

LIHNNK UP

by Health Libraries, For Health Libraries **ISSUE 23 AUTUMN 2006**

Like a mountain...

So, here we are already in autumn. This time of year is always a busy one for those of us working in HE. All the old students return with all their old problems, and a whole host of new ones arrive and develop problems all of their own in what seems to be a remarkably short time.

Meanwhile, the University cranks into gear: diaries fill with meetings, the telephone starts to ring and the trickle of e-mail swells to an autumn flood. In no time at all we find ourselves facing a mountain of work.

Not the best time of year then to volunteer to write the editorial for LIHNNK-UP, and I've been asking myself the increasingly familiar question: "What on earth did you say you'd do that for Hargreaves?" Contemplating my over-flowing in-tray didn't fill me with enthusiasm for the task in hand, but I'm happy to say that the experience has been an encouraging one, if only because it demonstrated that everyone else is just as snowed under as me! There's clearly a lot going on out there in LIHNN land, and this edition of the newsletter documents a great variety of activity.

Eileen Hume, Lisa Anderson and **Francis Dowse** follow up their taster article in the summer edition with a comprehensive account of their attendance at the HLG conference in Eastbourne. **Michelle Maden** from Aintree also attended the conference as the HCLU-sponsored delegate, and it's interesting to compare her experience with that of the other contributors, although she's run the risk here of incurring the wrath of septuagenarians and crown-green bowlers! Fearsome foes if ever there were any...

Michelle makes a second contribution to this edition, describing her experiences developing information skills training sessions, and I'm pleased to report that she's played it safe with this piece. With sessions to support KSF, evidence-based practice and CPD, Michelle's experience here is likely to strike a chord with many readers.

Certainly **Jenny Brine's** experiences preparing for a new course at Lancaster will be familiar to many of us working in HE. It's interesting to see Jenny's comments regarding HE and NHS Athens passwords, and I'm sure that her sentiments will be wholeheartedly endorsed by everyone who comes into contact with that issue. Roll on single sign-on!

Meanwhile, with all this hard work going on around them, **Kathy Turtle** and the staff from Lancashire Teaching Hospitals are content to put their feet up and indulge in a spot of leisure reading! Nice work if you can get it, I suppose. It's certainly a fascinating departure from the traditional norm, and an idea that's likely to inspire many imitators, if only to provide the library staff with some decent fiction.

Accreditation is currently high on many people's agenda, and **Chris Thornton** has ventured selflessly into the unknown (Well, Birmingham...) in an effort to explore alternative approaches. Chris made some useful discoveries that might well be worth co-opting for local use, and she's provided some helpful tips. I'm particularly fond of her e-book mock-ups, which I think could be very effective, not to say cheap!

Elsewhere, **Katherine Bell** and **Liz Walton** have been RSS-ing about with various colleagues and have produced a promising current awareness bulletin. The project highlights the possibilities for collaborative working, and the opportunities that RSS technologies can provide.

Finally **Bernadette Beisty** brings a little sunshine into our lives with an enthusiastic report on her attendance at the GM librarians awayday. This sounds like a particularly popular and enjoyable event. I think it's safe to say that, if delegates are fighting amongst themselves to attend, they must be doing something right.

So, as I suggested earlier, hopefully there's something for everyone in this issue. Enjoy the autumn edition, and wish me luck as I return to the foot of the mountain...

Mike Hargreaves 

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Informed and Interactive: Health Knowledge for All

CILIP Health Libraries Group Conference, the Winter Garden, Eastbourne

10th-12th July 2006

“What we liked most about the HLG Conference 2006”

from Eileen Hume, Lisa Anderson and Frances Dowse, Wirral Hospital NHS Trust

In the last issue of LIHNNK up, Eileen, Frances and I told you briefly what we liked most about the HLG Conference 2006. In this issue we wish to share with you what each of us gained as individuals given our different daily roles as Trust Librarian (Eileen), Community Outreach Library Assistant (Frances) and Clinical Librarian (Lisa).

The HLG Conference 2006 ‘kicked off’ (had to say this as the World Cup was running parallel with proceedings!) with a warm conference welcome from Tom Roper, Chair of HLG. This was followed with a keynote speech from Ian Snowley, President-elect CILIP, which focused on professionalism and the work of CILIP in supporting members in their Continual Professional Development (CPD).

The overall aim of the Conference Programme was to reflect the innovative and multi-faceted nature of health information across all sectors and the contribution of information to patient care, medical research and training. The conference had five main themes:

1. Expanding Roles
2. Information Literacy
3. Collaboration
4. Harnessing Information Technology
5. Evidence Based Librarianship



Frances, Eileen and Lisa with Trevor Morris (Infocus)

The Conference programme was divided up into 3 parallel streams each day. After much deliberation (as we all felt we could have greatly benefited from attending all the sessions on offer!) we made my choices based on our chosen (predetermined!) threads relating to our daily practices.

- I (Eileen) chose the Collaboration and Information Literacy themes
- I (Frances) chose the Evidence-based Librarianship and Information Literacy
- I (Lisa) chose Evidence-based Librarianship and Information Literacy

Based on our choices we now wish to share our individual accounts of the conference with you and what each of us gained as individuals:

Eileen’s account:

DAY ONE:

After studying the conference programme I planned to follow Stream A: Collaboration. The reason being that we are about to enter into a Shared Library Service with the University of Chester so I thought I would try to find out as much information on the topic as possible.

On the first day Lisa, Frances and I set up our poster presentation in the designated poster area. The poster was on the topic of “How Clinical

Librarians can impact on patient Care". The poster was received very well and there was a great deal of interactivity between other presenters of posters and delegates.

After attending the plenary session, I chose the interactive session on "Information Literacy skills for Nurses: to assess or not assess?" The speakers were from Dundee and Abertay University.

This was of interest to me both academically and personally since my cousin was a former Director of Nurse Education for Perthshire and worked closely with Dundee Royal Infirmary.

After a tea break I followed the Information for the Management of Healthcare (IFMH) stream. This again was of interest through work but also because my daughter, a GP in Leeds used to work at St. Gemma's Hospice. The sessions were "Increasing access to knowledge, information and the evidence base of health and social care in the East of England" "Partnership working in Leeds NHS libraries working with the hospices and universities across the city". These two sessions were two of the most interesting talks I've attended.



Eileen and Lisa

The sheer enthusiasm and achievements of both the speakers were marvellous.

DAY TWO:

Being a true Gemini I decided to switch streams on the second day going for Stream B: Information Literacy. These sessions all helped increase my knowledge base for operating the forthcoming shared library service initiative. The interactive session "One service fits all? The provision of multidisciplinary library services across organisational boundaries" by Margaret Rowley, Worcester Health ICT Services was for me the highlight of the conference. I have made contact with and will keep in touch with Margaret who is full of ideas, knowledge and experience that will be useful for me to tap into.

Tuesday evening was the conference dinner. On a really beautiful hot summer evening at the English Wine Centre we spent a much civilised networking session.

DAY THREE:

On the final day the plenary session was on "Connecting libraries for better health." It was nice to hear that Wirral Hospital NHS Trust Library Service was mentioned for the work

we are doing with Macmillan Cancer Care and the Wirral public library services. Then of course we heard Roshanara Nair's talk on the NHS-Public Library Partnership in the Northwest talk. We are also involved in this project. After the closing speech and lunch we made our way back to the North West. Invigorated – totally, enthused – totally, exhausted – totally, overheated with the ambient temperature – totally. I just wish I could have attended all the presentations since they were all so topical and relevant. Would I attend again – YES definitely! The buzz, networking, information, atmosphere was fantastic. It made me feel "Yes librarians are useful – we do make a difference". If you ever have the opportunity to attend the HLG Conference please grab it with both hands it is so worthwhile.

Frances' account:

This was not only my first conference; it was the first time I've ever won anything! When I applied for the CILIP sponsored student place I didn't think I had a chance and as we travelled down on the plane on Sunday morning I was so excited and nervous but also dead chuffed and proud of myself and that feeling continued throughout the whole three days!

Be proud!

The conference began with Ian Snowley, President-Elect of CILIP encouraging all delegates to 'be proud' of their profession! His short presentation focused on professionalism and its promotion and he stressed the importance of CILIP in supporting its members in all aspects of their work including Continual Professional Development. For a first-time conference attendee like

continued over...



Eileen with Steve Glover (Christie)

me, this very positive start set the tone for the rest of the conference which was a celebration of the work of Health Librarians.

Evidence-Based Librarianship and Information Literacy

As mentioned before the main themes of interest to me were Evidence-based Librarianship and Information Literacy and these were the threads that I followed.

Alison Brettell from University of Salford gave a presentation discussing the most cost effective method of providing information for patient care, examining both information training and mediated literature searching. The research asked many questions: Does training really enable health professional to search efficiently for information? Do health professionals rely on Librarians to perform their searches? But most importantly, which method is most cost effective to the library service and the Trust? Costs to the library were cheaper in group training situations but costs to the Trust were cheaper if mediated searches were conducted. The presentation highlighted the difficulty in determining costs and the fact that many health professionals require both methods to achieve the best information for patient care. This particular presentation struck a cord with me because it not only brought together the five themes of the conference but it also emphasised that even with the ability to calculate the exact cost of various methods of information searching the debate remains as to what is the best and most effective way for Librarians to use their skills to help health professionals find and use the information they need more efficiently.

Stephen Ayre from North Derbyshire Health Informatics Service developed this theme of evaluating training, looking specifically at Outreach training to health professionals in the community. Rather unexpectedly he discovered that staff out in the community seemed to respond best if they attended training sessions at the library. His presentation and report were of great use to me in debating



Lisa with Sandra Harrison (left), Claire Bradshaw from Tameside, and Anne Webb based at Christie Hospital

the results of information seeking and use in primary care staff within my own research. I later used his report to support evidence that I found when evaluating the Community Outreach Library Service that we run at Wirral Hospital NHS Trust in my Masters Dissertation (which I am pleased to say is finished, handed in and marked and I am now the proud holder of a few extra letters after my name!)

And finally,

Other topics covered in the conference included the issue of open access, Clinical Librarianship, the National Library for Health, the collaboration between NHS and Public libraries and Critical Appraisal and effective literature searching.

Lisa's Account:

As I alluded to in Summer 2006 issue of LIHNNK UP, I was lucky enough to receive a sponsored place to attend the HLG Conference via HCLU/CILIP, I was eligible for a place on the basis I had never attended the conference before and with my partner in crime Eileen, I was exhibiting a poster.

Pre-conference nerves, err, preparation I mean ...

I shan't tell a lie, poster preparation and exhibiting is hard work. For me I had produced a poster in the past but based on my Master's dissertation, which believe you me was more straight forward than being creative and pictorially illustrating the concept of Clinical Librarianship. A word of advice for any one contemplating poster production start well in advance (at least 2 years!) and enlist the skills of professional graphic designer, perhaps Saatchi & Saatchi if your budget stretches to it! Many of you will have heard expression feel the fear and do anyway, well I would say exhibit a poster at a National Conference and build your confidence! However, even without the skills of Charles (Saatchi), we (Eileen, I and the team) pulled it off and produced a half decent poster (albeit so bright we had to give out Blues Brother style shades to those

wishing to view it!). Exhibiting the poster was a fantastic experience! If like me you have never contributed to a national conference in anyway, I would strongly suggest that you start with a poster presentation as it allows you to share experiences and ideas with others without having to step directly into the limelight of delivering a presentation. A great confidence booster!



Lisa and Frances

My conference highlights ...

For me personally one particular speaker really grabbed my attention, Jonathan Underhill, Assistant Director (Education & Development), at the National Prescribing Centre (NPC). His talk was entitled:

Feeling comfortable..... with not knowing everything?

Jonathan questioned the practice of Evidence Based Medicine, has it been successful? What are the problems with it, i.e. such as:

- Access to education
- Information overload and keeping up to date
- Mindlines and cognitive biases
- Trusted sources
- Experts
- Skills to interpret evidence
- Implementation issues

Basically knowing where the 'truth' is ?

He then offered a new and very interesting approach entitled 'Information Mastery' to combat 'information overload' and improve the quality of care for patients and the quality of life for clinicians as it allows integration of the expertise of the practitioner, the wishes of the patient together with the best available evidence. Even though (gasp!) I am not a fan, on hearing the term Information Mastery I could help but think of Harry Potter or is that Wizardry as opposed to Mastery? I would love to be a Clinical Information Wizard! Image the time you could save executing searches by waving your magic wand!

The only down side of Jonathan's presentation was that (he admitted himself!) he tried to fitted the content of one full day's course (108 slides!) into a session which spanned a couple of hours if that – just because it was ALL so relevant and ALL so interesting! Over lunch I did overhear a few member of the North West contingency, ask the powers above if we could have Jonathan come and speak to us again. I really do hope this comes to fruition. If you get a chance please take a look at Jonathan's presentation it is fully of interesting facts and figures! Also, it is worthwhile having a look at the NPC website relating to this topic:

Information Mastery: feeling comfortable not knowing everything

http://www.npc.co.uk/information_mastery.htm

Fun, frolics & freebies!

For me listening to: The Bishop and LeFanu Memorial Lecture Christian Samuel Hahnemann - the first independent prescriber? from the speaker (and a wonderful

raconteur), Dr Steven B Kayne (from the Department of Pharmaceutical Sciences, University of Strathclyde), was both informative and entertaining. I also have a very pleasant evening when I attended an evening of wine tasting at the English Wine Centre, Alfriston Roundabout East Sussex English Heritage Centre followed by a lovely meal. I particularly liked collecting all the freebies on offer from exhibitors; my loot even included an Australia tea towel for our kitchenette back at base! However, but most of all I enjoyed spending time with not only my colleagues from Wirral Trust Library Service, but with colleagues from the Northwest region and further a field, this I feel helps to break down barriers for future effective team working to occur.

For me personally, I think what I like most about the HLG Conference 2006 was 'Contextualisation', I know this is a fancy word to describe the process of making sure that your training programme blends easily and effortlessly into the local situation, but this is what I felt happened during the conference, my training (plus and experience gained thought my nearly 3 years in health libraries!) was 'contextualised' and I came away from the conference with a better understanding of the not only the local but national situation in Health Libraries today. ☺

Further presentations from the conference can be found on found on the CILIP website: <http://www.cilip.org.uk/specialinterestgroups/bysubject/health/events/conference/conference2006/HLG+Conference+2006+Presentations.htm>

CILIP Health Libraries Group Conference

Michelle Maden, Clinical Information Specialist, Aintree Library and Information Resource Centre.

The usual criteria for entering Eastbourne 1) you have to be over 70 and 2) also a member of a crown green bowling club were suitably relaxed for the arrival of delegates for the Health Libraries Group Conference 2006 (although many of the other residents in our hotel fitted these criteria).

As the author of a Poster accepted at the HLG Conference I applied for and received a HCLU sponsored place, in return all that they asked for was a write-up for LINNK-up so here it is...

Rather than outline all the sessions I attended I have concentrated on providing a more detailed overview of some of sessions which I felt were among the most relevant and worthy of passing on more detail. I've also picked out a few poster sessions which were of particular interest to me in my post as Clinical Information Specialist. Despite huge leaps and bounds in technology it wasn't physically possible to attend all the sessions, therefore I'm also relying on my colleagues who also attended the Conference to inform you on sessions that I have not covered below.

Keynote 1

Tom Roper, Chair of the Health Libraries Group opened the Conference and provides a further overview of the Conference on his blog (<http://tomroper.typepad.com/>). CILIP's President elect 2006-7, Ian Snowley gave the keynote speech entitled 'I am a Medical Librarian' discussing the changing role of professionals and professionalism. Ian outlined the 'pressures on professionalism' including questioning from the media, competition from other professional groups, individual self-doubt which impacts on how people perceive and respond to us and how CILIP and individuals can help overcome these issues by committing to the profession through qualifications, Chartership and revalidation.

The speech ended with a quick vote on whether revalidation ought to be made

compulsory. This seemed to spark off some debate among delegates with the vote split between those for and those against with numerous others abstaining. As someone who is embarking on the Chartership process it was interesting to note how many people regarded revalidation as an optional rather than compulsory requirement.

Plenary Session 1

Mike Pringle, GP National Lead on Clinical Engagement for Connecting for Health gave a succinct overview on the progress of the NHS Care Record Service. Mike acknowledged that the Project was already 2 and a half to 3 years behind schedule but stressed that the system is very complex and taken longer to complete than initially thought. The Record is made up of 4 components relating to the clinical encounter, detailed care record (local), detailed care record (shared) and the Summary Care Record.

The Summary Care Record will be used as a first point of access and as a foundation to avoid any repetition. Details in the Summary Care record will include, current treatments, major diagnoses, as well as preferences for care and language. Shared ownership will allow patients to co-produce their Care Record. The Detailed Care record will contain shared information for better co-ordinated care, especially pathways of care.

Dr Pringle then went on to discuss ensuring confidentiality and access to the Care Record ensuring that Connecting for Health have set up rigid standards to control these issues outlining the following 4 areas:

- Role Based Access Control – health-care professional will be issued with SmartCards to identify who they are and how much data they are allowed to access
- Legitimate Relationships - For example, GPs can only access the data of those patients who are registered with their Practice.
- Audits and alerts – Alarm systems to alert unauthorised attempted access to data

- Physical Security – Removal of file servers from Practices

In tackling patients rights Dr Pringle informed us that patients will reserve the right to have certain information contained within a 'sealed envelope' which will not be shared. So, what will it all look like in 5 years from now? According to Dr Pringle the right information will be available to the right person at the right time to support patient care, leading to improved patient involvement, safety and efficient care.

Further information on the NHS Care Record can be found at: <http://www.connectingforhealth.nhs.uk/delivery/programmes/nhsrsc/>

Interactive Session 1

Sarah Greenley and Sam Martin from BMJ Knowledge lead the first interactive session on 'Beyond search results: an introduction to pragmatic evidence retrieval and appraisal'. The session was designed to provide a 'greater understanding of the critical appraisal process and discuss practical and time efficient ways to reduce the number of irrelevant hits'.

They advocated a pragmatic approach to searching the literature for busy healthcare librarians indicating that a limited search could be carried out and deemed acceptable if the methods were explicit and the end-user is aware of the limitations. They used a treatment question example to work through the following pragmatic steps:

- 1 Preparing the search using PICO to define your need and identify synonyms, regional variations and spellings
- 2 Searching for evidence-based reviews using pre-appraised material in Clinical Evidence and The Cochrane Library



HEALTH KNOWLEDGE FOR ALL

- 3 Searching for RCTs using PubMed and Clinical Queries. NB If a review is found then search for RCTs from the published review date onwards.
- 4 Assessing the RCT abstracts for relevance according to your PICO criteria

Our interactive tasks included identifying the PICO components from a clinical scenario and assessing the relevancy of RCT abstracts to a particular treatment question, identifying which abstracts to include or exclude in the search results. The worksheets provided a good example of formatting a PICO question and selection table for excluding articles (e.g. not blinded, not RCT, wrong comparison, wrong outcome, etc)

However, I found the session slightly misleading in the sense that critical appraisal to them meant the relevance of the abstract to the question asked, rather than the assessment of the strengths and weaknesses of a full-text article. It would also be interesting to see how easily this approach (searching for reviews and RCTs) could be adopted for questions other than those relating to therapeutics/treatments.

Interactive Session 2

For those wishing to progress from a powerpoint presentation to writing an academic paper, Margaret Forest, Editor of the HLG Newsletter and Graham Walton, Editor of Health Information Libraries Journal provided an intensive interactive session on making that leap.

We began by writing out a series of powerpoint slides for a presentation on a pre-defined case study. Having put together our powerpoint presentation Graham then outlined 10

useful tips for getting published and increase your chances of being published:

- 1 Have a clear succinct title
- 2 Be transparent and clear in your structure
- 3 Case study must not be 'how we did it good' rather, it should be in context and informed by what is happening within the wider understanding
- 4 Use charts/diagrams instead of tables
- 5 Make it obvious what it brings that is 'new'
- 6 Follow the journal style recommendations

- 7 Accurately and effectively describe the context
- 8 Stick to word allocation
- 9 Don't take 200 words to say something when 50 will do
- 10 Minimise the use of jargon

With these tips in mind we moved on from our powerpoint slides to structuring a research article around our own presentation scenario.

A final few tips were noted by Graham, firstly that reviews are the most heavily cited of all research articles indicating that this type of paper would get you noticed more! Secondly that partnership writing brings more than one viewpoint to a research article and shares the load, which is especially useful if you are a first-time author. As someone who has previously published I still found this session to be the most useful of all the ones I attended and will certainly bear Graham's top ten tips in mind for the future. The only downside of this session was that it was too short! An excellent session and one which I would recommend for the LIHNN/HCLU training schedule (along with designing Posters for Conferences).

Clinical Librarianship in Primary Care (Poster)

This poster caught my eye as I am contemplating adopting a similar approach in South Sefton PCT. Katherine Harrison, Knowledge Management Specialist at Rotherham PCT offered an insight into the establishment and evaluation of Knowledge Clinics, presenting an overview of a pilot outreach drop-in service in GP Practices.

Armed with a wireless laptop the Knowledge Management Specialist operated a drop-in service for all staff at 3 GP Practices, the PCT headquarters and an NHS walk-in Centre. At the clinics users could submit information enquiries, literature searches and could receive advice and training on accessing information resources. The aim of the Clinics were two-fold, to increase awareness of the service and to provide easy access to the service.

A Knowledge Clinic was held in each of the five locations on a monthly basis for 3 months. The service was promoted via emails, flyers and posters and invited staff to drop-in with details of their enquiries.

Attendance

The attendance varied from location to location. Twenty eight people accessed

the service indicating that many accessed the service for more than one query, since 46 queries were dealt with. GPs were the main users of the service (8), followed by Community Nurses (5), Health Managers (4), Receptionists (3), Speech and Language Therapist (3), Practice Nurse (1), Practice Manager (1), Physiotherapist (1) and Admin and Clerical Manager (1).

Use of the Knowledge Clinics

In total the service received 46 enquiries over the 3 month period. Over half of the enquires received were requests for literature searches (25/46), a general introduction to the Knowledge Service prompted 10 enquiries, Athens Registration and e-resource generated 7 enquiries, while 4 enquiries focused on web resources, training and advice on locating information.

Evaluation of the Knowledge Clinics

Ten out of the 28 (35%) people who attended the Knowledge Clinics completed the evaluation questionnaire. Thirty six questionnaires were also returned from non-users of the service. The main reason for not accessing the service was no real surprise - too busy to attend (14). Other reasons included not needing any information (8) and not held at a convenient time (6) and not relevant to their needs (5). Four out of the five pilot sites are continuing with the Clinics.

From this poster a number of recommendations in establishing such a service are made. Input is essential from Practice Managers regarding information needs, location, time, frequency and duration of the Clinics. Secondly to promote the Service to staff who are affiliated to the Practice but not necessarily based there (e.g. community nurses). In terms of advertising more advanced notice of the clinics could be made via emails, flyers and posters. Finally it would be useful to provide examples of how the Clinics can benefit staff.

In addition to this I think that raising awareness of the Service via other Team Meetings (eg Practice nurses, GPs, Health Visitors, etc) aside from just the Practice Managers will increase awareness of the Services offered. As a follow-up I'm hoping to arrange to meet Katherine and find out more about this Service.

Tool-kits for evidence based practice (Poster)

Caroline Storer, Health Evidence Support
continued over...

Specialist at Bradford Health Informatics Service outlined the Tool Kit for Evidence-Based Practice (EBP) produced to provide information about resources and services offered by the Health Evidence Support Specialist and various Trust's Research and Development, Clinical Effectiveness and Libraries to support EBP.

A glossy folder was produced divided into 8 sections outlining the relevant services and resources:

- Introduction
- Getting Evidence
- Who can help?
- Libraries
- Information Skills
- Guidelines
- Further Reading
- Research & Development & Audit

The Toolkits have been sent across two acute Trusts, four Primary Care Trusts and the District Care Trust. The idea behind them was to save Trust staff time in locating relevant resources to support their work and increase staff knowledge and confidence in EBP. The information is also provided on the Bradford Health Informatics Service Intranet.

This idea is one which I am considering for some specific EBP training we are providing for our Critical Care Team. As part of the workshops we already run to support EBP this information is disseminated, but in bits and pieces rather than as a collected resource. As well as strengthening links with our Research and Training & Development Departments I would probably also look to add this resource to individual Trust or Departmental intranets and link it to the resources we have on our Library website.

Overall Impression

Informed and Interactive: Health Knowledge for all was the first HLG Conference I have attended. Overall, while there appeared to be some overlap between some sessions, I found most of the Conference sessions on offer to relate to my role both as an Clinical Information Specialist to the NHS and also to my wider organisational setting of being employed by a Higher Education Institute. It also provided a good opportunity to put faces to the names I have read emails from on the e-mail discussion lists and to network with colleagues from similar backgrounds, not to mention the exhibition freebies and wine-tasting that preceded the Conference Dinner! A big thank you to HCLU for funding my place at the Conference. 

**Extract from Mental Health Today, NIMHE
Update, November 2006**
Submitted by Joy Calverley, Resource Officer, CSIP North
West Development Centre

Personality disorder website launched

CSIP, the Department of Health and the Home Office have launched the National Personality Disorder (PD) website.

It is the first dedicated website to provide information, resources and learning opportunities on personality disorder and supports the development of the National PD Programme.

The site is aimed at all those interested in personality disorder, including service users, carers, the general public, commissioners, chief executives and multi-agency professionals.

The national personality disorder development team (Department of Health/ home office, health and offender partnerships) responsible for the personality disorder programme has also commissioned CSIP North West development centre to develop the site which:

- provides positive public information on personality disorder that challenges stigma, discrimination and exclusion
- promotes the recovery and social inclusion of people with complex mental health needs including PD
- improves information and access to services, and

- profiles the activity and initiatives and service pilot projects of the national PD programme.

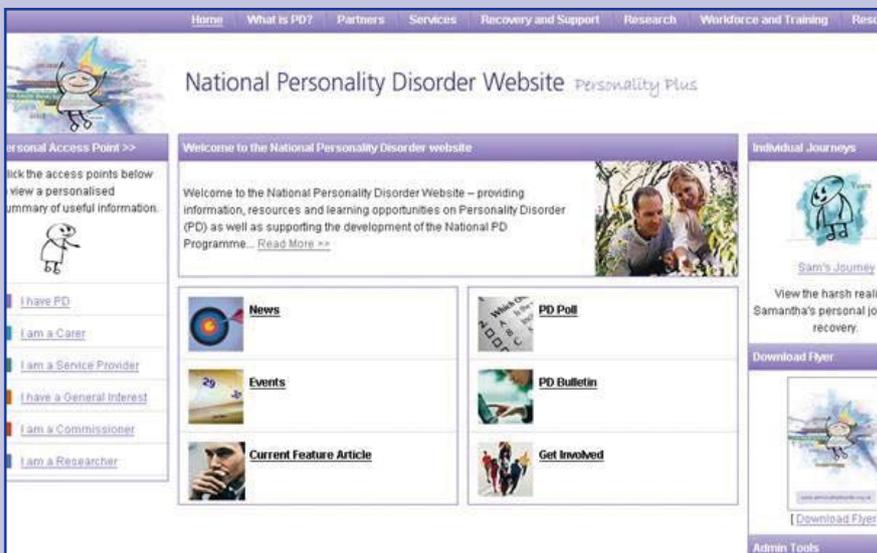
Nick Benefield, senior policy advisor, national PD team comments: "The establishment of a dedicated personality disorder website is a major step forward for those many people in the community with a personality disorder.

"For the first time, it will provide direct access for professionals, users and carers as well as the public, to information on services, training, and research. This will foster service improvement, a better understanding of personality disorder, and challenge the stigma and exclusion surrounding the diagnosis."

Personality disorder affects a cross section of the community with studies indicating a prevalence of 10 – 13 per cent of the adult population of the community. 

To access the site go to:
www.personalitydisorder.org.uk

For more information please contact The National PD Team on tel: 0207 972 4751
email: NickBenefield@dh.gsi.gov.uk



Developing Validated Information Skills Training Sessions

to Support the NHS Knowledge and Skills Framework, Evidence-Based Practice and Continuing Professional Development.

MICHELLE MADEN, CLINICAL INFORMATION SPECIALIST,

AINTREE LIBRARY AND INFORMATION RESOURCE CENTRE, EDGE HILL UNIVERSITY

Background

On appointment to my new post as Clinical Information Specialist in February 2005 I wanted to implement Information Skills Training that reflected both the elements of Evidence-Based Practice (EBP) and the recent changes within the NHS, in particular the introduction of the Knowledge and Skills Framework (NHS KSF). The NHS KSF provides an additional framework to inform the development of information skills training matching national organisational requirements to learning needs. Embedded within the 30 KSF dimensions is the need to be evidence-based regarding decisions relating to patient care. In July 2006 I presented a poster at the Health Libraries Group Conference on the work we had done at Edge Hill to promote our information skills training and the NHS KSF.

Aims

- To identify information skills dimensions and indicators in the NHS KSF
- To map the indicators to inform key information and critical appraisal training
- To devise content and delivery of training
- To evaluate the impact of information skills training on clinical practice

Methodology

Review of KSF dimensions

A search conducted in April 2005 found no published articles on information skills training and the NHS KSF therefore an email was sent out to the LIHNN list and LIS-MEDICAL to see if other organisations had started to map their training. Only two organisations (York Hospital Library and The Health Education Libraries in Lincolnshire Online) replied and had started to map the dimensions and then only to either one specific training session

or had identified the relevant dimensions that fed into all their training sessions without being specific as to which dimensions and indicators fed into which session.

All 30 NHS KSF dimensions, levels and indicators were then reviewed to identify both explicit and implicit statements relating to information skills training;

Explicit statement

Access, appraise and apply knowledge information (IK3 Level 3)

Implicit statement

Undertakes the intervention/treatment in a manner that is consistent with evidence-based practice and/or clinical guidelines/established theories and models (HWB7 Level 3, Indicator D)

The relevant dimensions, levels and indicators were tabulated. Two core dimensions and 9 specific dimensions were identified as having indicators linking into information skills and critical appraisal skills training.

Mapping Indicators to Inform Information Skills Training

Indicator statements were then interpreted to identify themes which could inform information skills training. Four broad information skills themes were identified from the KSF indicators:

- Information Resources to Support EBP
- Search Skills to Identify Relevant Evidence
- Critical Appraisal
- Current Awareness

Content and Delivery of Training

The training is run as a series of workshops over 3 full-days or five 2 hour sessions and cover:

- The National Library for Health and e-journals
- Question formulation for EBP
- Searching the Healthcare Databases
- The Cochrane Library and EBP resources
- An introduction to Critical Appraisal and Study Designs
- Worked examples of Critical Appraisals of qualitative research, randomised controlled trials and systematic reviews

Each session is provided with Learning Outcomes which are linked into the NHS KSF dimensions. All attendees receive a Certificate of Attendance for their portfolio. To date 145 Trust staff have attended various training sessions.

Evaluating the Impact of Training

The training is currently being evaluated using a performance questionnaire to evaluate the session delivered. As part of a wider evaluation of the Clinical Information Service, an impact evaluation questionnaire was also sent out 4 weeks after training to evaluate if and how the skills are being used. The Critical Incident Technique was then used to identify specific examples of the impact of information skills training on patient care.

Validation of the Training

In August 2006, with additional input from Rachel Bury and Lorna Clarke at Aintree Library, the training was adapted and validated by Edge Hill University as a Level 1 Enrichment Module with plans for a Level 3 Module to be developed. 

Getting the Library Ready for Medical Students at Lancaster University

Jenny Brine

Subject Librarian, Health and Medicine, Lancaster University Library

At the end of February 2006, after many years of planning, the Cumbria and Lancashire Medical and Dental Consortium heard that the Higher Education Funding Council for England (HEFCE) and the NHS had given the go-ahead to plans to start training medical students at Lancaster University.

The first intake was to be in September 2006, in six months' time. This article will explain the background to the development and set out how we have gone about ensuring the library and information resources the students will need are in place.

Medical education at Lancaster has grown out of the overall need for more doctors in the UK. Further expansion of the existing medical schools in the North-West – Manchester and Liverpool - is not desirable, because those institutions are already very large and find it hard to find enough clinical placements within easy reach. Cumbria and North Lancashire hospitals, GP surgeries and clinics can find it hard to recruit enough doctors, and the hope is that if more people spend time in this area during their training, they will want to stay here once they are qualified. With our pattern of small towns and rural communities, we can provide a counterbalance to the heavily urban experience offered by Manchester and Liverpool.

The Cumbria and Lancashire Medical and Dental Consortium comprises Liverpool University, the University of Central Lancashire, the St Martin's

University College (soon to be the University of Cumbria), Lancaster University and the University Hospitals of Morecambe Bay Trust (Royal Lancaster Infirmary, Furness General Hospital in Barrow, Westmorland General Hospital in Kendal). Liverpool University's curriculum is being used to set up training for doctors in Lancaster, for dentists in Preston (UCLAN) and for PAMs through St Martin's. In late August, six second-year students arrived – they have volunteered to move to Lancaster for the year, to "buddy" the new first-years. And then fifty first-year medical students arrived in Lancaster in late September, selected for the most part from students who had very nearly got into Liverpool Medical School.

Once the provision of medical education at Lancaster University was confirmed, library and information provision had to be organised. Liverpool University Library staff had provided lists of essential books, and Lancaster's acquisitions team immediately began ordering multiple copies of many texts. In May, I was appointed to be the Subject Librarian for Health and Medicine, and as I was already working in the library I was able to start officially on 1 June. Until mid-September, I combined the Health and Medicine post with running our Interlending and Document Supply service. (This also meant I had a desk and a PC, as there was no office available until September). In the early weeks, I spent a lot of time learning about the new course, and in particular trying to understand how problem-based learning (PBL) works. One of my first priorities was to meet up with the NHS Librarians from Morecambe Bay – I had an advantage here as I was the Medical Librarian at

the Royal Lancaster Infirmary for 18 months some years ago. It was good to see the new Education Centre at the RLI, and the generous provision of computers, books and journals now! I also spent a day in Liverpool meeting the team covering the Medical School and getting the feel of a large, well-established medical school library.

I should not wish to give the impression that I was starting from a blank sheet in Lancaster – in fact there was already a useful amount of material here. We have a postgraduate Institute of Health Research, which has particular interests in learning disability, in health service organisation and mental health. They run several masters' courses, and have many research students. IHR also runs a Clinical Psychology course. The Centre for Medical Statistics means Lancaster has collected material on health statistics and epidemiology for many years, and there are people here in various departments working on genetics, medical ethics, and medical law. We also provide books and journals for researchers in Biochemistry and Biology working on medical topics such as cancer and Parkinson's Disease. Therefore, in the early weeks, I had to "weed" Lancaster's existing collection of health and medical books, and supervise moving the

remaining stock to new shelving in another part of the library. Fortunately our library software was able to update all the location records very quickly. Since then, I have spent many hours working on building a balanced collection. Liverpool University reading lists and the "Additional Resources" provided for each PBL Unit provided a basis. I also requested similar lists from Manchester University and bought their recommended texts too. Often students just don't get on with their lecturers' preferred texts, and it is helpful to give them options. – it is important to

provide students with a textbooks that use a different approach which perhaps matches a student's learning style better. I have worked through the 2006 "Core Collection" item-by-item, identifying the books we already held and then looking up those we did not see if they were likely to be suitable for our undergraduates. I also signed up to the BMJ Bookshop weekly lists, and to the newsletters of various publishers such as OUP and Jessica Kingsley.

We have not subscribed to any additional journals in paper form for the Centre for Medical Education. We already take many journals in print form, including the BMJ, JAMA, NEJM and The Lancet. Thanks to the MRI, I was able to fill gaps in our back holdings of the BMJ and The Lancet. We have subscribed to the BMJ Journals Online Collection, and expanded our full-text subscriptions to Science Direct. With our existing subscriptions to packages such as Academic Search Premier, PsycArticles and Wiley we can offer the full-text of many journals which will be useful to the

medical students. At present we have not subscribed to any additional databases for MBCHB students – they can access AMED, CINAHL and EMED through Liverpool University. This may change later though.

As well as selecting books for purchase, I have had to get used to the Bliss classification scheme as it applies to health and medicine. I do not do the cataloguing and classification – my colleagues in Resources do this – but we often have to discuss how to adapt Bliss to cope with modern medicine. The additional money the library has been given to support medical education has paid for an additional half-time post in Resources. Also, we have had to look at the practicalities of medical textbooks, and have bought new book trolleys that can cope with large thick tomes rather than ordinary textbooks

The students studying in Lancaster have a joint registration with Liverpool and Lancaster universities. This means they can access eresources held by either institution. Unfortunately their Athens usernames and passwords for the two universities differ, and most of them will add in NHS Athens passwords too. We foresee endless complications here, particularly when our students try to access Lancaster resources from behind NHS firewalls. We expect that their requirements for books will be met through Lancaster University Library, although they are entitled to borrow from Liverpool too. This may become more important once they are on placement.

As the students are studying the Liverpool curriculum, they observe Liverpool term dates. As medical students have longer terms than other undergraduates, Lancaster may have to alter some of its services. For instance, we had to open our Short Loan collection a week early at the beginning of term so they could easily access the books there. Fortunately we offer late-night opening throughout the year, including the summer vacations, so their extended terms should not prove a problem then.

I have spent some time updating the

library's health and medicine guides and webpages. I am now briefing my colleagues in the library on the medical students and their library and information needs. I hope to go on and revise the information available about health and medical statistics soon.

For me, one of the most important jobs I have to tackle now is upgrading my own knowledge of databases and literature searching in health and medicine. I have attended a number of LIHNN courses already, and hope to do more next year. In January the students have to tackle their first "Student-Selected Module" (SSM) and many will need to work on databases. So I am working on training sessions for them – making use of presentations lent to me by colleagues in Liverpool where possible. (I don't believe in reinventing the wheel!).

It is probably too early to evaluate the health and medicine collection, to ask how well we are meeting the students' needs. Our library software allows us to monitor demand for individual books and buy extra copies as required – so far we have only had to make emergency purchases of one book, which turned out to be essential reading for a biochemistry course as well as for the first year students. They seem to be accessing journal articles electronically without difficulty. The first real test will come next term, when they go "off reading list" in tackling SSM1.

There has been tremendous support for setting up the Centre for Medical Education from within Lancaster University, from Liverpool University, and from Morecambe Bay Hospitals. Support in terms of finance, staffing, time and goodwill. It has been good to be in at the beginning of this project! 

8 November 2006

The Fiction Collection at Lancashire Teaching Hospitals Foundation Trust Library and Information Service...

becomes fully-fledged leisure reading!

Launching a leisure reading collection has been an exciting new venture for our library service, which traditionally had always concentrated on resources for clinical practice, continuing professional development and service management.

The project began when Lynn Ireland, the Basic Skills Co-ordinator, asked the library to provide a range of easy readers to support basic skills training. The Trust runs literacy, numeracy, and ESOL courses.

The books were duly purchased and made available at both library sites. However, these were the only fiction books within the libraries and it was recognised that the staff for whom these books were intended might feel stigmatised. Therefore it was decided to create a fiction section within the library service, which all staff could borrow.

The Library Services Manager, Mandy Beaumont, is a member of the Improving Working Lives Group (IWL). She put forward the idea of a fiction service for staff at one of the IWL meetings when the group was asking for initiatives to promote IWL within the Trust. However, funding of the project was proving to be a problem. Alison Oliver, the IWL Coordinator indicated that she would write to UNISON to ask for a contribution towards the project. Thankfully this request was successful.

Ultimately, funding for the initiative came from two sources. Unison donated £500, which was supplemented by a successful bid to Health Care Libraries Unit for £1,000. So one sunny Friday, two intrepid Librarians, Kay Bankier and myself set out to Manchester to hunt amongst the shelves of Blackwells on the Oxford Road. Several of our colleagues are avid fiction readers and had given us

a very extensive reading list. We were able to find a certain number of titles on the list at the bookshop, then we were left loose to use our own judgement as to what else to buy.

A few weeks later, having gleaned more recommendations from our colleagues, Ann Green, Judith Hilton, Marion Myerscough and Vera Lundbeck, we compiled an order from Tomlinsons. In the meantime, we had launched an appeal for donations via the Intranet.

The new service was launched in September. It was publicised in Team Brief, on the intranet, in the library newsletter and in the Trust staff newsletter "Connect". The "Connect" item was a brief paragraph accompanied by a photograph of me with two Unison representatives and the manager responsible for "Improving Working Lives". The photography session was great fun. One of our press officers organised for a professional photographer to come along to the library at Chorley. Armed to the teeth with camera and flash, he teetered on a KiK stool whilst encouraging us all to pose looking earnestly at books. The publicity did the trick and books started to go out and donations flooded in! The donations, and some of the books in the order from Tomlinson's, included non-fiction titles such as biography and popular history, so we decided to rename the collection the leisure reading collection. Our newest recruit, Tegwen Williams was commissioned to design some posters and bookmarks and put up displays. She duly sourced some bright and cheerful images from the Internet, and of course, asked permission to copy the images from the copyright holders!

There was much debate and discussion amongst the library staff as to how the stock should be processed and housed. It was important that the books would be clearly identified as library stock once in readers' living rooms and bookshelves! In the end, we chose to put on the spines either bright orange dots for the fiction or

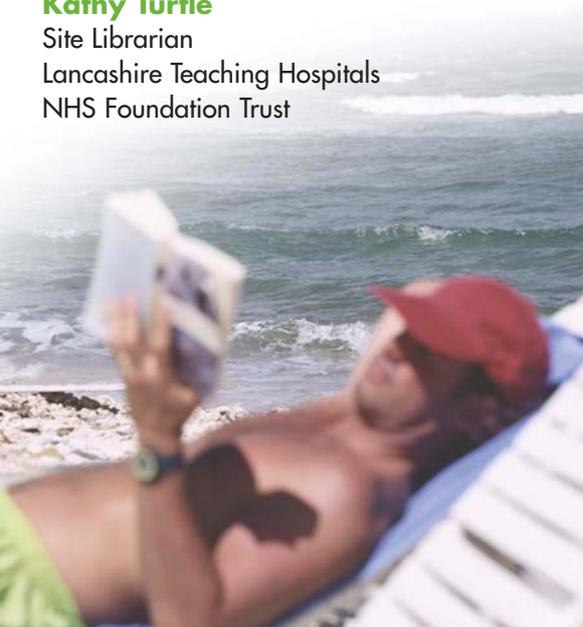
labels denoting FACT for the non-fiction material. The library at Royal Preston is spacious, so Kay was able to house the collection in some splendour. The more bijou residence at Chorley meant that we had to sacrifice some print journal display shelves, but at least it meant that the collection was near the door and easy to spot. Ann valiantly set about reorganising the shelves and also managed to keep some room to display the most tempting titles. We wanted to encourage staff, who might otherwise have felt a bit intimidated, into the library and to have no difficulty in immediately finding the collection.

The collection has been going out steadily, and we are still receiving donations. In fact some books are being held as a reserve collection. Trust staff have written reviews of books they've enjoyed for "Connect" and have also been telling colleagues to call into the Libraries and borrow. Understandably, it's been very tempting for us library staff to grab hold of the best titles but we have been exercising a suitable amount of restraint! So, all in all, a very enjoyable and satisfying project, which we know will be of value and great fun for our users.

Kathy Turtle

Site Librarian

Lancashire Teaching Hospitals
NHS Foundation Trust



Same but different? Perspectives on an accreditation visit to the West Midlands

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

Having received an invitation from Pam Prior (Library Services Advisor for the Workforce Deanery, NHS West Midlands), Wednesday 1st November 2006 saw me heading to Birmingham to act as an external peer assessor on an accreditation visit. As I had previously been a peer assessor within the North West, I was curious to see how this process worked in another region.

SAME.....

As you might expect, the library manager had compiled a comprehensive set of evidence. Reading the evidence provided many a 'déjà vu' moment. There were the usual statements about staffing shortages, inadequate budgets and the consequences of both for resource allocation. However, talking with library users, it became clear that, as in most services, the library staff were highly regarded, even where resources were deemed to be rather inadequate. Library workers are always adept at finding innovative ways of serving their user population and this seems to be well recognized by their readers.

DIFFERENT....

The first notable difference was that there was no hefty folder of evidence to juggle with. All the information was contained within a CD with e-links to supporting evidence. This clearly put the onus on the assessors to decide whether or not to view / download all the evidence or samples thereof. It did mean that there was no need to cross reference other sections (in the 'see also 1.1' kind of way) as the links were simply inserted wherever and whenever needed.

The second difference was the lack of self-grading on the part of the library. This is something that appears not to be universally adopted outside the North West. Similarly, when reviewing the evidence both throughout and at the end of the day, our lead assessor (Pam Prior) did not attempt to count how many of the graded items were at '0', '1' or '2'. She preferred to see what overall improvement had been made since the last visit and to give an appropriate grading with an action list attached. At first glance, this seemed to be less rigorous than our system within the North West, however the system is consistently applied across the West Midlands and appeared to work, especially as an incentive to library staff.

GOOD TIPS....

The library service we visited had used a number of excellent tips for improving access to resources and widening their user base. No doubt many of you have already used these or other 'ploys' but I cite two, here, just in case.....

- To highlight the e-book collection and make it more 'real' for users, mock ups of book covers were attached to CD cases to provide a physical representation of the e-book (which included details of how to access the item on line)
- To encourage the atypical user to venture into the library, they had set up a book swap scheme. Donations of paperbacks were placed in prominent positions within the library and the scheme was well advertised. The books were not catalogued so users were not required to borrow these in the usual way. Loans were on an honesty basis – the only proviso to the loan was that users would return the item and record their thoughts about it on a comments slip at the front of the book. The scheme seemed to be very popular.

FINAL THOUGHTS...

Many of you know that I come originally from a teaching background. One of the features of that profession is the constant need to assess performance (frequently through formal, written, reports). Although not of the 'no-one must fail' persuasion, as I think there have to be standards set and met in most spheres in life, I felt very comfortable with a scheme that we put into practice in one of my schools, where dual grades were given for each subject ie for both achievement and effort, hence a child might score D for the former but A for the latter.

Within the NHS, where grades often become important bargaining counters, I think there is merit in adopting a similar system. Although our accreditation scheme allows for recognition of the librarians' efforts, by subsuming this within the overall grade, the message to senior management and the motivational impact on library staff is often lost. At the end of the day, it matters not a jot how often assessors state that library staff are doing the best they can with limited resources, it is the final grade that does the real 'talking'. This is what library staff will be judged on by others both internal and external to their organization. Most people won't bother to 'read the small print'. Perhaps we need to separate out those standards over which library staff have no control and award two grades, one for achievement and one for effort. Or another way of thinking of this, perhaps there should be a grade for the organisation and one for the library team? 

The Primary Care Libraries Group has started a new monthly electronic current awareness bulletin – The Commissioner – to help commissioners in primary care trusts (PCTs) and those involved in practice based commissioning (PBC) keep up to date. It's very much a collaborative effort and something to be shared and used by anyone in primary care.

So how did we go about it and how does it work?

The initial bright idea came from Kieran – one of the self-styled “old lags” of the group - doing a bit of horizon scanning earlier this year and realising that PBC was an area where commissioning staff were going to need support in getting their heads round all the information and guidance which was starting to come out. He put together a sample bulletin to show the group. We were enthusiastic and formed a

sub group to take on its development – Katherine Bell (St Helens and Knowsley Primary Care Library); Liz Farrell (Salford PCT); Kieran Lamb (FADE); Beryl Stanley (Wirral Hospitals Trust); Denise Thomas (Halton PCT); Liz Walton (East Lancashire PCTs).

The sample bulletin was piloted in as many PCTs as possible and feedback from this was used to set the criteria for future bulletins. As part of the piloting process, two members of the group met with a Commissioner from Manchester PCT, who is now involved in the editorial stage of the bulletin.

The initial plan was to produce two bulletins – one for PBC and one for PCT commissioning. However, we soon realised that there was so much overlap that a single bulletin would be better. In terms of sources, we started with ten obvious ones, including web sites such as Primary Care Contracting, Department of Health, NICE and the Kings Fund, plus a PubMed alert (they have RSS) and a Dialog Alert on DH-Data. We divvied the sources up between us and each went away to get to grips with RSS as our method of monitoring them.

We individually use Bloglines to receive our own RSS feeds and, having scanned them, we upload any relevant items to a common LookSmart Furl account. LookSmart Furl allows the bulletin editor to go to just one website to choose items to go onto the bulletin. For most of us, this was our first practical use of RSS and, as with many new things, after all the hype and confusion about what it was and how it worked, once

we had taken the bull by the horns and got on with it, we actually found it pretty straightforward.

The bulletin is produced at the beginning of each month by a volunteer editor from the group, who has the task of whittling down all the items from the Furl archive into a maximum of two sides of A4. Rotating editorship means that no one person has the task every month, so we're more likely to be able to stick to schedule. The document is converted to pdf and distributed to all members of the PCT Libraries Group to cascade on as they wish. Library staff have the choice of distributing electronically or in print format.

From the beginning the group has agreed on an open access policy for the bulletin, so when the opportunity came to share the bulletin with the rest of the UK we didn't hesitate. David Stewart sent it to the Library and Knowledge Development Network (LKDN) mail list and the bulletin has now gone nationwide, with about 30 libraries and 2 SHAs outside the NW receiving the bulletin.



The first two issues have been produced and the third is being finalised for distribution as we write. In October, we also produced an additional themed supplement on “Background to Commissioning” and will produce further themed supplements as the need arises. So, The Commissioner is up and running, but we're still in the early stages.

Two things are crucial at this point - targeting and maximising distribution, then seeking and acting on feedback from users. Informal feedback to date has been positive, but after six months we plan to audit the bulletin. We also need to keep an eye open for additional sources to use.

The main thing to emphasise is that shared working makes current awareness a lot easier for Library staff. Working in a group to produce the bulletin means no single person is overloaded. Sharing the bulletin with all Primary Care Libraries means our colleagues can avoid duplicating work.

If anyone would like more details about The Commissioner or to be added to the distribution list, then please contact either of the authors.

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Linda at her Brew House desk



Boxes and crates ready for the off!

27 November 2006

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GM Librarians Away Day 3rd October at Salford University

This was my second visit to the GM Librarians Away Day and I can't stress how enjoyable they have been, so much so that I had to fight for my place.

All of us at Hope enjoyed the original Away Day so much that we wanted to return. After some negotiation and almost deciding to close our library for the day so that we could all go, Valerie our Library Manager drew the short straw and had to run our library service alone. So what is the attraction? Why did we all want to take part? I think the key is in the relaxed atmosphere, the emphasis on networking and the mix of people who turn up. The topics are interesting and the whole day is a memorable experience. The venue is bright and airy and the people from Salford University are very welcoming.

The actual day was a beautiful sunny autumn day, crisp and bright and unseasonable warm: even Salford looked appealing.

Julie Berry, Associate Director of Liaison and Support at Salford University began the day extending a very warm welcome from Salford University. This was followed by a number of presentations from some well known figures and some newcomers to the presentation arena.

Fran Wilkie, National Library for Health (NLH) delivered a presentation on behalf of Colin Davies, NLH about future developments within the NLH. Colin had to back out of the Away Day at short notice and Fran did her best to present the information and field questions. The most important point that I came away with was that we need to feedback to the NLH team and hopefully build a working relationship which will ultimately benefit our end users.

Next up was Mike Farrell, Workforce Manager and e-learning lead for NHS Northwest. Mike outlined the developments in the NHS initiative to deliver courses via VLE's. My instant reaction to this presentation was to rush out and purchase some earphones, as VLE's are the future and many of the courses have audio elements. John Bramwell gave a follow on talk from this presentation and showed us actual e-learning packages in use. This was particularly interesting to me, as I am a member of the Lihnn Trainers group and we are looking into this method for delivering user education. A feature

of John's presentation was the pithy quotes at the bottom of each slide which kept me amused throughout.

Rachel Gick, Assistant Librarian, Salford Royal, gave a particularly clear and concise account of TDNet. I knew very little about TDNet before the presentation but afterwards I felt confident enough to go away and experiment with the new features offered by this particular journals package. Rachel covered the essential features and highlighted the possibility of this new resource replacing Zetoc. This feature was not intentional but has turned out to be a very useful part of TDNet for us at Hope.

David Stewart, Director of Health Libraries NW, gave an account of the recent developments both locally and nationally which are going to impact on health libraries. David outlined how changes are going to affect HCLU in terms of staff and location. The eventual home of HCLU will be Gateway House in Manchester which will also be the home of the newly formed SHA for the North West.

Jean Williams, Library Services Manager at Royal Bolton gave us a very entertaining demonstration of the new WebOPAC. As with all live demonstrations, there were one or two glitches but overall the GM OPAC should be a great benefit to staff and users alike.

The day finished with a number of items from the Miscellany. Steve Glover, Christie asked for feedback following the proposal from Ovid to create a consortium type package for purchasing the nine most popular LWW serials. Library Managers who were present were given a proposal to think over and report back to Steve. John Addison, Pennine Acute, described his recent problems with Coutts, one of only three preferred book suppliers to the NHS. He has had trouble chasing book orders and after a number of attempts had not received a satisfactory outcome. He urged us all to consider this when choosing a supplier.

Overall I would say it was another successful Away day full of interesting topics and amiable people. I would certainly recommend attending the next one.

Bernadette Beisty
Deputy Librarian
Hope Hospital



Trevor at Beech Hill front door



Trevor in the administrative office



“editor’s column”

notes for contributors

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

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

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

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

please abide by the following points:

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

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

- The name of event and location
- Date of event
- Name of organizing or sponsoring body
- Details of how support materials can be obtained (where necessary)
- Full references to any published reports, articles, etc.

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

Guidelines for contributors are also available on the Lihnn website.

contributions should be submitted to:

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Lihnn is on the web via Aditus at 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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