned to ascertain whether the search is for clinical practice, education, or personal development and whether they would like to have the search re-run at regular intervals to keep them up-to-date.

### The final thought

Finally, in today's NHS financial climate library services may well have to cost out their value as Trusts struggle to achieve financial balance and library services come under the gaze of management accountants. In 2004/05 LIHNN libraries reported 16,891 literature searches on behalf of their users. The average consultant is paid £70,000 per annum, just for arguments sake if a mediated literature search averaged 30 minutes and those 16,891 searches had been for consultants then libraries would have saved £370,247.29 of the consultants time. If we can cost out the savings made to the organisation by librarians providing the best evidence to our colleagues in a more efficient way than them doing it themselves, then a literature searching service must be an asset on our side when the questions are inevitably asked.

# HIGHLIGHTS

## from the initial Agenda for Change results survey

All English SHAs were asked to collate the Agenda for Change (AfC) results for library staff in their local networks using a centrally produced form that anonymised all the information. Only the local SHA library lead would have the original data that could identify individuals and their posts. Wales also took part in the survey.

70% of the post had been matched at the time of the survey.

Of the English posts that had been matched, 20% of post-holders had asked for a review.

The intention of the survey was to gather a snapshot in time and produce some "quick and dirty" results so we could see if there were any discernible patterns or major outliers in the results. The highlights are as follows:

Returns were received from 78.6% of the SHAs (i.e. 22 out of 28), plus Wales.

Grade (or equivalent)	Band after AfC showing % of posts by grade							Local terms
	2	3	4	5	6	7	8	
Before AfC	69	29	-	2	-	-	-	-
A&C2	-	100	-	-	-	-	-	-
A&C2/3	12	71	17	-	-	-	-	-
A&C3	-	67	33	-	-	-	-	-
A&C3/4	2	6	69	21	2	-	-	-
A&C4	-	2	78	19	1	-	-	-
A&C5	-	-	-	6	65	29	-	-
A&C6	-	-	-	-	16	79	5	-
A&C7	-	-	-	-	-	-	100	-
A&C8	50	-	25	25	-	-	-	-
New Post	-	-	1	8	34	39	16	1
Senior Manager	-	21	8	8	17	38	8	-
Trust	-	-	100	-	-	-	-	-
Univ. Clerical	-	-	-	50	-	50	-	-
Univ. Library	-	-	-	-	-	-	-	-

### What next?

We intend to carry out another survey in November 2006 when it is anticipated that 100% of posts will have been matched and that all appeals or requests for reviews should have been completed.

### Linda Ferguson

NW Health Care Libraries Unit  
E-mail: [LindaFerguson.NHS@nwda.co.uk](mailto:LindaFerguson.NHS@nwda.co.uk)

The results based on the percentage of posts originally graded at the A&C or other grade:

So as an example from the table above: 69% of A&C2 graded posts were matched to a Band 2, 29% to a Band 3 and 2% to a Band 5.

# Spotlight on New Starters



I have no previous experience of library work but it is a welcome change to my earlier post as receptionist in A&E at MRI in Manchester. There it was dealing with machete-wielding triads and gun-toting gangsters looking to finish off wounded enemies. Time to move on, I thought!

I am currently adding the health promotion resources onto the main catalogue as well as helping on the library user survey. I am looking forward to involvement in marketing the library and am learning a lot.

### Tracy McKay

Knowledge Services Assistant  
Ashton, Leigh and Wigan PCT  
Chandler House  
Poolstock Lane  
Wigan  
WN3 5HL  
Tel: 01942 481569  
[tracy.mckay@alwpct.nhs.uk](mailto:tracy.mckay@alwpct.nhs.uk)