

Users First:

removing barriers to  
knowledge access  
across HE and the NHS

**FINAL REPORT**  
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## Purpose of the Document

To explore through interviews with key stakeholders, and subsequent consultation with the wider HE/NHS constituency, existing barriers to seamless library and knowledge services across the NHS and HE, principally in the areas:

- funding transparency
- eligibility to use resources and access
- copyright and licensing issues
- administrative complexities.

and to recommend solutions, courses of action and pilot projects to improve knowledge access and encourage best value in both sectors.

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<b>Steering group</b>	NHS/HE Forum Content Group
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## Acknowledgements

The project team would like to acknowledge with gratitude and thanks the people who were the initial interviewees and those who contributed subsequently in the consultation process. A full list of contributors can be found in Appendix 6.

**The report was compiled over a six-month period but comments and corrections were received and incorporated right up to the date of issue. However, owing to continuing changes and developments, points of detail may have changed at the time of reading.**

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## Background

1. There is a considerable flow of people and funding between the NHS and HE covering research contracts, provision of services, consultants and other staff who have joint contracts of employment and “workers who are learning and learners who are working”. Although many of these staff require access to both NHS and HE e-resources from work and home, the existing networks have not been able to facilitate this. In an attempt to meet users’ needs, the NHS and HEIs are providing 24-hour access to e-journals and databases that can be accessed from work and increasingly from home. However for some, access is being provided to the same key resources (e.g. journal titles via both the NHS and JANET) whilst others have no access at all.
2. The NHS/HE Forum was established to review the barriers to effective access to knowledge sources across HE/FE and the NHS. The Forum itself has focussed on identifying technical solutions to access problems between the academic network, JANET, and the NHS network, *NHSnet*. Technical solutions look likely to resolve many of the issues over the next few years. However, this by itself will not automatically improve knowledge access as members of the Forum have also identified significant other barriers that impede staff and students who work, teach and learn or for other contractual reasons have need to access information. These include:-
  - funding transparency
  - eligibility to use resources and access
  - copyright and licensing issues
  - administrative complexities.
3. This study explores the above issues through interviews with key stakeholders and a subsequent consultation with the wider HE/NHS constituency.
4. **Objectives**  
To explore existing barriers, in the areas identified above, to seamless library and knowledge services across the NHS and HEIs and to recommend solutions, courses of action and pilot projects to improve knowledge access and encourage best value in both sectors.
5. **Methodology**
  - a) The project was jointly commissioned by Paul Ayris, Director of Library Services, UCL (representing Higher Education) and Veronica Fraser, NHS Library Advisor (representing DoH Information Policy Unit) as part of the work programme identified by the NHS/HE Forum, with the NHS/HE Forum Content Group acting as a Project Steering Group. Funding for the project was provided by JISC, SCONUL, LLIDU and IPU/IA funds transferred at the beginning of the year to RLG.
  - b) A briefing meeting with the Commissioners was held in September 2002, with interim meetings in October 2002 and February 2003. Draft 1 of the report was presented to the Commissioners in February and an amended draft (1.1) issued electronically and made available on the Internet for wider consultation. 34 individuals/groups responded.

- c) Individual meetings and telephone interviews with key stakeholders named by the Commissioners were the main methods for obtaining information for the first drafts of the report. Additional desk research based on policy documents and papers provided by the Commissioners, interviewees and consultees, and other located material was undertaken. During the consultation, people were asked to identify any areas in which they would be willing to take a lead or engage in pilot projects (individually or as part of a professional or work group).
- d) The final report brings together the results of the interviews and of the feedback from the consultation process, the NHS/HE Forum Content Group and the NHS/HE Forum itself. The Content Group endorsed the recommendations, commending them to the Forum as offering a major opportunity to tackle and resolve long standing barriers to knowledge access which inhibit researchers, academics and clinicians from contributing their best to education and patient care. The Forum received and agreed the recommendations at its meeting of 4<sup>th</sup> June 2003. The report was endorsed and agreed for publication. The Content Group was asked to scope and prioritise the recommended list of projects (see page 7), to call for proposals from interested parties in the two sectors and to seek funding to carry them out.
- e) The report records and reflects the perceptions, comments and experiences of individuals rather than aiming to provide an overall objective analysis. However, it reflects the current situation, which was acknowledged by contributors to be very complex, although it is continually and rapidly changing. The consultees generally endorsed the report, responding that it was relevant and timely, and welcomed the recommendations as a way forward. Where specific examples of good practice are highlighted, these are only intended to illustrate much of what is taking place around the UK. Appendix 6 lists the initial interviewees and subsequent consultees, all of whom I would like to thank for taking the time to talk to me or for responding to the draft report.

## Executive Summary

- 1. Funding flows are complex and obscure, and transparency of funding is often lacking.** Different funding streams, often flowing through various routes with differing conditions, has made it difficult in the past to achieve integrated provision. Both parties tend to feel uncertainty about how, and how much, external funding (e.g. NHS, HEFCE) flows to HE libraries and resources such as JANET. Academics can feel that the NHS is receiving high levels of library service provision from HE at (low) un-costed rates, accessible to a large workforce with the potential of high demand and increased volume of use. The NHS perception is sometimes one of restricted access for some NHS healthcare workers, stock provision with a strong medical bias, poor provision of materials for allied health professions, restricted access to some resources (including electronic), and lack of clarity about what the funding provides and access rights. Nationally, a system of standardised prices, based on periodically assessed core costs has been recommended, including for the purchase of library services by the NHS. HE would receive funding from the newly established Multi-Professional Education and Training (MPET) budget, which will ultimately also fund provision for NHS staff without existing qualifications. Library services and levels/ types of provision, such as e-resources, are rarely considered in negotiating education contracts nor specified. While local Service Level Agreements (SLAs) often seek to redress the balance, a core contract for library services would be beneficial.
- 2. Access to knowledge and library services is variable.** NHS staff and students and HEIs' library staffs are often confused and uncertain about the NHS entitlement to use HEI libraries and e-resources. Many agreements for database access do not cover walk-in or remote access for non-HE users, although publishers do not usually object to walk-in use. HE librarians have often developed various means of non-HE access. Although there are some individuals who require (and have) access to both sectors' resources, there are different perceptions as to the overlap of e-resources required by HE and NHS users of library services. JISC currently has out for tender the contract for the provision of HE e-resources and this provides an opportunity for discussions with the NHS regarding its needs. In the NHS equity of access for the entire NHS workforce is currently on the agenda, as is the delivery of the new NHS University services. At present, solutions to many access difficulties (particularly through the use of IT) have been developed locally but these are often seen as costly or stopgap work-arounds to the wider problem. A lack of users' IT skills is seen as a major handicap to access and provides an opportunity for HE and the NHS to develop joint strategies to address this.
- 3. Licensing agreements with publishers for electronic access to journals can disadvantage users in both sectors.** NHS library users of HEIs who are not members of a particular Institution, but may be legitimate registered users of the library service, may not be allowed to access certain e-resources. Publishers are getting bigger and more powerful and are perceived to play the sectors off against each other. The National Core Content Project has been established to purchase e-resources nationally to achieve better value and equity of access. The core collection will replace the majority of the content purchased by regions and WDCs, with local "top-up". The contract started in April 2003 and applies to NHS England only, although other interested parties (such as HE) may join in later, and the provision is aimed to integrate with NeLH and the NHSU. There is a need of an agreed joint core content that can be contracted for by the two sectors jointly.
- 4. The issues highlighted in this report are chronic and have been ignored for some years.** The perception the sectors can have of each other is a complicated issue. The two sectors have different cultures with varying political and service interests and agendas, often displaying a lack of dialogue between the two at a strategic level. People in one sector may not know who to talk to in the other to move forward. There is an apparent misunderstanding of each other's language and service needs and the NHS can feel that it is not understood by HE and *vice*

*versa*. Organisationally there is can be misunderstanding and even mistrust between the NHS and HE. However, there are many examples of good joint working and partnerships and initiatives such as SLAs, national standards and monitoring can help to establish better understanding and relationships. SLAs provide a structure for identifying and resolving local issues around the contract and provision of library and knowledge services and their access.

5. **Mutual interest and support between the NHS and HE is hindered by a lack of representative fora at strategic levels to resolve areas of difficulty.** Problem issues need to be addressed at a much higher level than at present. The creation of a high-level joint board, coupled with government support, would help combat the lack of national solutions to difficulties in NHS/HE library and knowledge services' inter-relations by developing strategic issues and supporting NHS/HE partnership working at all levels. The Common Information Environment should facilitate NHS/HE partnership at a strategic level and the National Knowledge Service will provide a framework for identifying and meeting the needs for knowledge to support patient care. NeLH will complement existing library services and offer an increasing range of e-resources and skills to support their use. The profile of interconnectivity and access issues needs raising, possibly through linkage to a wider national healthcare issue(s).
  
6. **A number of potential projects are proposed as practical initiatives in resolving chronic issues and barriers.** Once accepted and scoped by the NHS/HE Forum/Content Group, there should be a call for proposals from interested parties in the two sectors and funding sought from the NHS, JISC and other relevant sources. These projects should be undertaken in the light of any existing work or development. Work could be produced for consultation with the wider health libraries community or pilots established to test methodologies, etc.
  1. Develop generic framework documents for SLAs.
  2. Develop further the national standards for healthcare library and knowledge services' provision.
  3. Develop further monitoring and accreditation for library and knowledge services in both sectors to demonstrate value for money.
  4. Develop mapping and tracking methodologies for the funding of HEI and NHS library and knowledge services to achieve transparency of funding.
  5. Explore how library and knowledge services could be specifically considered as an element in education contract negotiations and price setting and/or develop a common core contract for these services.
  6. Develop joint training for service librarians in both sectors in contract and funding negotiation skills, contract management and monitoring, and higher-level budget preparation, presentation and tracking.
  7. Develop joint protocols, standards and content for information retrieval training for NHS/HE users of healthcare library and knowledge services, ideally developing accredited training, recognising that the two sectors have legitimate differences in needs and approaches.
  8. Carry out jointly a user needs analysis of healthcare staff entitled to use their library and knowledge services, and of the wider health worker community to include those who potentially ought to have access to the services, including identifying, evaluating and building on existing studies.
  9. Undertake joint work on user authentication for use of IT, including investigating a joint password procedure for HE and NHS users and the continued use of Athens.
  10. Explore with JISC the possibility of setting up a JISC health special interest group and work on wider consultation with practising healthcare librarians from both sectors.
  11. Work on developing a joint HE/NHS core collection of e-journals, etc. and map which e-resources are currently being procured and by whom. (Possibly two projects).
  12. Develop and trial a methodology of providing a web-based directory of NHS/HE contacts.

## Recommendations/Solutions

- i) **Form a high-level Joint Board of NHS and HE representation as a Working Group of the Strategic Alliance for Health and Social Care, to address HE, NHS and healthcare library and knowledge service issues, including IT, and education and training.** Ideally there should be a single Board with representation from England, Northern Ireland, Scotland and Wales but recognising the different structures and cultures of each of the home countries. Launch the Board at a national conference. (If the Joint Board is not linked to the Strategic Alliance, ensure that, for England, interconnectivity problems of HE and the NHS are brought to that forum). Interconnectivity and access issues should be linked to a wider national issue(s) to establish a higher profile.
- ii) **Develop joint HE/NHS procurement of key core e-resources and strengthen the negotiating and purchasing platform in relation to publishers and other IT providers,** possibly through the NHS National Core Content Programme. The NHS and HE should enter into discussions about e-resources that would inform the national core provision, joint-procurement methods and joint licensing agreements, to include JISC, CHEST, UMSLG and the NHS Core Content Group. **Local and specialist national HE, FE and NHS joint-procurement consortia for purchasing e-resources additional to the national core provision should be developed.** NHS and HE e-resources provision for library services should explicitly encourage solutions to NHS/HE access. **The NHS and HE should work together on an advocacy campaign to convince suppliers of the need for a standard generic license** to cover access to e-resources in libraries where the user group comprises both NHS and HE healthcare personnel, including agreeing a universal definition of an authorised library user.
- iii) **Service Level Agreements for the provision of library and knowledge services by HE to the NHS or the NHS to HE, should identify and include developmental work on interconnectivity issues, funding sources, transparency of funding and other barriers.** NHS and HE finance directors and Librarians should work together to map and track funding to HEI and NHS library and knowledge services to achieve transparency of funding. Work should be undertaken to develop generic framework documents for SLAs.
- iv) **Library and knowledge services should be specifically considered as an element in education contract negotiations and price setting.** Options for a common core contract (cf. education contracts) should be explored. Overall, service librarians from both sectors should be included in education contract and funding negotiations. Longer contract periods (at least three-year) for the provision of library and knowledge services to the NHS by HE should be adopted as standard national practice, including agreed levels of funding for the term of the contract. Contracts for the provision of library and knowledge services by the NHS to HE should be developed as standard practice. **All NHS organisations should provide funding to their library and knowledge services or provision,** possibly to an advised/set minimum national standard. Appropriate training should be developed for librarians on high-level budget preparation, presentation and tracking, contract negotiating skills, performance management and review, and contract management.
- v) **National standards should be further developed for healthcare library and knowledge services' provision,** building on the work already carried out in this area, to support equity of use and improved quality of service and to provide a benchmark for local provision. Better monitoring should be established for library and knowledge services in both sectors to demonstrate the value for money achieved.

- vi) **Continue to create opportunities for NHS and HE library and knowledge services to communicate and work co-operatively together at grass roots level (e.g. work exchanges, joint training and learning, joint task focussed groups, co-operative publications) and build on existing activity within region-wide and national networks** with greater emphasis on ensuring “easy wins” are recognised. Continue to develop existing communication channels at all levels (particularly senior levels) within and between HE and the NHS to support library and knowledge services and a web-based directory of NHS/HE/FE contacts, both national and local, developed and maintained to assist networking and facilitate communication. **Improve strategic and day-to-day networking between the many NHS and HE/FE groups** that are involved in (or have an affect on) interconnectivity issues – both technical and non-technical – and potentially reduce their number. **Establish a mechanism for co-ordinating, communicating and learning from the large number of initiatives and amount of activity, local and national**, around these issues and to identify “the success stories”.
- vii) **The NHS should further develop technical support and training expertise of NHS Trust library staff to undertake a more adequate and effective role in relation to e-resources access and evaluation. The NHS and HE (involving SCONUL) should establish joint protocols and standards for information retrieval training for NHS/HE users of healthcare library and knowledge services**, ideally developing accredited training, recognising that the two sectors have legitimate differences in needs and approaches. More extensive use should be made of alternative provision, such as ECDL or independent learning packages, for basic IT training (such as keyboard skills and use of standard programs).
- viii) **The NHS and HE jointly should carry out a user needs analysis of healthcare staff** entitled to use their library and knowledge services and of the wider health community to include those who potentially ought to have access to the services, building on existing studies.
- ix) **SHA and NHS Trust IT lead officers and HEI IT departments should work with WDC, NHS Trust and HEI Librarians (as appropriate) to raise issues and awareness in their areas and to make practical initiatives happen.** JISC and the NHS should enter into dialogue now about the need for the new Access Management Service contract for e-resources to accommodate both HE and NHS requirements. JISC should consult more widely with practising healthcare librarians from both sectors and explore with potential partners the possibility of setting up a JISC health special interest group, to include NHS, HE and JISC representatives.
- x) **The wider use of Athens authentication should be promoted and adopted and the feasibility of establishing a joint password procedure for HE and NHS users be explored** through JISC. NHS staff need improved and wider access to PCs and networks in the workplace, both in NHS Trust hospitals and the community, so as to develop IT and information retrieval skills through practice.

## 1. Introduction

- 1.1 The NHS/HE Forum has included in its work agenda consideration of the interconnectivity problems surrounding JANET and *NHSnet*. A number of pilot projects around the country have looked at the technical issues, although nationally a solution has not been identified. It is the opinion of the Forum that non-technical barriers to knowledge access across HE and the NHS also exist. This study was commissioned to look at particular “softer” interconnectivity issues - funding transparency, user access and eligibility to use resources, copyright and licensing matters and administrative complexities - with a view to bringing technical and non-technical identified barriers together in seeking a more complete solution.
- 1.2 In the consultation exercise there was some feeling that the debate should not become over involved in the IT connectivity issues, since this area is constantly improving as a result of government targets and local initiatives. NHS IT strategies are best influenced at a national rather than local level. However, there was a common opinion that removing all barriers is important, both to improve library and knowledge service provision to health learners, staff and practitioners at all levels and to maximise the use of financial and physical resources, ultimately to the benefit of both sectors and to the taxpayer. (During the initial interviews (and consequently the consultation), technical issues were raised. Although not strictly within the remit of this study, the Commissioners considered it important to capture these points as a contribution to the wider debate. They are covered in Appendix 1).
- 1.3 It is sometimes said that one of the hindrances to HE/NHS partnership is that there is one HE but a fragmented NHS. However in talking to the initial interviewees in this study this assertion was sometimes questioned. Within the UK there are separate funding arrangements for HE, and separate NHS, for England, Scotland, Wales and Northern Ireland. This has led to the development of different structures, giving rise to the different ways that HE and the NHS relate to each other in the home countries of the UK.
- 1.4 Within the UK there are various funding bodies for both the NHS and HE, including national assemblies, higher education funding councils, government departments, Workforce Development Confederations (WDCs) and NHS Trusts. There are no WDCs in Northern Ireland, Scotland and Wales. Different local strategies are emerging, for example for IT, although new IT system initiatives are submitted to the NHS UK Security Panel for approval. Legislative requirements may also differ. In Northern Ireland, for example, there is no legislation to support clinical governance and the province is to have a Health and Social Security Regulatory Authority to include a quality remit for patient care. The National electronic Library for Health (NeLH) does not provide coverage for the whole UK and home countries are developing their own similar provision.
- 1.5 Devolution of national responsibilities to the home countries, and Regionalisation, means that approaches to problems have to be aware of, and take into account, the varying structures and methods of service provision, as do any solutions. Although this report suggests some ways forward, given such a multifarious backdrop, it may have to be accepted

that there is not a single solution to NHS/HE interconnectivity problems for the whole UK.

- 1.6 In England, and to a lesser extent Scotland, there were comments from both NHS and HE interviewees about differences in the cultures of the two sectors, including political, structural and legal aspects, that can hinder partnership, collaboration and joint-working and may impede the effective delivery of services to users. The two sectors sometimes express negative perceptions of each other, both overall and in relation to library and knowledge library services. However, there are excellent examples of collaboration, often at local level. These comments gave rise to a good deal of response in the consultation process. Since the comments and responses provide an important backdrop to the question of barriers to knowledge access, they are reported in Appendix 2.

## **2. Administrative Complexities**

- 2.1 Generally difficulties over administrative complexities were not reported as a major problem by interviewees or consultees. A number of interviewees felt that perceived administrative complexities (and other differences in the two sectors) were often partly a people issue. Working relationships and practices are often a key factor in these perceptions. This also applies to relationships with IT staff who often do not appreciate the needs of library users. Where effective dialogue or joint working had been established locally, differences generally appear not to be such an issue. However, particularly in England and Scotland, those trying to tackle issues in one sector often do not know who to talk to in the other sector. NHS/HE library services' working relationships, and the consequent service and access to NHS staff and students, can often be greatly enhanced in joint provision libraries or where HE libraries are on NHS sites. However, it was noted in the consultation exercise that this may not always be the case. In some instances where an NHS Postgraduate Library and a separate HE provided library (e.g. of a former school of nursing) are on the same hospital site, there can be inequity of provision both for NHS staff and HE students. Access arrangements and procedures may differ for each library which is confusing for users. This can be overcome through the model of a multi-disciplinary library service provided jointly by the Trust/HEI (even if in two physical locations on the site) for both the HEI students and NHS staff.

### **Service Level Agreements**

- 2.2 Service Level Agreements (SLAs) negotiated locally for HE provision of library and knowledge services to the NHS, and in some instances vice versa (especially for the nurse education sector which is a heavy user of NHS Trust libraries), also help to improve inter-sector understanding as well as service provision. Although these are not usually legal documents but statements of local services and performance targets, SLAs present opportunities for differences and problems to be recognised, articulated and addressed. SLAs have formerly tended to contain descriptions of traditional services (physical access and lending issues) and are only more recently being used as the forum for tackling the far more difficult issues of interconnectivity and e-access. To achieve progress on this, it was felt that the membership of SLA committees should be carefully thought through,

and WDC Librarians<sup>1</sup> should address this in each of their areas. Developmental work around interconnectivity issues and other barriers to service should, therefore, be included in SLAs with performance measurement of results.

*In London, an interim SLA was developed and signed in 1999 covering all the HE libraries provided by Imperial College and NHS libraries, the staff employed by the NHS Trusts and the two (then) NHS Educational Consortia, through which the college, the consortia and the NHS regional library unit progressed local approaches to interconnectivity and access difficulties. These included access to e-resources, relationships between library and computing services, and inter-sector communications. The SLA was seen as a new and powerful link between the NHS and HE that mutually benefited both the teaching and research on the hospital sites and in the college. However, there was recognition that a high-level strategic approach to the problems was required. This initiative has led to joint work on an SLA between the NHS and UCL, due to be signed in 2003, which has identified current practice and service provision, levels of funding, user groups and numbers, access procedures and areas for future development. Overall levels of understanding and mutual appreciation have been increased through joint working and discussion.*

- 2.3 Within NHS Scotland, there are some SLAs that seem to work well. Equally, however, it has to be recognised that there are several which suffer from lack of definition of NHS needs and detailed specification of services provided by HE. In a number of cases, there has been a lack of management responsibility on both sides for SLAs that has resulted in poor accountability and absence of an audit trail. In such cases, the future of SLAs has become contentious, and standards and generic models would help SLAs to operate more effectively. Generic SLAs and national standards, building on existing work such as that by HeLicon's Accreditation of Library and Information Services in the Health Sector, and should be developed to measure and improve quality of services, support equity of use, provide a benchmark for local provision and assist good practice. Many HEIs have "link-librarians" who have responsibility for NHS liaison, and reference to these should be included in SLAs where appropriate, as should identified liaison staff in the NHS Trusts served.

### **3. Access and Entitlement to Resources**

- 3.1 NHS staff and students and HEIs' library staff are often confused and uncertain about the NHS entitlement to make use of HEI libraries, even where these have been specified under a Service Level Agreement (SLA). There is also frequent confusion over what resources NHS users can have access to and how (e.g. lending rights or reference use only, use of e-resources). Apart from the NHS entitlements to HE libraries, there are also

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<sup>1</sup> Most if not all WDCs have made an appointment of a designated officer to lead library and knowledge service provision in their area. These have been appointed with a variety of titles. For simplicity, they are referred to as "WDC Librarians" in this report.

issues around HE students' and staff entitlements to use NHS libraries. Many NHS libraries do not receive any financial support from SIFT, yet medical students expect to use the local NHS Trust library as a right. University medical schools require that students on placement have 24-hour access to a library, often without consultation about the problems this may pose the Trust library. (There was considerable input from consultees regarding NHS/HE libraries and education; see Appendix 3).

- 3.2 HE has addressed inter-access of their libraries through the co-operative venture, *UK Libraries Plus* which could apply to certain NHS staff. Membership is open to all HEIs in the UK and 123 (over half) are now members. The scheme enables part-time, distance and placement students registered at an HE library to register to borrow material from up to three other nominated HE libraries. Full-time students and staff may use other libraries on a reference only basis. Part-time, distance learning and placement students may gain reference access to any number of *UK Libraries Plus* libraries by applying for a reference card, as with full time students and staff. A user's membership lasts for one year, the period of registration or the length of the course or placement, whichever is the shortest and may be renewed if the course or placement continues. The *UK Libraries Plus* concept could be explored to facilitate NHS access as an alternative to SLAs in some instances or parallel/complementary to SLAs elsewhere.
- 3.3 *UK Libraries Plus* does not normally allow access to computer facilities (including access to electronic journals and databases to which the host library subscribes) because of licensing agreements and different local access policies. In response to a survey of *UK Libraries Plus* borrowers conducted in 2000, where users said they were very satisfied with the scheme but would like to be able to access computing facilities within the host library, a pilot project, *UK Computing Plus*, was established within the *UK Libraries Plus* scheme. Six member HEIs of *UK Libraries Plus* agreed to provide some form of IT access (within libraries only) to borrowers registered under the *UK Libraries Plus* scheme. The pilot started in November 2002 and runs throughout the 2002/03 session. All the sites provide access to the Internet as a minimum, enabling access to any web-based information services for which a user has a personal Athens password. Other services may be available at the discretion of the participating library. Although it was not clear from the survey for what purpose computers were wanted (e.g. word processing, email, access to electronic information services), the pilot scheme aims to offer a range of different forms of access while observing institutional licensing and computing regulations. Details of access provision varies from site to site and are detailed on the web, but include simple access to the Internet, access to a restricted range of electronic information services, access via designated PCs to MS Office software, and the use of thin client technology to allow students to connect to their home institution and the full range of networked services provided there. *UK Computing Plus* is currently conducting a review of licensing conditions for their electronic information services; see 4.6 below.
- 3.4 Although it was decided not to provide general publicity for the pilot at all *UK Libraries Plus* sites, some of the pilot sites worked hard to promote it to all their part-time and distance learners. All the pilot sites tried to promote the service to visiting *UK Libraries Plus* borrowers (both existing and new)

and ensure that anyone eligible to take advantage of computing access had the opportunity to do so. Despite results of the earlier survey of *UK Libraries Plus* borrowers, there had been little take-up of the *UK Computing Plus* service by February 2003. No site had registered more than 12 users in total and two have not yet registered any, despite having all their publicity material and staff training in place. The low take-up may be because:

- the pilot has not yet been running very long
- there are not enough HEIs in the pilot (there is no guarantee that the sites who offered to join the pilot are in the right place to help the users who said they wanted access to computers)
- more people now have access to the Internet at home
- home institutions are making more electronic services available to off-campus users, so users have less need of facilities in host institutions
- publicity was limited.

- 3.5 HE licensing arrangements for e-resources often seem to prevent NHS users from accessing certain materials in some libraries, although others appear to operate a policy of access to all walk-in visitors. These apparent differences in approach add to the confusion that NHS staff feel. Additionally, although SLAs with HE usually cover all NHS staff and students, some groups (such as allied health professions) may feel that HEIs provision of material in their discipline is not adequate. This was summed up by an NHS consultee as *“What we would like is funded access for all categories of staff and students from all organisations – what we have is confusion due to lack of funding and different licence agreements”*.
- 3.6 A consultee group also put access for nurses into an historical context by referring to nursing library resources being transferred to HEIs when nurse education left the NHS for the HE sector. This took major sources of nursing knowledge from the NHS and left it reliant on the university libraries that received the stock. This caused problems for nurses requiring information for clinical work, rather than education, who found the material they needed had been removed. If they were still permitted to use it, they found it was often in a library miles away, and *“the responsive service they received from the nursing library was replaced by the “one-size-fits-all”, self-service approach of the university library. This was a major issue, which NHS libraries have had to address”*.
- 3.7 The recent expansion of the NHS Scotland e-Library provides over 4000 full-text electronic journals, over 20 databases and approximately 200 full-text electronic books via the Internet to all NHS Scotland staff, with training materials and information leaflets being readily available. This range of electronic health information resources surpasses that provided by many university libraries and has altered the balance of provision in the Scottish context. In those areas where the NHS has depended predominantly on provision of Library Services from HE via Service Level Agreements, the e-Library has prompted enquiry into which specific complementary services are in fact required from HE and which might be better provided in the future via direct NHS management.
- 3.8 In Wales, access policies vary from Trust to Trust. At the University of Wales College of Medicine, JANET registration for clinicians depends on the level reached in training or if they have teaching contracts with the College of Medicine. Allied health professionals do not enjoy access rights

since they have no contract with the College. However, entitlement to library access/membership is entirely multi-professional.

- 3.9 Access problems to the knowledge base for NHS/HE personnel also extends outside the sectors. Thus the Consortium of Independent Health Libraries in London (CHILL) highlighted for independent libraries the constant issue of falling between the university and NHS stools (e.g. having access to neither JANET nor NHSnet, not being part of big consortia deals, etc.) while still trying to serve users who in many cases are either NHS or academic. This includes the Royal Colleges and BMA who have considerable library facilities (and their own Athens) and responsibilities for higher education of trainees. A similar situation was reported for Royal Colleges in Scotland.

#### **Overlap of use and need**

- 3.10 There was considerable lack of agreement about the overlap of need and use between the NHS and HE users of the two sectors library and knowledge services and resources. HE libraries express concerns about potential high levels of use from the NHS that they will not be able to accommodate. Some fear that these difficulties will become even more marked as the NHS strengthens links with Social Services and social care staff will start to access wider information resources. However, it was suggested that it is a misconception that the two sectors are serving the same users. The overlap of library user groups is small with the NHS having its own customer profile. One NHS source estimates that only 20% of NHS staff visit HE libraries while another felt that there was a 7% to 15% overlap. 80% of NHS staff will be using the NeLH, regionally/nationally provided e-resources and printed sources without mediation.
- 3.11 It was suggested in the consultation process that the extent to which NHS users access HE libraries depends on where in the country they are based. If they are based in or near a teaching hospital/university, then they will tend to use the HE library because that is what is easily available. But this applies to a very small percentage of NHS staff - most tend to use HE libraries when they undertake a course of study, not to support their practice. However, it was further stated that the picture is different where there is a joint NHS/HE library service. The HE managed library at Southampton General Hospital reported having very many registered borrowers from acute and primary care trusts. Several consultees felt that ultimately users (whether NHS or HE) will use any library that is convenient to them, largely irrespective of the facilities or resources available to them.
- 3.12 Some interviewees considered that overall NHS and HE users of e-resources appear to have different content requirements without much overlap, except for students (especially allied health professionals) where the needs of widening curricula require them to have access to a broad base of journals. Within the NHS the largest demand appears to be for full-text journals and abstracts. The academic need is for primary journals for research while NHS requirements centre on clinical provision. However, some of these perceptions were questioned in the consultation exercises as possibly an over-simplification. There was a feeling that needs should fundamentally be the same, since the NHS should be research informed and HE health researchers should be reasonably clinically informed. For example, in Scotland comparing NHS library journal holdings with Glasgow University journal holdings indicates that there is a considerable area of

overlap but also areas of specialisation on both sides, with the NHS subscribing to journals relevant to clinical practice and HE subscribing to a greater proportion of scientific journals. It was considered unlikely that this difference extended to nursing and allied health professional journals. Similarly, cross-matching the existing NHS Scotland e-library and the e-resources provided by Aberdeen University identified a significant degree of duplication.

*A project is being developed to assess the duplication in the purchasing of content from e-publishers by NHS and HEIs focusing on the licensing activities of three institutions: the NHS N.W. London WDC and two of the organisations with which it collaborates in the education of health sector staff – Imperial College and Buckinghamshire Chilterns University College. The aim of this proposed study is to recommend how purchasing may be improved, and savings or other benefits realised, through new licensing arrangements with suppliers of content. The study will:*

- *Establish the extent to which duplication in purchasing content currently exists*
- *Assess the benefits from combined purchasing of content given trends in requirements for access by different users*
- *Identify factors that will influence the feasibility of achieving combined purchasing, including changing commercial relationships between publishers.*

*It is proposed that the project is divided into three complementary parts: investigation key issues influencing duplication of licensing; a mapping exercise; and case studies of individual users.*

3.13 It is accepted that there are many individuals who require access to both types of resources and/or have affiliations with different institutions and/or are on joint NHS/HE contracts. FE generally does not tend to use abstracts but needs access to full-text resources for access courses, such as nursing. This sector tends to have a more structured guided-learning approach than HE and currency of information is less important. FE libraries tend to be smaller than in HE with a mixture of provision, including purchasing through CHEST.

3.14 At present solutions to many access difficulties have been developed locally. However, these are often seen as costly or stopgap work-arounds to the wider problem. In some instances more use is being made of the Internet, sometimes through stand-alone Internet access. HE has negotiated some of these with local NHS Trusts to enable students on placement to access HE resources, sometimes on a password basis, as with the Sheffield web gateway. The KA24 project regards students on placement as “honorary members of staff” who, as such, are entitled to use NHS resources including KA24. The licensing agreement, however, does not allow students to access KA24 when they are not actually working for the NHS. These various approaches are felt not to address the heart of the problem. As staff and students increasingly move around and between the NHS and HE they need seamless, simple, speedy and universal access to services and resources however and wherever they are provided.

3.15 It is important to recognise the range of user activity across HE and the NHS clinical environment from pure educational activity to dedicated patient

care. This would be best addressed through surveying users' patterns of use/access and looking at their needs along their learning and career pathway and building flexibility into the way all library and knowledge services respond to those needs. To help establish a shared understanding and clarity of the demands on healthcare library and knowledge services, it was suggested that a user needs analysis should be carried out of NHS staff/HE users (and of the wider health community to include those who potentially ought to have access to the services) and to identify the gaps/overlaps in service provision. (One NHS consultee group considered that there is quite a body of literature already about healthcare staff needs that should be used, rather than repeating the research).

*Canterbury Christ Church University College (CCCUC) and the NHS Kent Education Consortium undertook collaboratively three surveys in 2001. Two surveys examined patterns of library use by CCCUC healthcare students and academic staff and were particularly aimed at discovering the value of NHS library services to students and academics. The third was directed at NHS staff in Kent to examine their patterns of library use and to discover whether access to CCCUC library service would be of value to them for clinical use when not undertaking a course of education.*

*A complex picture emerged from the surveys, indicating a high level of inter-dependence. Although NHS library services are making a significant contribution to the education of healthcare students, that is nowhere made explicit. For example, there is no overall strategy to ensure that learners are adequately supported whether they are pre-registration students on placement or post registration students undertaking part-time study. In order to improve the quality and relevance of that support, NHS library managers need to be linked more closely into educational planning processes. Meeting the needs of different categories of students and providing a user-focussed service requires a mechanism for continuing dialogue and joint working at strategic and operational levels. It was considered that a SLA, supported by the Kent Surrey and Sussex WDC and the CCCUC, would provide the basis for such collaboration.*

### **Skills**

- 3.16 Lack of IT skills by users of e-resources (both in the use of equipment and in information retrieval) is seen as a major handicap to access. The HE library sector perceives that it has done more to enable its users to access e-resources for themselves rather than relying on the librarian mediated approach of the NHS. However, within the NHS there are concerns about the expectation that all staff should carry out their own searches, particularly of databases. Health staff do not in general have access the same IT infrastructure as HE nor to PCs in the work place with which to use online resources or undertake searches, especially in primary and community care. This, coupled with technical barriers, prevents them from achieving or maintaining a good level of e-literacy. These barriers cause healthcare workers to feel that time taken on lengthy searches, with possibly poor results, is time lost to their "real work". Poor results include obtaining too much material which they then have difficulty evaluating or not getting relevant data. This leads to library staff being asked to undertake literature searching. It was considered by one NHS librarian that NHS staff sometimes appear to prefer undertaking "quick and dirty" searches through search engines rather than using individual databases, especially nurses and allied health professionals. (One allied health professional reported

preferring to use Google rather than the NHS's own search engines when looking for NHS documents and material, because the results were better! An EDNR survey found that only 10% of HE users use their university search systems; 45% preferring to use Google. It would appear that a preference for Google is not unique to the NHS and does not reflect on NHS or HE search systems but rather on users' perceptions and (possibly) on end-user IT skills training). There are also issues around appropriate use of time and comparative salary levels. In workplace library and knowledge services, it is common to save highly paid executive time by employing less well paid information workers to search for appropriate information for them. Thus it can be more cost effective for a library staff member to spend time searching than a consultant. There is room and a case for both end user and mediated search models in the NHS.

- 3.17 NHS staff need to be supported, encouraged and trained to make the best use of e-resources however they are provided. In general, NHS library staff encourage people to develop their own skills but acknowledge the difficulties of their user base in achieving this and the importance of their finding access to the best information to support patient care. It has been demonstrated in NHS projects that better and higher levels of use of e-resources follows training that develops confidence and encourages learning through experience rather than simply providing the e-resources alone. NHS library staff are ideally placed to carry out this role and indeed do so to a large extent on a day-to-day basis, much of it because the NHS perceives that staff and students cannot get adequate and timely training from HE libraries. However, it is felt by both sectors that Trust and HE library staffs often do not have the time, technical knowledge and support, or training expertise to carry out this role effectively. Additionally, many NHS libraries are so under-resourced in staff and space that they do not have the capacity to take on full-scale training. There are now many examples of librarians being employed in NHS Trusts purely to undertake this training and support role, with many areas having recruited outreach/trainer posts for this purpose over the last few years, and this needs to be extended. Regions such as South West and South East have provided opportunities for library staff to increase their training and education skills. It is hoped that the planned NHS e-learning strategy will also assist in providing solutions to the huge workload involved in reaching all NHS staff.
- 3.18 Many librarians in the NHS are very aware of the need for end-user education. NHS Trust librarians by undertaking training in the use of e-resources as a core function may achieve considerable leverage within their organisations, especially in light of the development of the NHSU. Such training should lead to NHS staff at all levels becoming more confident and self-sufficient in using e-resources. In NHS Scotland Library Services, end-use and mediated searching are seen as complementary rather than mutually exclusive and considerable efforts are in fact invested by NHS librarians in outreach and training.
- 3.19 It was suggested by an interviewee that SCONUL could play a part in joint initiatives around training to support NHS libraries with small staffing levels. Several consultees, however, expressed concerns that approaches to training that are regarded as effective for HE libraries should not be assumed to be directly transferable to the NHS setting. Planning of training for the NHS should start from first principles and be a direct response to analysed need. There are major differences between the HE and NHS

populations and the contexts in which they will conduct searches. Differences include such as reasons for searching (e.g., immediate practical clinical or management issues as opposed to coursework or research), previous educational experience (the NHS population has a much broader spectrum of educational attainment than university populations), time and location available for teaching, baseline e-literacy. However, agreed standards for information retrieval training would be helpful, ideally accredited to reward the trainee through a credit system. (This has been explored in the West Midlands, but was found to be very complex with a wide range of requirements for CPD credits). One HE consultee suggested that for those prospective NHS staff who are taught within HE, a core information proficiency level should be mandatory (and examined) within the HE courses, thus ensuring that future generations of NHS staff are being equipped with appropriate skills even before they enter NHS employment.

- 3.20 The NHS and trade unions have agreed an Agenda for Change which will do away with the separate Whitley Council's grading and salary structures in favour a single spinal pay column. Staff who develop additional skills and competencies required will be rewarded by salary increases. These developments - in health informatics competencies and in CILIP's professional qualifications - will need to be considered alongside the maintenance of existing librarianship/information skills and the need to develop fresh skills in supporting NHSU and other learners.
- 3.21 Basic IT training (such as keyboard skills and use of standard programs) for NHS staff should be provided largely through externally developed resources, such as the European Computer Driving Licence (ECDL) which as been adopted as the NHS standard training or independent learning packages, freeing library staff to concentrate on teaching information retrieval and literature evaluation skills. User education is highly relevant to both sectors and would appear to be a fertile area for joint discussions to further identify the sectors different needs and to explore and develop areas of joint working.

## **4. Licensing, Copyright and Procurement**

### **Copyright**

- 4.1 Although copyright was not reported as a problem by the initial interviewees, in the consultation process difficulties from anomalies in the Copyright Licensing Agency/NHS copyright licenses were noted. For example, an HE library with a contract to support the local NHS Trust can legitimately request two articles from the same journal issue from an NHS library for an NHS user. The same NHS library cannot ask the HEI library for the same. With a mixed network of HE and NHS libraries, all have to obtain signatures from users for photocopies just in case the requested item is supplied by an HE library. The NHS has established individual photocopying licences in each on the home countries. In England, a centrally negotiated licence permits the photocopying of published material by all NHS personnel, who can copy a wide variety of books, magazines and journals for clinical and information purposes as part of the NHS Information for Health Strategy. For Northern Ireland, another centrally

negotiated licence allows all DHSS & PS staff to copy a wide variety of books, magazines and journals for clinical and information purposes as part of their daily work. The Health Department of the Scottish Executive has signed its own three-year copying agreement on behalf of Scottish NHS Trusts, Health Boards and General Practitioners, which also covers photographs and illustrations. The Welsh licence will cover all NHS bodies, permitting NHS employees to copy published literary material legally over and above the statutory limits, within agreed terms and conditions.

- 4.2 Currently these arrangements, and the general fair-dealing understandings, seem to work well, although concern was expressed that the new Copyright Act could affect this detrimentally. However, users' understanding of photocopying legislation is notoriously vague. From the NHS and/or HE library services' users' perspective, the fact that there is not a single licence for the two sectors, plus there being different NHS licence conditions for each the home countries, could potentially lead to confusion and inadvertent breaking of the law.

### **Licensing**

- 4.3 For many licensing for e-resources was a key aspect to access for users. Licensing agreements with publishers for electronic access to journals can disadvantage library users of HEIs who are not members of a particular institution but may be legitimate registered users of the library service. So, for example, NHS workers in HE training and people on placement have problems accessing some of the databases. Such users are unable to access remotely all the e-resources to which the library subscribes (e.g. at home via the Internet) although walk-in users of libraries sometimes do not experience a problem if using a terminal in the library. Some licence agreements include walk-in use, such as the Model NESLI Site Licence and JISC's Model Licence for Journals which cover walk-in access for those "who are registered as permitted users of the Licensee's library or information service and who are permitted to access the Secure Network from computer terminals within the Library Premises". NHS Scotland e-Library licences cover walk-in access for non-NHS users and allow access for students on placement.
- 4.4 In 2001, UMSLG commissioned a survey on the extent to which HE medical librarians are able to provide e-resources to the local NHS population. Findings include:-
- Many CHEST agreements for database access do not cover walk-in or remote access for non-HE users. However, publishers do not usually object to walk-in access. For other agreements, HE librarians have often developed various means of non-HE access, including:  
*Walk-in users*
    - Login offered through a generic user ID.
    - Internet access available to NHS users on open access PCs, with login either not required or with guest passwords divulged on request.
    - Kiosk mode.
    - Guest Athens passwords for in-library use.
    - Individual login, although usually restricted to in-library access.*Remote users*
    - Honorary staff having the same rights and privileges as university staff.

- University (but not NHS) staff usually able to register to use the university dial-up service which enables remote access to IP address registered electronic journals.
- Considerable progress has been made in recent years regarding IT provision and the infrastructure of networks. Consequently, among those surveyed, licensing issues constituted the major concern.
- Respondents' recommendations included:-
  - Licences should cover all full registered members of the library, regardless of institutional or sectoral affiliation, for access to resources from within a subscribing library.
  - The practice of sectorally-based licensing should be reduced through joint negotiation.
  - HE should align itself with the units of negotiation in the NHS (e.g. Workforce Development Confederation, Region, national level, NeLH), so that maximum synergy can be established and joint negotiation undertaken. There is scope for UMSLG/HE medical librarians to play a more significant role in ensuring that licenses are appropriate for resources being negotiated.
  - Greater use of Athens authentication.
  - Actual usage to inform equitable charging.

4.5 One consultee referred to the fact that if their CHEST agreements did allow walk-in users access, either guest logins to PCs (and guest Athens passwords) would have to be provided or PCs that are not part of the institution network. Both these solutions would require staff resources and equipment, which would be a major problem for them being a small institution. Because of the competition between NHS and HE sectors, prices for subscriptions have also been competitive. Joint negotiations for sectorally-based licensing are likely to disadvantage small institutions as the subscription fees would probably be higher. CHEST/JISC price banding has meant that small institutions have been able to afford some databases which they could not have done previously, e.g. Web of Science.

4.6 A *UK Computing Plus* task force is conducting a review of licensing conditions for their electronic information services in order to establish which services it is believed could legally be offered to on-site visitors under the scheme. It has already raised some interesting issues about the interpretation of clauses in some licences, for example in the definition of "walk-in user" and the circumstances under which such a person may have access to a service. The review has been assisted by CHEST which organised a meeting in November 2002 for organisations seeking clarification on licence terms. This meeting reviewed the wide range of user categories that may now use academic libraries and discussed ways in which the CHEST model licence could perhaps be modified in the future to make it easier for front-line library staff to determine which categories of user may access services. Although suppliers licensing material via CHEST normally accept a moderate amount of "walk-in" use, it may be a different matter if a more substantial scheme were to be adopted widely and publicised heavily.

4.7 E-resources purchased for NHS staff may be used by HE staff and students who work for or have a connection with the NHS, but may not be used by other HE staff with no such affiliation, which leads to confusion. Overall, NHS/HE libraries can find that they are purchasing e-resources twice –

once for HE users and again for NHS users. It would also be important that any e-resources procured under central agreements for both the NHS and HE (whether via NELH, JISC or any other agency) are available to all within the component organisations, not just to those in medical/healthcare disciplines. NHS libraries are not regarded by publishers and licence holders as academic institutions, thereby preventing them from benefiting from the academic agreements.

- 4.8 Aspects of HE library collection management can be driven by the restrictive nature of many e-journal deals, such as no-cancellation clauses which mean that, even where walk-in access is enabled for NHS users, there is a continued need to pay for multiple hard-copy provision. Additionally there is the fact that NHS users may not have desktop access when the historic print spend upon which e-provision fees are often based includes such as MADEL funding. Some consultees considered that publishers will sell a licence to allow all library users to access the resources that they require. The real issue is the cost of the licences to do this. Individually both sides can benefit from discounted sectoral purchasing because of the number of purchasers. Taken together, there is unwillingness by the publishers to consider pricing models that will recognise that the purchasers are operating in a cost-controlled public sector environment.
- 4.9 It would be useful if publishers would recognise these situations through providing special licensing agreements, including accepting a universal definition of an authorised user, for example as “any registered member of the library purchasing the material”. However, in the consultation process it was noted that NHS libraries often have users who are not NHS employees/registered members, such as patients, social care staff and people from the voluntary and independent sectors, who may have a legitimate need to access electronic information. The definition of “library user” should include these, much as they are included in the national contract for supply of databases to the NHS.
- 4.10 Publishers are considered too big for the NHS to deal with effectively alone. Although HE has a larger voice, it too has difficulties. However, HE sees the NHS as wanting “do its own thing” in negotiating with publishers or procuring IT. Publishers are getting bigger and more powerful and tend to play the sectors off against each other. The NHS and HE working together would strengthen their positions to the advantage of both. National procurement for the NHS aims to provide a national core provision with additional top-up being provided at local level. There appears to be the potential for HE and the NHS to negotiate jointly for national access to the e-resources key to both parties, with additional titles to meet local needs being added through local negotiation, possible with a WDC or a consortium of WDCs and a local HEI or consortium of HEIs. This could be approached on a Regional basis and/or separately for England, Northern Ireland, Scotland and Wales.
- 4.11 The UMSLG survey (2001) included the recommendation that HE should align itself with the units of negotiation in the NHS (e.g. WDC, Region, national level, NeLH), so that maximum synergy can be established and joint negotiation undertaken. It was felt that there is scope for UMSLG to play a more significant role in ensuring that licensing is appropriate. A cross-sectoral liaison (and possibly negotiating body) could be convened

with both HE and NHS library representatives specifically to develop joint standards for procurement and licensing of health e-resources. Independent libraries that provide services to NHS staff/HE would also wish to provide a representative on such a body.

- 4.12 HE in Scotland is in the process of tendering for supply of serials and NHS Scotland is at the same time in the process of tendering for e-Library content and print serials. Both sectors have incorporated a clause in their specifications encouraging suppliers to propose innovative and creative solutions to cross-sectoral access. Communication between the two sectors will be ongoing throughout the parallel tenders. The result of the first phase of national procurement for the NHS in England has been announced (see Appendix 3). Wales and Northern Ireland are also looking to make national provision but are waiting to see the results of the English initiative.

## **5. Funding and Contracts**

- 5.1 Clarity and transparency of funding is a major issue between the NHS and HE library sectors in England and Scotland. (This is not reported to be the case in Wales and Northern Ireland). Academics feel that the NHS is receiving high levels of library service provision and access from HE at a (low) un-costed rate, accessible to a large workforce with the potential of high demand and increased volume of use. The NHS perception tends to be one of restricted access for some NHS healthcare workers, stock provision with a strong medical bias, poor provision of materials for allied health professions, restricted access to some resources (including electronic), and lack of clarity about what the funding provides and access rights. Additionally, any assumption that e-access is always used can lead to under-funding of other areas of provision. There can be a lack of transparency in the use of different funding streams, often flowing through various routes with differing conditions, such as SIFT (or ACT funding in Scotland), which has made it difficult in the past to achieve integrated provision. On a practical note it was felt that different financial year ends of the two sectors was not helpful to financial planning, or in licence and other negotiations.
- 5.2 Differences in funding and contract arrangements in Northern Ireland and Wales means that these difficulties largely do not occur there. Relations between providers and purchasers are more direct with the contracts providing more contact with the funders. In Northern Ireland the recent contract renewal process included the establishment of contract monitoring groups which led to discussions about access and IT structure.
- 5.3 Both parties tend to feel uncertainty about how and how much external funding (e.g. NHS, HEFCE) flows to HE libraries and resources such as JANET. There is also anxiety, especially in HE, about the stability and levels of future funding for library and knowledge services, which is often only agreed from year-to-year. It was felt that longer contract periods (at least three years), including agreed levels of funding for the term of the contract, would better facilitate service planning and provision. Some consultees referred to the provision of library and knowledge services by the NHS to HE (such as in the new medical schools). Contracts for these

should also be developed as standard practice and under-funding addressed. Such concerns were also noted in the LINC Health Panel study (1997) by Sue Capel, *Library and Information Services for the Nursing Profession*<sup>1</sup>, which found that “Approximately 40% of academic respondents cite the lack of stability in funding levels and arrangements as a major area of concern for future development and liaison between all involved organisations. There is concern that adequate funding should be maintained and that present arrangements should be simplified and stabilised in order to allow for future development.” Contracts for the provision of library and information services were also a concern – “30% of academic respondents are concerned with the instability of the present contract arrangements and some of these would like to see longer term and more standardised and clear arrangements in place based on identified examples of good practice.” Librarians are not usually included in senior funding discussions nor contract negotiations<sup>2</sup>. Library and knowledge services and levels/types of provision, such as e-resources, are rarely considered in negotiating education contracts nor specified in them. (There are notable exceptions such as Southampton where local education commissioners have always made explicit reference to library provision). Local Service Level Agreements often seek to redress the balance. Some consultees felt that it was important that education contracts recognise and fully fund the support given by Trust libraries to placement students and should have clear specifications for library services, including how local Trust libraries fit into the picture.

- 5.4 HEFCE is to consider some of these difficulties by working on how to present financial information. *Funding Learning and Development for the Healthcare Workforce* addresses these issues and recommends a system of standardised prices, based on periodically assessed core costs. This would lead to a national pricing standard plus area allowances, e.g. for London, to meet identified additional costs of service provision. HEIs and FE would receive funding from the newly established Multi-Professional Education and Training (MPET) budget. Ultimately this will also fund provision for NHS staff without existing professional qualifications. One difficulty with having a national standard pricing model is that needs differ between WDC areas. NHS libraries relied heavily on the old MADEL for a large proportion of their funding and the levy has been set “historically” so some areas get more per head than others. Any framework for recommending local levels of contribution would need to take this into account. The costs to NHS libraries of supporting students on placement also needs to be taken into account, whether locally or within the proposed core national costs. NHS library funding streams rarely contribute to NHS library use by HE students and this can impact considerably unless local Service Level Agreements take them into account. Frequent lack of NHS funding generally to support new initiatives was also seen as a problem. A

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<sup>1</sup> Capel covered both technical and non-technical issues. It is noticeable that while the position regarding many of the technical issues she identified has moved on a lot since her report, many of the comments on non-technical issues are still relevant.

<sup>2</sup> One consultee felt that “there is something around hierarchical positions as well. In HE, the librarian can become a high-powered member of the establishment but this seldom happens in the NHS (do you know of an NHS librarian on a Trust board) - so there is a librarian perception problem. HE also has combined posts where the Librarian is in charge of IT as well, whereas the NHS does not see the similarity between IM&T posts and KM posts”.

number of consultees felt that funding should be linked to outputs rather than inputs. This would also help to address the differential costs of providing library and knowledge services in the different sectors and within different parts of the country.

- 5.5 The report *Funding Learning and Development for the Healthcare Workforce* also identifies *transparency* as a “key value” with the objective that “*education commissioners and providers should be able to account fully for their use of funding*”. WDC finance officers are seen to be key in ensuring this. An HE consultee believed HE library funding to be fairly well understood and that the problems of transparency are more applicable to NHS libraries. HE libraries participate in rigorous quality assurance processes that are linked to QAA and other stakeholder evaluations. If HE learning resources are under-resourced, then this will become clear as part of the quality assurance process. There is no direct equivalent in the NHS, although CHI now includes questions on library accreditation in their assessment visits to NHS Trusts.
- 5.6 Generally in England, a single fund managed by the WDCs is considered by NHS interviewees to be better than the previous mixed levies. However it is important that NHS Trusts and PCTs realise they have responsibilities to fund library and knowledge services as well. At present it is too easy for them to opt out. During the consultation it was noted that some WDCs had attempted to address this issue but with mixed success, especially with PCTs. Standards for minimum levels of funding by Trusts/PCTs could be set (or advised) nationally, although there is the danger that these would lead to some Trusts/PCTs funding only to that level (and not above). Some consultees felt that such national funding setting would not be feasible. One considered that “*successful library services have established good practice in creating unified budgets with contributions from all stakeholders; achieved through sharing experience and leadership, and that this is a professional development issue*”.
- 5.7 Although there is not a wish to overburden HE there is a feeling that better standard setting and monitoring of library and knowledge service provision by both sectors is required. Potentially this should be addressed by WDCs and Information for Health local implementation groups. The Welsh experience is that the commissioning process has been key in raising standards of provision. One suggestion was for the Best Value concept as applied to the public library sector to be used.
- 5.8 It appears that recurrent funding to purchase e-resources under the new NHS devolved arrangements has not been identified or is minimal, other than for the NeLH. This causes concern that the future access to existing resources, let alone new ones, is uncertain. Potentially this could place additional demands on HE, most likely the university medical libraries. This is another area that could be addressed by WDCs and Information for Health local implementation groups.

## 6. Strategic Development

- 6.1 Overall there is agreement that the current situation is untenable with the need for effective interconnectivity being obvious to staff in both sectors working with healthcare. Both sectors recognise that there are many shared issues, such as increasing user expectation, escalating costs, developing government policies/strategies, open archiving, digital publishing and Athens authentication. There is a strong feeling in both sectors that issues need to be addressed at a much higher level than at present if the barriers are to be overcome successfully. If a solution were possible through the present groups and current initiatives, it would have been found by now! It is essential to raise the profile of access and inter-connectivity issues that, outside the information world, may not appear particularly interesting. Any initiatives must be sensitive to the political agendas of Devolution (which is seen as increasing in pace with greater emphasis on distinctiveness) and Regionalisation, and be robust enough to withstand further development and changes that will inevitably accompany them. In Wales there is an appreciation at a high level of the difficulties and an Education Minister has recently expressed interest in the situation.
- 6.2 To help combat the lack of national solutions to difficulties in NHS/HE library and knowledge services' inter-relations, it was suggested in an interview that a high-level joint board should be established. Other interviewees generally agreed that this would be useful and overall consultees agreed, although there were comments about the importance of tackling difficulties at local levels as well and the need for any such board to encourage and support local working. For local/regional initiatives it was thought to be useful to concentrate on WDC areas in England since this is where the MPET funding will be based. The WDC can also be a useful focal point to bring libraries and IT personnel in both the NHS and HE together. Collaborative working of the WDC Librarians has not yet been fully demonstrated but once achieved, a coordinated and single-minded WDC approach could help to deliver many of the developments suggested in this report (e.g. national standards).
- 6.3 The board would act as a focus for medicine, health and social care within HE (which lacks such at present) and develop NHS/HE partnership working. It would take account of the work and interests of bodies and initiatives such as JISC, CHEST, NeLH, SCONUL, NHS National Knowledge Service, NHSU, etc., as well as the public library sector, and work at an appropriately strategic level to take ownership of health and social care disciplines and practice to ensure that solutions are identified at a national level and implemented. Consultees felt that it would be important for the board to take account of the provision of library services to nursing, midwifery and allied health professions, healthcare management and other relevant areas, and also cover the library services provided by the NHS to HE staff and students. The NHS Library Adviser would act both as a catalyst and co-ordinator for effectively managing change in this field and developing national programmes within a framework of consultation and inclusiveness to ensure integration and a genuine user-focus.
- 6.4 The board could be constituted as a "joint task group" of the DoH and HEFCE Strategic Alliance for Health and Social Care, which already has a number of these groups on various issues. This would establish a working

structure to the highest levels of the NHS and HEFCE. It will be important that the board also fits in with existing structures since it would be unhelpful if additional structures were created. Potentially the board could take over the role of the NHS/HE Forum and stimulate the regrouping of some of the existing health groups to establish a slimmer more flexible interest-group network. Similarly, it was suggested that the multiplicity of e-circulation lists in health (some more active than others) could potentially be streamlined to provide a more effective communication/networking forum. Given the range and number of potential actions and initiatives, a consultee suggested that the board should have a Programme Sub-Group to oversee and co-ordinate a number of delivery projects.

- 6.5 From the consultation process there was much feedback on the membership of the board. It was strongly felt that representation should be evenly balanced between HE and the NHS and should not be overly representative of university medical school interests nor focused only on educational provision. Representatives should be of such standing that they can “get things done” back in their respective arenas. Although not an exclusive list, membership of the board should include such as a university Vice-Chancellor; Dean of a medical school; and senior representatives of HE and NHS IT providers, HE and NHS funding bodies, the Departments of Health and Education, HE and NHS library communities (such as SCOUNL ACHS and LKDN), independent libraries and of clinicians and allied health professionals. Users should also be included to give a customer perspective, especially representing those who readily move back and forth between HE and the NHS. However, success may need a political will; perhaps at government Ministerial level. There was some feeling that a high profile “champion” should be sought who would articulate the vision for both library sectors.
- 6.6 Although the Strategic Alliance for Health and Social Care covers England only, the joint board model would need to recognise the different situations that exist in the home countries. The differences between the NHS and HE may not exist to the same degree everywhere in the UK but all parts should be represented on the board. This would enable states where problems are not so marked to maintain a watching brief and contribute examples of good practice to the deliberations of the Board. It would also foster cohesion across the UK. In the consultation process, NHS Scotland Library Services declared that it would see it as necessary to participate in the proposed UK-wide board for consistency and clarity in progressing joint working. For England, the HEFCE/ Learning and Skills Council’s *Partnership for Progression* initiative, bringing together HE and FE, could provide an additional context for this work. It is interesting to note that at present HEFCE does not list the Department of Health as one of its strategic partners.
- 6.7 For England, such a joint board could play a vital role in taking an overview within the Government’s Regionalisation agenda, which includes HE. JANET has become a backbone network for UK academic networking, interconnecting Regional Metropolitan Area Networks that may in themselves be legal entities and, therefore, able to choose who to include as partners. Potentially HEFCE will move to regional funding in the future.
- 6.8 To raise the profile of the importance of effective NHS/HE interconnectivity, the issue needs to be related to a strategic issue(s) of national significance,

such as the knowledge economy, the informed citizen, best use of resources and value for money, the National Knowledge Service. It was felt to be important to link to patient care outcomes and not library service inputs. To highlight the importance of the issues involved, and to launch the joint board, a national conference could be mounted, possibly by a professional conference company with healthcare experience (such as the Harrogate Management Centre). Input to the conference could be sought from senior executives in both sectors and a Government Minister from Education and from Health could be asked to make keynote statements.

## 7. The Way Forward

- 7.1 The Solutions/Recommendations (Pages 8 and 9) aim to:-
- ❑ Promulgate the strategic importance of NHS/HE interconnectivity issues, including raising the level at which these are recognised and tackled.
  - ❑ Acknowledge that there are two cultures – HE and NHS – that need to work collaboratively while recognising and respecting each other's agendas, needs and services.
  - ❑ Improve each sectors understanding of the other through dialogue and networking, particularly at senior levels, and partnership and co-operative working.
  - ❑ Identify some opportunities for partnership and joint working, including pilot projects.
  - ❑ Seek ways of building confidence and trust between the two sectors.
  - ❑ Address problems through better contracting arrangements for library and knowledge services, more effective joint procurement and licensing of e-resources, the use of Service Level Agreements, monitoring and national standard setting and more co-ordination.
  - ❑ Recognise and acknowledge that there are governmental, structural and organisational differences within the UK that solutions may need to take into account.
- 7.2 A number of potential projects arise from the report and its recommendations. These are listed in the Executive Summary (page 7). Once accepted by the NHS/HE Forum the NHS/HE Forum Content Group should scope the projects, call for proposals from interested parties in the two sectors and seek funding from the NHS, JISC and other appropriate bodies. It is important that any projects are undertaken in the light of any existing work or development. Where possible they should draw on the considerable experience that many have of these issues, in both sectors. Work could be produced for consultation with the wider health libraries community or pilots established to test methodologies, etc.

## Appendix 1

### Technical Issues

1. Interviewees in discussing access often referred to the technical problems around electronic interconnectivity, including those of JANET and *NHSnet*. From a philosophical standpoint, access problems are seen to be exacerbated by both the NHS and HE being adverse to risk, with the NHS restricting access via *NHSnet*, NHS Trusts reacting strongly to misuse of the Internet, fears about unauthorised access to patients' records and HE being concerned over the interpretation of licensing rules for fear of litigation. One HE consultee considered that both sectors are only too aware of the legitimate security implications, relating to networked access to electronic resources but that this should not be taken to mean that the sectors are risk adverse. There are also worries over network capacity. Additionally, the provision of two terminals for individuals so that access to different networks can be achieved, and the installation of wiring for two networks, are seen as concrete evidence of a lack of ability to overcome technical issues at a national level.
2. Capel found that *"25% of academic respondents see the development of joint working programmes between the NHS and higher education cultures on the resolution of technical and security problems involved in the joint networking of the systems as being one of their five key factors in the development of library and information provision ... Equal numbers of [NHS] Trust respondents (16%) emphasise the importance of access to electronic means of access to resources, the need for adequate training in the use of technologically based services, the networking of services between sites and the provision of electronic means of access to materials and communication for distance learners. There is also a suggestion that electronic resources should be co-ordinated at both a national and regional level."*
3. *NHSnet* was established as the private electronic communication network for the NHS. Originally designed simply to connect hospitals to health authorities and transfer administrative data, it now connects thousands of operations and a wide variety of data. A project to replace *NHSnet* in 2004 (with the working title N3) is currently at Outline Business Case stage. Meanwhile *NHSnet* is being upgraded with Broadband connections, at a cost of £45 million, by the existing network supplier (Cable and Wireless). The bandwidth is being increased so that every GP practice will be upgraded to a 256 Kb fixed link to *NHSnet* and with each Trust (including Primary Care Trusts and Strategic Health Authorities) upgraded to 2 Mbs. This will provide faster and more reliable connections for online booking of hospital appointments for patients by GPs and also enable patients' details to be available to clinical staff where and when they are needed. Health professionals will benefit from better access to the knowledge base for diagnosis and decision support. New services will also be facilitated, such as the electronic transfer of prescriptions between GPs, hospitals and pharmacists.
4. *NHSmail*, the new secure e-mail and directory service which offers all staff an "nhs.net" e-mail address, is now operational. This service enables staff

to keep the same e-mail address throughout their careers in the NHS in England and will make information sharing easier throughout the service. Contact details for all NHS employees, and information about their role and professional interests, will be stored in the directory making it easier for NHS colleagues to find one another. The directory currently has 700,000 entries and the aim is to expand it over the next 12 months until, by March 2004, it includes an entry for every member of the services 1.2 million staff.

5. A reoccurring complaint among users who have dual access is that they require separate passwords to access different resources even when they are made available through one authentication scheme, such as Athens. The majority of HE and many NHS users gain access to e-journals through Athens. One consultee pointed out that Athens administrators only have control over the databases their institution subscribes to. NHS and HE Athens administrators are usually different people and may not know which sources are available under the other scheme. An Athens administrator in an HE institution cannot allocate NHS resources to students, even if they were eligible to access them. It was suggested by an interviewee that it might be possible for Athens to separate the lists of items available to HE and NHS users so that Athens administrators could register individuals to access either or both lists as relevant using the same password. One less than ideal but nonetheless workable solution has been to link e-resources to the "group field", enabling one NHS trust to offer a different set of resources to that of another. Another consultee (group) suggested a self-registration system for authentication (as in the current Scottish model) in which the registration application is referred back to the home institution for verification.
6. Technical issues also affect HE students, e.g. nursing and medical placements, wishing to access their university's resources, e.g. e-mail, full-text journals, from NHS PCs where they need a local ID to access the Internet through the Trust's intranet/NHSweb. In Wales, the new College of Medicine library management system will also host all 25 postgraduate libraries and within 18 months it is likely that all NHS libraries and the College sites will be using the system through the Health of Wales Information System (HOWIS) firewall. Additionally, a joint partnership project between Health Solutions Wales, the National Assembly for Wales (NHS Directorate) and the University of Wales College of Medicine is beginning to achieve interconnectivity between the NHS network in Wales (dawn2) and JANET using a single link from the College to the NHS network. This will enable students on placement in any primary care site in Wales to have access to College resources and for clinicians on the College network to have access to resources on HOWIS they are entitled to view.
7. In the 2001 UMSLG survey, HE medical libraries identified a need to pursue a dual mode of access to e-resources. Although it was recognised that IP number recognition makes it easy to provide direct access to electronic journals for users while on campus, access from home (or outside the campus IP number ranges) is hampered by this where dial-in access cannot be provided. Since dial-in access to an HE computing service is rarely extended to clinical staff, the pressure for an alternative mode of access is even greater. Consequently, the possibility of promoting access using Athens user IDs was recommended as an important additional area to explore. Generally, remote access to e-resources away from the study or

work place is recognised as being problematic. This is supported by Capel (1997) who reported that “*There is a strong demand from [academic] respondents (30%) for the development of solutions to the problems of remote access to library and information services for those working or studying at a distance from the central university library or a workplace library. Remote access services are required by those who are on placement and those who are working in the community or in general practice and need access to up-to-date information to support the development of their clinical skills.*” NHS respondents saw “*remote access to information as a vital element in making equality of access a reality ...*”

8. Athens provides its service under a contract with HEFCE, acting on behalf of its funding councils collectively (including HEFCW (Education and Learning Wales) and SHEFC), through JISC. The current contract expires on 31 July 2003 and has been put out for tender for a new five-year period to start on 1 August 2003. Currently over 400 higher and further education institutions make use of Athens. This represents complete coverage of HE and about half the potential number of FE colleges. The number of education user accounts is over 1 million with Athens-controlled resources for education being around 160. To protect the interest of rights holders and to ensure that licence agreements are fulfilled, JISC wishes to maintain the Access Management Service approach, operating on a national scale, which will allow authorised users from the subscribing institutions to access licensed electronic content, while refusing access to others. However, it is recognised that the current *institution-centric* approach causes problems were individuals legitimately have more than one electronic identifier and, possibly, different sets of entitlements for the different identifiers. As part of the tender process, JISC is interested in receiving ideas for a more *user-centric* approach. In particular, this presents an opportunity for the NHS and JISC to work together in achieving a system that allows single password access for HE and NHS users.
9. Funding overall for the provision of PCs, the creation and support of networks, technical development, initiating technical solutions and training is seen as inadequate. To move significantly into the electronic content area without new money will not be possible. At present library and knowledge services are in a transitional period where hard-copy journals and other resources are still required but this could change significantly. Particularly, the multi-provision of terminals so that access to different networks can be achieved (a common practice at present) or the installation of wiring for two networks is a wasteful result of a lack of will to overcome technical issues nationally. It was suggested that potentially this could be of interest to government/national audit offices.

## Appendix 2

### Culture and Communication

1. In England, and to a lesser extent Scotland, there were comments from both the NHS and HE interviewees about differences in the cultures of the two sectors, which were felt to include political, structural and legal aspects. This cultural separation was also noted by Capel who reported that *“The main concerns of academic respondents are those resulting from the differences in culture between the higher education and NHS trust sectors which lead to breakdowns and difficulties in the communication and decision-making process ...”*.
2. The NHS and HE have preconceptions of each other that can impede the provision of library and knowledge services received by users in the healthcare sector. At times there can appear to be misunderstanding, misconceptions and even mistrust between the NHS and HE. Their political interests and agendas are seen as being different. However, it is recognised that many of the issues both face are not dissimilar but the two sectors appear often to find it difficult to communicate particularly at a strategic level. This has led to poor co-operation and partnership working, at both local and national levels, and personality issues can arise with individuals appearing unwilling to give up territory. The recent Department of Health and Universities UK report *Funding Learning and Development for the Healthcare Workforce* refers to the current difficulties in stimulating integration in learning and its support services within either HE or the NHS. *“Even such fundamentals as IT and library support have often been funded and operated separately and this is compounded by problems of communication between NHS and HE IT systems”*.
3. Two or three consultees referred to the difficulty in achieving true partnership working. One referred to the proliferation of new NHS Trusts, each with its own agenda, which can make partnership working even within the NHS difficult! Another considered that both NHS and HE parties need to be confident that their core agendas and interests are not compromised by the proposed partnership arrangements. The large and complex frameworks which enable HE libraries to fulfil their “polytechnic” remit, compared to the simpler, more “mono-technic” and relatively poorly funded remit of NHS libraries makes it difficult for the NHS to influence policy in HE libraries. There is a risk that NHS recommendations for partnership working will be seen simply as interference with wider policy by some quarters of HE. Conversely, NHS library services are conscious of the relative scale and power of HE libraries and that HE will look to safeguard its own interests. The reaction from the NHS to partnership proposals is, therefore, to protect its own specific, vital interests from potential “takeover” by organisations that are seen to have a different set of priorities.
4. However, several consultees stated that initiatives, communication and joint working can be successful when both sectors show a will to succeed, particularly at grassroots level where there are good examples of successful collaboration between the NHS and HE that should be recognised and built

upon. Many also felt that the situation is improving, e.g. one HE consultee wrote that amongst colleagues in his area *“there is general feeling that the collaborative relationships with NHS libraries has greatly improved over the past year. At our local level the picture is no longer so black as the one painted in the draft [report]. The Workforce Development Confederation has been a very positive development to foster collaboration. They provide a framework and the single funding necessary. From our perspective they seem to wish to work together strategically with us to put the ‘users first’. For example, the draft [report] was considered jointly by local WDC staff and ourselves.”*

5. Extremely successful partnerships in the South East of England were reported, particularly in relation to NHS Libraries in Hampshire and IOW and University of Southampton Libraries, where there are good examples of service level agreements and joint working. Good relations exist between the University and its surrounding health economy at all levels. The boundaries are blurred with inter-professional and inter-sectoral working the norm rather than the exception.

*The University of Southampton has excellent partnership and working relationships, built up over the past 25 years, with the surrounding NHS Trusts that support healthcare trainees, including nurses and clinical placements. Where appropriate, SLAs exist with individual Trusts individually with such provision as:-*

- *Contribution to staffing costs in each Trust library*
- *Purchase of books and journals for Trust libraries which become their stock*
- *Regular contact with Trust Library Managers and visits to placement sites by Faculty Liaison Librarian for Medicine and by other librarians in the University library team*

• *Advise on IT and e-provision*

• *Information provision for Trust user*

*In addition to SLA provisions there are:-*

- *Common/shared training materials*
- *IT/information joint training.*
- *E-mail discussion fora have been established and the University participates in the WDC’s Librarians Group*
- *The University and Trusts’ IT departments liaise over IT developments and provision.*

*The University also manages the main teaching hospital library. The aim is to consider users in both sectors as having the same needs in a continuum from training to practice and provide equal access through different routes. Much work is done to ensure that University e-licence agreements cover users from both sectors wherever possible.*

6. There are frequent statements made regarding the relationship between HE and the NHS library sectors, such as “HE does not understand the NHS”; “the sectors do not speak the same language”; “HE is only in providing services to the NHS for the money”; “being education focussed, academics do not appreciate the patient care imperative”; “the NHS should look to HE as a model for the provision of library services”. HE is also regarded as largely ignorant of the wider NHS, which is afraid of being forgotten in a focus on the HE/NHS interface of the teaching hospitals. HE has been

accused of being patronising towards the NHS and fostering a culture of academics v. practitioners. HE libraries can be seen as too education and R&D focused, and forgetful of the NHS need to access the evidence base to support clinical governance, patient care and medical practice, as well as R&D, education and training, CPD and lifelong learning.

7. HE considers NHS negative perceptions are largely fallacious. For example, library services in HE feel that they do understand the needs of delivering a mass service and in response have moved towards technology faster than the NHS over the last ten years. They feel that HE libraries embraced IT and the Internet much earlier and have moved far more towards enabling users to make use of library and knowledge resources, including e-provision, independently of library staff. The NHS is perceived as maintaining too much of a mediated service between librarians and users and resources. End-user training is perceived as an issue in this. NHS libraries are seen as practitioner orientated, small, with a lack of resources, often staffed by a lone professional. However, the NHS considers that the size of libraries is becoming less important with the growth of electronic access to resources with its responsiveness linked to value-added and bespoke services. NHS libraries are largely multi-disciplinary, multi-professional workplace libraries that are now expressly expected to cater for the whole NHS workforce which is requiring knowledge management style services. One NHS consultee group referred to NHS libraries increasingly looking more like business libraries or pharmaceutical company information units than like academic libraries. As practising professionals, rather than academics, NHS staff require more than just access. Although NHS libraries developed out of academic-style medical libraries, it is a model that is increasingly being abandoned. HE should not expect its own model of service to be relevant to a very different set of service needs.
8. NHS consultees felt that NHS staff expect a more mediated service in tune with their needs and work pressures, whereas they tend to receive a mass-market, self-service, academic model from an HE library. It was also considered that mediated literature searching undertaken by NHS library staff was misunderstood and undervalued by HE. For most NHS library services, mediated searching represents *“a service of unequivocal and repeatedly demonstrated value to direct patient care, as well as being one of the most professionally challenging forms of support offered to their users”*. However, in the consultation it was stated that HE too values the strength of mediated services across all levels of the organisation.
9. In response to being considered too commercial, the HE library sector acknowledges that it does need the funds but it is looking to cover costs rather than make a profit. However, the NHS tends to see universities as in competition with each other and not a unified whole. The NHS has experience of universities competing for courses and students, and of different universities taking radically different approaches to similar problems. HE often perceives the NHS as scattered units, manifested in NHS Trusts, without a common policy for library services and with whom it is difficult to deal because of their numbers. Consultees noted that co-ordination of NHS library and information services has existed on a Regional basis. In most areas Trust library units have acted collaboratively and NHS librarians have worked together for over twenty years through the NHS Regional Librarians Group (RLG). RLG achieved such things as national contracts for book and journals supplies, the HeLicon Health

Library Accreditation Scheme and the recent National Core Content procurement. RLG, which has been succeeded by the NHS Library and Knowledge Development Network, has worked cross-sectorally and made a number of links with HE. The Library Service Coordinator post in NHS Scotland, and the draft strategy for NHS Scotland Library Services, aim specifically to develop a cohesive, equitable approach to service provision.

10. Universities are sometimes said not to understand the NHS being a national service delivered locally with local accountability. In Wales, however, this perception does not appear to exist, with the University of Wales College of Medicine being the monopoly trainer for medicine (but not for nurses and allied health professionals). The undergraduate curriculum is delivered right across Wales with c.50% on placement at any one time.
11. It is noticeable that in Northern Ireland and Wales (and, to an extent, Scotland), the cultural gap seems to be of little or less significance. This appears to be because the NHS and HE inter-relate and work closely with their respective national Assemblies. Additionally, the HE/NHS education and library communities are relatively small with no health regional tiers or Workforce Development Confederations and less bureaucracy. In Wales, the College of Medicine is the principal facet of HE with contact with the NHS, although a number of other HEIs have separate or complementary contracts with the NHS. Relationships here with NHS Trusts and librarians are very direct and good. Commissioning, procurement and management of services operate on something more like a regional basis.
12. In the consultation process, the importance of putting differences into context was stressed. The sectors need to acknowledge and respect their different models of library and knowledge services, which flow from such things as the core aims of parent organisations, different characteristics in the nature of library users, different levels of core organisational IT infrastructure. Additionally, there is a profound difference in the day-to-day lives of academics/full time students and practising health professionals. This explains, for example, why NHS librarians might quite legitimately perceive a greater need for mediated information provision than a HE librarian or why HE were able to move to an electronic environment with greater ease. Academic and workplace libraries, therefore, provide services for different types of clientele in different environments. Even where users move between sectors, their roles are usually different when they do so. This difference needs to be acknowledged and embraced by both sectors in their efforts to put “users first” with neither seeing their model as “superior”.

## Appendix 3

### Background to Strategic Development

1. Over the past few years a significant number of Government and non-government reports and strategies have influenced the NHS context in which healthcare library and knowledge services are provided. They have highlighted the contribution that librarians and their services should and do make to clinical governance, evidence-based practice, Workforce Development Plans, education and training, CPD, staff retention, self-regulation, revalidation, IM&T and R&D.
2. In particular for NHS libraries, Health Service Guidelines in 1997 (HSG (97)47 *Library and Information Services*) identified libraries as "a key resource for clinical effectiveness, for research and for training and education" and set out key principles and actions for healthcare libraries including:
  - education contracts should include access to library support
  - MADEL contracts should support the development of multiprofessional library services
  - NHS libraries should be multi-disciplinary and meet the needs of all staff groups
  - funding streams and their purposes should be clear and co-ordinated.
3. The Government's desire to maximise NHS use of IT led to the strategy *Information for Health* (1998). *NHSnet* would include the provision of rapid access to information resources on NHSweb, the Internet and NHS Direct Online. The strategy also includes the National electronic Library for Health (NeLH) to keep all clinical professionals up-to-date with research and best practice, including National Electronic Libraries in specialist areas. Detailed implementation guidance is provided by the NHS Information Policy Unit in HSC 1999/200, which underlines throughout the extensive contribution librarians can make to the delivery of NHS strategies, especially in Annex M *Library Services and Access to Evidence*.
4. Workforce Development Confederations were established on 1 April 2001 following consultation on the Government's strategy report *A Health Service of all the Talents* (2000) which aimed to improve workforce planning, including modernising multi-disciplinary education and training, streamlining staff development and developing more flexible careers for staff. They bring together local NHS and non-NHS employers to plan and develop the whole healthcare workforce. This new approach to planning recognises that the NHS is not the only employer of healthcare staff, and that local authorities, private and voluntary sector providers and others need to work together if workforce planning and development is to be effective and meet the healthcare needs of local populations. Since they were established, WDCs' responsibilities and funding have been significantly expanded, in particular in relation to wider workforce issues such as recruitment, Individual Learning Accounts and NVQs, including the infrastructure to support them and human resources performance management. They are increasingly acting as the workforce development arm of the Strategic Health Authorities. Their role is summed up in the:-

### Ten Functions of a Mature WDC

- Visioning the future workforce
- Integrated approach to workforce planning
- Developing the existing and future workforce
- A shared approach to human resources policy and practice
- Robust working relationships with the NHS University and with NHS, social care and allied learning organisations on behalf of its constituents
- Negotiate, manage and monitor performance of contracts ...and support the modernisation of professional preparation, education and training
- Responsibility for practice placements for all students on NHS and HEFCE funded health care training
- Actively promote patient, carer and student input to development and delivery of healthcare education and training
- Co-ordinate the strategic management of local learning and education facilities, and support capital development plans
- Ensure effective systems for financial management and accountability.

5. In April 2002 a *Strategic Alliance for Health and Social Care* was signed between the Department of Health (DoH) and the Higher Education Funding Council for England (HEFCE). The Alliance applies to England only, although it is intended that other UK health departments and HE funding bodies will be kept informed of developments. Focusing largely on education and learning but with recognition of other areas such as research and human resources, the Alliance outlines shared principles and approaches, including “*transparency and accountability in funding, in particular clarity about the apportionment of costs between education and training, research and service provision*” and to “*promote streamlined effective arrangements for a number of essential underpinning functions such as information and external quality assurance*”. A Key Area of Commitment is that “*The DoH and HEFCE will jointly investigate ways to align ... JANET with ... NHSnet*”. The Alliance is implemented through regular meetings of DoH and HEFCE senior staff, including the DoH Permanent Secretary, the HEFCE Chief Executive and the DoH Director of Research, Analysis and Information.
6. The development of the Common Information Environment (CIE) is a wider strategic initiative that people in both sectors hope will facilitate NHS/HE partnership and improve user access overall. Stimulated by government policy around electronic provision and access nationally, this will bring in all sectors of the information community. The widespread adoption of Common Information Environment is considered by some to be the key to access issues. In the field of health, the CIE could extend across the NHS, HE, FE, patients, carers and the public generally. Independent libraries such as those belonging to Royal Colleges, professional associations and charities also make an important contribution to the knowledge base, particularly in their services to health practitioners and an investigation of ways in which the CIE could include such libraries would be valuable.
7. The *JISC Five-Year Strategy 2001-2005* stresses the need for developing strategic partnerships and the *JISC Strategy 2001-05 Supporting Paper*

makes reference to a number of healthcare initiatives. Although interviewees felt there were no fundamental obstacles to JISC and NHS co-operative working, in general the profile for health requires raising within JISC, possibly through the creation of a special interest group. JISC Sub-Committees are topic based (such as Learning and Teaching, Information Environment, Content) each with a remit to liaise and collaborate with relevant organisations. A health interest group, including representation from the NHS (particularly the NHS Information Authority), HE and FE, would act as a focus for each of the committees in relation to healthcare issues and *vice versa*. Additionally, there is some feeling that JISC is not enough in tune with grass-roots needs in health and does not consult widely with practising librarians leading to licensing agreements that are too narrow, not benefiting health effectively. The NeLH permissive license for key resources to all staff and students in HE and NHS healthcare was felt to be more fruitful. JISC would benefit from seeking advice from health librarians in HE and the NHS in its negotiating and resources selection processes. Dialogue between JISC and the NHS/HE around licensing and access would be a good practical way forward.

8. A key aspect of JISC's *5-Year Strategy* is the building of an *"on-line information environment, providing secure and convenient access to a comprehensive collection of scholarly and educational material"*. Recognising that there is a rich distributed network of diverse educational digital content, an Information Environment *"is needed to enable students and staff to access and use those resources in ways meaningful to them and to take away barriers"*. The key characteristics of a developed Information Environment are that it will
- be fit to serve all kinds of digital content
  - fully support the submission and sharing of research and learning objects
  - provide a range of meaningful, rich and innovative methods of accessing electronic materials
  - be a collaborative landscape of online service providers working together to provide seamless access for users
  - be underpinned by a common standards framework (both technical and semantic).

It is intended that the JISC Information Environment will fit with the CIE.

9. The British Library, the e-Science Core Programme, JISC, NeLH and Resource have established a Memorandum of Understanding for working together to achieve a common on-line information environment to support life long learning, by developing and supporting common tools and services to provide access to, and delivery of, resources. Five areas of strategic importance for the organisations involved are covered by the Memorandum, namely:-
- 1) collaborative development of a common distributed infrastructure for storing, managing and delivering on-line content;
  - 2) procurement of common services where appropriate;
  - 3) research and development in critical areas such as web development tools, cataloguing and metadata, preservation;
  - 4) co-operation in creating and acquiring content to ensure wide availability;
  - 5) exploration of joint funding for UKOLN activities.

10. The National electronic Library for Health (NeLH) is being established to support the 21<sup>st</sup> Century IT Programme by providing a consistent national digital knowledge service. It will provide electronic access to reference databases of clinical guidelines, care pathways and evidence based medicine to improve clinical practice and enable the provision of the most appropriate treatment by healthcare staff, based on accredited clinical evidence. NeLH will also provide for easier access to the information necessary to monitor local performance and practices against national standards and performance indicators. NeLH will complement existing library and knowledge services and offer an increasing range of e-resources and skills to support their use.
11. In response to the enquiry into the Bristol Royal Infirmary, *Learning from Bristol*, the Government is establishing a National Knowledge Service for Health and Social Care (NKS) to support the delivery of high quality information for patients, health professionals and the public from April 2003. It will provide access to up-to-date cross-referenced evidence based information by fully integrating NHS knowledge systems, such as NHS Direct, NHS UK, the National electronic Library for Health and DoH websites. The objectives of the NKS include:
  - assuring the quality of patient information on diseases, conditions and treatments
  - greater access to information for all involved in the healthcare process, (e.g. unlimited access to the Cochrane Library and BMJ)
  - wider access to information through a range of public access technologiesThe NKS partners include NHS Direct, NHS UK, The Modernisation Agency, DoH and IPU, NeLH, NHSU and NHS library services.
12. One consultee group felt that the implications and ramifications for both sectors of the vision for the Common Information Environment, the JISC Information Environment, and the National Knowledge Service and the NeLH are not widely understood. Rather than it being an outcome of strategic development, they felt that use of the data/interface by NHS learners and practitioners will be a driver for more unilateral take-up. Identification of several HE pilot sites as early adopters of the NHS core data sets would drive the process forward.

### **Education**

13. There are also issues for both sectors' library services around access to support changes in the education process, such as distance learning, lifelong learning, online learning, and revalidation, and potential developments in electronic access, such as pay-per-view. One interviewee considered that at present the NHS is not able to support distance learners. This was widely disputed in the consultation since NHS library and knowledge services support distance learners as a matter of course. One consultee felt that many distance learners use their local NHS library because of inadequate or inappropriate support from their HE library (e.g. no or little remote access to services or resources) and that WDCs may need to address this by recognising the issue in their funding structures for NHS libraries. However, there is a real problem of capacity for NHS libraries expected to support HE activity because distance learners feel that they have nowhere else to go. Many non-university NHS libraries will confirm that they have been supporting distance learners for years, these distance

learners being NHS staff on university courses but receiving no distance-learning support from the university and turning to their local NHS library to meet the need, especially where the NHS library may offer cheaper services than the university. *“University libraries have been extremely slow to adapt their services to the differing needs of part-time, distant, mature, day release and other non-full time student groups”.*

14. One interviewee felt that education links between HE and the NHS at the teaching hospitals do not extend to the rest of the NHS. However the nature of this relationship, where HE provides training to NHS staff and the accompanying access to resources, means that the wider NHS community can be disadvantaged. (Initiatives such as KA24 in the London and the South East regions help to fill the gap for acute and community/mental health services. However, not all the journals essential to the NHS are available in electronic form.) A number of consultees challenged this view. The teaching hospital concept has little direct bearing on education and library service provision to the full range of NHS staff. It is basically relevant only to the teaching of undergraduate medical students, although the inference is often drawn that high quality education will also be available for junior doctors and other staff groups in such hospitals. HE libraries are not exclusively university libraries serving medical students. Although services to medical students are important, virtually all initial health pre-registration education occurs in the HE sector. The issues to supporting (say) 2000 full time pre-registration nursing, midwifery, occupational therapy and physiotherapy students are different to those of a medical school library with a total of 500 undergraduate medical students. Most NHS libraries have to deal with the HE sector simply because so many NHS professionals are undertaking higher and further education and because pre-registration nurse education is university-based. It could be convincingly argued that the single greatest interface between HE and the NHS, measured by the numbers of students involved, is not medical but nursing education.
15. Several consultees referred to the fact that HE is not the only source of education for the NHS and that significant educational activity takes place outside teaching hospitals and library services in teaching hospitals are not invariably an HE resource. A number of high quality NHS managed library services are located in teaching hospitals. For example, in Glasgow, the library services of three large University NHS Trusts are successfully funded and managed by the NHS with no direct HE input. Teaching hospitals are just as notable for the teaching provided by the NHS to HE as for that provided by HE to its own students. (In Scotland, teaching hospitals are funded by the government in the form of ACT money specifically to support the NHS in providing the environment, manpower and other resources to train medical undergraduates).
16. The NHS has its own training and education strategy that applies equally across all NHS organisations. The NHS Plan stresses the need for equity of access for all healthcare staff. NHS managed education and training and library and knowledge services are available in the majority of NHS organisations and serve a multi-professional and multi-disciplinary community, supporting clinical governance, evidence-based practice or undertaking a developing role in knowledge management.
17. The NHS is to establish a ‘corporate university’ to support staff at every level in developing the right skills for their work. This NHS University

(NHSU), due to be launched in Autumn 2003, will develop learning programmes in partnership with health and education providers and will offer a comprehensive system of advice and guidance for learners. It will include a health informatics faculty or school. The NHSU is likely to drive up demand for library and knowledge services and there will be the challenges for it, both in the way its library services are provided and from increased demand for learning resources from its students. The NHSU will need to be part of the university and NHS environments. To successfully meet these challenges, permeability must be achieved between the NHS and HE environments.

### **Scotland**

18. Harmonisation of NHS and HE library and knowledge services is widely acknowledged as a priority for health sector libraries in Scotland. Within Scotland, both the NHS and Libraries are fully devolved government responsibilities. The Scottish Library and Information Council (SLIC), reporting directly to government level, has primary responsibility for furthering multi-sectoral partnership working, and work is already underway to develop the health focus within the SLIC management structure. NHS Scotland Library Services therefore see SLIC as the primary forum to take forward the NHS/HE interaction in Scotland.
  
19. Within NHS Scotland, a primary concern at the present time is the need for the NHS to take full responsibility at senior management and Executive level for provision of library and knowledge services to NHS Scotland staff. Recognition of this responsibility will impact significantly upon the current dependence of the NHS upon HE managed services in a number of areas. At the same time, it is acknowledged that JISC operates on a UK-wide basis and that HE in Scotland will necessarily continue to operate at this level. In Scotland, for example, there is an identifiable group within NHS Scotland Library Services (typically within primary care and district general hospitals) that experience little direct interaction with HE library management. Typically, these libraries serve undergraduates, and NHS staff undertaking postgraduate courses, as an inherent part of their NHS responsibilities and struggle to understand the difficulties perceived in other quarters. Major developments within NHS Scotland Library Services include:
  - Appointment of a Library Services Coordinator and Knowledge Services Group within NHS Education for Scotland, tasked with achieving an integrated approach to service development across the NHS.
  - Establishment of a Steering Group consisting of one senior management representative from each NHS Board to oversee and manage NHS Scotland library service developments at national and local level.
  - Production of a draft strategy for NHS Scotland Library and Knowledge Services and Guidelines for Development by NHS Board of Integrated Strategies for Library and Knowledge Services. Both papers are currently out for consultation and are already making an impact on planning and development of NHS Scotland Library Services.
  
20. **National procurement of e-resources for the NHS in England**  
Currently the NHS regions and WDCs buy electronic information resources. These resources, purchased from various suppliers, vary in content across England. Additionally, due to the regional make up of these resources it is

difficult to link to NeLH and other national projects. This affects equity of users' access to e-resources.

21. A National Core Content Project has been established to purchase electronic resources on a national basis for NHS England to provide better value for money and ensure equity of NHS access to core e-resources. A group of regional and WDC Librarians make up the Core Content Group managing the project. It is intended that the core collection will replace the majority of the content purchased by regions and WDCs, although regions, WDCs and health economies can top-up locally. This local provision, including by individual NHS Trust level, is considered by several interviewees to be essential to maximise user access to resources. The project intends to explore joint working across the NHS and HE, although some HE consultees regretted the loss of an initial opportunity to properly harmonise electronic resources for health care staff, from students to practitioners, feeling that both sectors should always be represented when national contracts are being considered. It was felt that there was likely to be a greater commonality of content between the sectors than is usually appreciated.
22. In February 2003 the Core Content Group announced the results of the first phase. The contract for Abstracting and Indexing databases was awarded to Dialog, who will supply the NHS with Medline, PsycInfo, Cinahl, Embase, British Nursing Index, AMED and DH-Data (which makes up 80% of the HMIC dataset). The initial contract is awarded for three years from April 2003, with an option to extend that for up to a further three years. Dialog will also be providing, as part of this contract, an innovative on-line learning tutorial aimed at the end-users of the system.
23. Due to the pricing model offered by Dialog, the Core Content Group has also been able to purchase a significant full-text resource offered by Proquest Information and Learning. This initially comprised over 800 full-text journals supporting Medicine, Nursing and Psychology. The services provided by Dialog provide full-text links directly to the articles available in the Proquest collection. It is expected that this collection will grow over the life of the contract to reflect the needs of the NHS family. Recently Ebsco's Health Business Fulltext collection was added, bringing the current provision to around 1000 titles.
24. The collection offered by Dialog and Proquest will be available to the entire NHS family including staff working in hospices, health related charities and health and social care staff. In addition there is no limit to the number of simultaneous users who can access the resources at any one time. In addition Membership rights with Biomed Central were purchased, allowing an automatic waiver of Biomed Central's article processing charges.

## Appendix 4

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## Appendix 5

### Abbreviations

ACHS	Advisory Committee on Health Services
ACT	Added Cost of Teaching
BMJ	British Medical Journal
CHEST	Combined Higher Education Software Team
CILIP	Chartered Institute of Library & Information Professionals
CIE	Common Information Environment
CLA	Copyright Licensing Agency
DHSS & PS	Department of Health, Social Services & Public Safety
DoH	Department of Health
e-	electronic-
EDNR	Electronic Distributed National Resource (JISC)
FE	Further Education
HE	Higher Education
HEI	Higher Education Institute
HEFCE	Higher Education Funding Council for England
HEFCW	Higher Education Funding Council for Wales
HeLicon	Health Libraries & Information Confederation
ID	Identification
IP	Internet Protocol
IT	Information technology
JANET	Joint Academic Network
JISC	Joint Information Systems Committee
KA24	Knowledge Access 24 hours
LKDN	[NHS] Library & Knowledge Development Group (formerly RLG)
MADEL	Medical & Dental Education Levy
NeLH	National Electronic Library for Health
NESLI	National Electronic Site Licensing Initiative
NHS	National Health Service
NHSU	National Health Service University
PC	Personal computer
PCT	Primary Care Trusts
RLG	[NHS] Regional Librarians' Group (now LKDN)
SCONUL	Society of College, National & University Libraries
SHA	Strategic Health Authority
SHEFC	Scottish Higher Education Funding Council
SIFT	Service Increment for Teaching and Research
SLA	Service Level Agreement
UMSLG	University Medical School Librarians Group
WDC	Workforce Development Confederation
UKOLN	UK Office for Library Networking

## Appendix 6

### Contributors

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