

Shine Journal Vol 36

## EDITORIAL

I expect that you've been wondering what's happened to Interim. We have missed an issue - but lots has been happening behind the scenes.

1999 is the 25th Anniversary of the Association and this will be marked with a special celebration after the AGM on the 21st of April at the Royal College of Physicians and Surgeons in Glasgow. It promises to be an interesting meeting with the launch of the SHINE web page and a progress report on the follow up to Enabling Access to Information.

Once business is over, Toni Bunch, founder member of ASHSL, former librarian at the Development Group, now Professor at Strathclyde University and Director of the Scottish National Science Library, will entertain us with a talk on ASHSL's early days. There will then be drinks and a buffet meal. Not to be missed!

This year also sees the new configuration of the NHS in Scotland with the setting up of new Trusts throughout the country. In addition we will soon be electing members to the new Scottish Parliament.

It is still too early to tell what these changes will have on us all, but hopefully we will see a growing commitment to NHS library and information services by the Scottish Office and others, which will lead to improvements for our users and ourselves.

The real reason for missing an issue of Interim comes down to a lack of contributions from you, the membership. Please send me any articles, book reviews, meeting reports, details of interesting web sites, comments, whatever. You can send me hard copy, a floppy disc - preferably Word 6 or Word97 - or you can email me. The contact details for contributions to Interim are on the back page.

Dorothy McGinley

Editor

## SHINE WEB PAGE DEVELOPMENTS

The new SHINE web pages are to be launched at the AGM later this month, and will be hosted on the SHOW (Scottish Health on the Web) server at the Scottish Office.

The impetus for this development was a decision at the November SHINE Committee meeting to take forward the idea of developing a SHINE web site using a commercial developer: a sub-

committee of James Beaton, Ann Wales and Richard German was formed. (Ann and Richard had undertaken some work in late 1997 and early 1998 on producing an internet version of the Union List, but did not have the time to devote adequate attention to the task, which was more complex than had been naively imagined!)

The sub-committee met the following week, and drew up a shortlist of Web designers. At a further meeting in Christmas week, Steve Douglas of Wired Nomad ([www.wired-nomad.co.uk](http://www.wired-nomad.co.uk)) was contracted to undertake the development work for a functioning SHINE web site. Steve developed the SIGN pages at SHOW, and also produced the web site for the Royal College of Physicians of Edinburgh. Further meetings have been held with Steve, and latterly with Gavin Venters of SHOW, to further refine the content, functionality and appearance of the site.

A central feature of the site will be a public and private version, accessible from the common homepage. The public site will include information about SHINE as an organisation, Interim, links to internet resources, and the parts of the Union List that members did not wish restricted (from the information sought with the updates for the 1999 print edition). The members' only pages, which will be password controlled, will include the full version of the Union List (note that it is not intended the printed version of the List will cease production) and a discussion list, which should greatly facilitate communication between participating libraries and largely obviate the need for expensive and time-consuming snail mailings. At this stage, an electronic document delivery service is not being implemented, but this is an eagerly anticipated development strategy for the future.

Richard German

Maria Henderson Library

Gartnavel Royal Hospital

#### CHARTER MARK FOR HEBS LIBRARY

On 26th January this year the staff of the Health Promotion Library Scotland were delighted to receive the Charter Mark, the Government's award for an excellent public service.

The Charter Mark is unique among quality schemes in the way that it concentrates on the service the customer actually receives. The scheme started in 1992 and has been steadily growing over the last six years. In 1998 1,202 applications were received and 508 awards were made (31 of these being in Scotland).

Why did we apply for a Charter Mark? For a number of years we thought we had provided a good service to our users as we have received many letters of thanks from satisfied customers. However, we felt there was still room for improvement and we wanted to offer the public something even

better. We believed that the Charter Mark award scheme would enable us to do this and it certainly has.

Was it worth the hard work? Yes, definitely! It has encouraged us to look at our services through the eyes of our customers and to use their suggestions to make improvements. For example, for some time now we have had a box of toys and games in the Library to help entertain the children of readers who are using the Library. Following encouragement from our users, we decided to expand the Library services for children to make them feel more welcome. We now have bean bags, a blackboard, many more games and books and a children's notice board. Many readers are delighted with this improvement.

How has winning a Charter Mark affected our service? It has made us much more aware of the importance of excellent customer service, user feedback and providing services that are used and valued by our readers. We believe our customers can now benefit from an improved service. For example, we have worked hard at improving our customer care to everyone and especially in the area of disability awareness and accessibility to our services.

What difference has it made to the staff? Winning a Charter Mark has given us a real sense of achievement and pride. We are very pleased that our hard work has been recognised and rewarded. It has also given us a common goal: to maintain an excellent customer service and the motivation to work towards this goal.

What would we say to other services that may be thinking about applying? Go for it! The very process of applying and the work and changes this brings will improve your service. Take time to read the Guide for applicants very carefully and do what it recommends. Make contact with local Charter Mark winners and try to obtain their help and support. Enjoy the challenge: this is one of the best things you can do for your customers and your service!

Where can you obtain further information? For more information about Charter Marks Awards, contact Aubrey Gravett, Charter Mark Awards, Cabinet Office, Horse Guards Road, London SW1P 3AL, or call him on 0171 270 6343.

E-mail: [servicefirst@gtnet.gov.uk](mailto:servicefirst@gtnet.gov.uk); website: <http://www.servicefirst.gov.uk/>

If you are interested in learning more about the Health Promotion Library's application, please contact me, at the address below.

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#### FROM DREAMING SPIRES TO RAB C. NESBITT COUNTRY

As part of the MSc/PGDip at Strathclyde University library students are required to complete a work placement 'to provide practical experience of work in an information or library service' (suggestions that the real purpose is to let the lecturers go skiing have been denied). Placements are allocated to ensure that those with previously experience of library work broaden their horizons by working in a contrasting type of institution.

I had worked for two years in Oxford University History Faculty Library and I had my mind set on a career in the academic library sector so I approached the list of placement allocations with some trepidation. Five weeks under siege in an inner city public library or slaving away for nothing in a law firm was definitely not part of my plans and I had even resorted to dropping hints that a placement in a larger university library would be enough of a contrast. I soon discovered that my pleas had been ignored and my name was down for the Southern General Hospital's Central Library (GG/SG to SHINE members).

Even as Strathclyde University placements go this was a contrast. Having worked in beautiful Oxford, home of Inspector Morse, for the country's oldest and richest university, I was being sent to Govan, home of Rab C. Nesbit, to work for the cash strapped NHS, in a hospital adjacent to a sewage works (and yes, if the wind is the wrong way you can tell by the smell!). Yet I was quite pleased with the placement. I had no interest in a career in medical librarianship but the Southern General was handy and at least I would be working in a worthwhile organisation with intelligent users who washed!

I was uncomfortably aware that my knowledge of modern health care was largely limited to watching Casualty, but Ron Carrick, a friend on the course who had worked in the NHS, provided reassurance and a brief acquaint visit to the Central Library was a further boost. The library itself (a 1960s single storey building with a sieve-like flat roof) was unprepossessing compared to the History Faculty's listed stone building, but at least I knew that I would not be running the risk of exhaustion whenever a book hoist failed! Charlotte Boulnois, the librarian, her part-time assistants, Mary Robbins and Maureen McGrath and Nadia Rasel the library's Rathbone Trust trainee provided tea, biscuits and a warm welcome and I left looking forward to starting work.

Charlotte explained her aim during my placement was to discourage me from any deranged idea about pursuing a career in the NHS. Work during the placement covered a broad spectrum of library activities from the tedium of counting up six months of journal audit sheets (my belated attempt at 'losing' them failed), through cataloguing and literature searches, to being given an insight into library management issues such as formulating job descriptions and budgeting. I also visited the Victoria Infirmary where I was able to see another hospital library and meet the librarian Anne Clarkson. In addition Charlotte allowed me to accompany her to a SHINE committee meeting in

Kirkcaldy and I was impressed by the swift, effective and friendly way this was conducted. The only down side was being 'volunteered' to write this! (Charlotte claims no pressure was brought to bear, but threats about my placement report had their desired effect!)

Popular perceptions about inefficiency in the NHS certainly do not apply at the Central Library. More could be done with increased funding but I was struck by the focused and efficient service provided. Charlotte herself must take much of the credit for this and her approach to the job, a critical approach to each library task which might be dubbed 'evidence based librarianship' was an eye opener. I thoroughly enjoyed my five-week placement and I am grateful to all the Southern General staff who made it such an enjoyable experience. Even though I only had time to scrape the surface I found the subject material was fascinating. The users, from consultants to porters, were a pleasure to work for while medical librarians and assistants must be one of the friendliest subsets of the profession. If the Southern General is in any way representative then in terms of job satisfaction there can not be many better places to be a librarian than a hospital library. In spite of Charlotte's best efforts to put me off the placement changed my mind about medical librarianship and after this experience I certainly won't be limiting myself to the academic sector when hunting for a job.

John Rule

#### NATIONAL ELECTRONIC LIBRARY FOR HEALTH

The Government's Information Strategy of the Department of Health, published in late 1998 as Information for Health, announced the setting up of the NeLH, with a mission to provide easy access to best current knowledge to improve health and health care, clinical practice, and patient choice. It is expected to be launched this spring.

NeLH will: (a) be obsessed with the quality of knowledge; (b) provide both knowledge and the know-how to manage and apply that knowledge; (c) be equally open to patients and clinicians; (d) be based on hypertext, with links to audio and video resources.

The NeLH offers an opportunity for linking information for the public to information for clinicians and managers. Its first target is to provide access to best current knowledge for clinicians within 15 seconds!

It will be organised in four main sections or floors: (a) guidelines and audit to provide a more systematic approach to care; (b) knowledge; (c) information for patients; (d) knowledge management skills and resources, with a front end, or Atrium, offering help to people who wish to use the resources and providing virtual "cafes" for online communities of users.

The first floor (guidelines and audit) will be the responsibility of NICE, the National Institute of Clinical Excellence. The second floor (knowledge) will employ staff in R&D to develop a "hallmarking" system, providing users with clear and simple methods for appraising the quality of the knowledge available. There will be different subsets of the NeLH for groups of users e.g. NeLH for Mental Health, Cancer, Child Health, Women's Health. The third floor (patient information) will be the responsibility of the Centre for Health Information Quality.

A strong thread through the development programme is the emphasis on the role of well-trained librarians. NeLH is designed to complement and enhance existing library services, not replace them.

As the first stage of development of the NeLH, Hudson Rivers Management and Training Consultants, at the behest of RLG, undertook a series of scoping study visits around Britain during February. The purpose of the visits was to identify existing projects of relevance, expertise, centres of excellence, opportunities for partnership with individuals and organisations, and to review relevant IT provision.

The Scottish visit, by Keith Bonson of Hudson Rivers, was held on February 16th at the Royal College of Physicians and Surgeons of Glasgow. The extremely tight timeframe for the production of the report precluded more widespread visits to libraries and information centres, but a number of SHINE members participated in the discussions in the afternoon (Alison Aiton, James Beaton, Margaret Forrest, Enid Forsyth, Richard German, Alison McIntosh, and Ann Wales).

Among the resources and initiatives highlighted were the SLIC report Enabling access to the knowledge base of healthcare, SHOW (Scottish Health on the Web) at [www.show.scot.nhs.uk](http://www.show.scot.nhs.uk), GHI (Glasgow Health Information) at [www.show.scot.nhs.uk/ghi](http://www.show.scot.nhs.uk/ghi), SHINE itself, the Glasgow Royal Infirmary site at [www.grilib.demon.co.uk](http://www.grilib.demon.co.uk), Glasgow Area Drug Information at [www.digri.demon.co.uk](http://www.digri.demon.co.uk), GRHIN in Grampian, Surfdoctors in Fife, Lothian web site for primary care, and HEBSWeb at [www.hebs.scot.nhs.uk](http://www.hebs.scot.nhs.uk). Attention was drawn to the recent awarding of a Charter Mark to HEBS, which could serve as a model for other public information services in the health sector.

The draft report, gathering together information from the scoping visits around Britain, will be sent to the Steering Group for discussion on April 12th. It is indeed an exciting time to be working in the health information sector!

Richard German

Maria Henderson Library

TRIBUTE TO HAZEL WILLIAMSON

With great sadness we record the sudden tragic death on 2 December of Hazel Williamson, Librarian of the Postgraduate Medical Library in the Royal Infirmary, Edinburgh.

Hazel came to work at the Royal Infirmary in April 1996. She set about creating this new library with great enthusiasm, eager to establish a useful service for the staff of the RIE. Library users were always Hazel's main priority and she constantly strove to provide a better service for them, for which her users greatly admired her.

She was a consummate professional and spent many years involved with ASHSL, most prominently undertaking the huge task of editing the union list in her spare time. Hazel had worked in many medical libraries in Edinburgh and Glasgow and her expertise was often called upon by less experienced members of staff as she was a fount of knowledge about all things in medical librarianship. Hazel always had time to help others and she will be greatly missed by both library users and colleagues.

Scottish country dancing was Hazel's passion. Along with her husband, Jim, she was a member of the Heriot Watt country dancers and she tirelessly and enthusiastically gave demonstrations, ran ceilidhs, as well as trying to persuade the rest of us that having two left feet was no excuse for not having a go. Hazel's dancing took her to Cornwall every year for a Celtic dancing festival and to many far-flung places including Casablanca. Her talent was not only for dancing, but also for choreography as she created many new dances herself.

Hazel's other loves were her beautiful home and garden with its views over her beloved city of Edinburgh, her cat, which she loved even more due to its three legged state and of course her family.

Last year Hazel was delighted to become a granny (or granorak as she liked to call it, due to her trademark anorak). Her bag always contained new photographs of baby Michael, which she displayed with great pride.

Hazel was always ready to help, whether it was her library users or her friends and family, no request was too big or small. She should be remembered for her selfless dedication to her users, her complete professionalism, her enthusiasm, her wicked sense of humour and her many large and small acts of kindness.

Our thoughts and condolences go to Jim, Lynn, Paul, Michael and the rest of her family at this difficult time.

Susan Lyle

Royal Hospital for Sick Children

Editor's note:- A further tribute to Hazel appears in the 1999 Union List which has been dedicated to her

#### FIRST AID FOR THE FRONT LINE

As a newcomer to the NHS working as a medical librarian for a Community Trust, the Conference at Lancaster was a particularly useful introduction for me, to the issues involved in Primary Care, and a forum where I could meet colleagues from other libraries and share experiences.

The venue was an easy drive from Ayrshire where I am based. Arriving before lunch, I surprised myself by homing in on the registration desk immediately. Although the pre-conference information pack included a map of the campus, I had, like all good librarians, found the University site on the Internet, and downloaded the relevant information and maps.

The campus is fairly large, but situated on the outskirts of the city surrounded mostly by fields and trees, although one can glimpse the M6 through the trees. Finding my accommodation was relatively easy, although I admit to taking one or two wrong turnings. Student rooms have improved over the years, with en-suite facilities becoming the norm.

As a first-time delegate, I was invited to a welcome drink in the George Fox Complex, the main venue for the Conference. The usual exhibitors stands were already open, and I recognised a few 'old faces' from previous non-medical conferences, which made me feel more at home.

After a very welcome glass of wine, I joined a group of colleagues for a presentation by Kerr Donaldson from HEBS on Promoting Health with Information on the Internet, which I found very informative. I use the HEBS site regularly, and it was interesting to hear future development plans for it.

Linda Ward from Leicester General Hospital NHS Trust gave a review of research carried out on the subject of the Internet as an information source for community nurses. Again I found this particularly useful, as I could relate the findings to similar situations in my own library environment.

After coffee, the Chair's welcome and the AGM, Richard Smith, editor of the BMJ, gave an excellent and entertaining talk on information for doctors, the enormous amounts of information which they are bombarded with and the difficulties in sifting through this material to find relevant and 'best practice' information.

Dr John Horder followed, giving an interesting account of his experiences as a general practitioner, the history of general practice under the NHS and the important, leading role this branch of medicine was now taking in the development of Primary Care Trusts.

The day closed with the Exhibitors Reception followed by dinner, and for those with endless stamina and staying power, the bar and a quiz night.

The second day began with a presentation by Mike Farrar on Primary Care Groups where he explained some of the policies and strategies involved in the planning of Primary Care Services.

After coffee and exhibition viewing there were 3 parallel sessions. I chose the presentations dealing with Clinical governance, Nursing Informatics and Information for Nursing Practitioners in the Community. All of these topics were particularly relevant for me, as nursing staff are the largest client group in my library.

Clinical governance by Gabby Fennessy helped to clear up the mystery behind this latest buzzword. She defined the term and elaborated on the issues involved, although I have to admit, in discussions with colleagues later, there still seemed to be slight confusion lingering.

After a delicious buffet lunch, we broke up into groups for workshops and seminars. I chose Internet Resources for the Primary Health Care Team presented by Robert Kiley. After a brief introductory talk the rest of the session was hands on, where we worked through several exercises which illustrated the problems of misleading and inaccurate information on the Web. I left this session armed with several useful new Web sites and fired with enthusiasm to add them to my favourites.

The next two sessions were, firstly, Lynette Cawthra discussing Older People's Health Information Needs within primary and community care settings, and the information professionals role and secondly, Tony Hope's presentation on Ethics of Evidence and Patient Choice. The concepts of evidence-based medicine and patient centred medicine were discussed. Both presentations gave plenty food for thought, particularly the idea that patients should play a central role in decisions regarding their own health care.

The working part of the day ended with Bill Detmer from Ovid Technologies launching their new database Evidence Based Medicine Reviews. This was followed by a much appreciated reception hosted by Ovid where we enjoyed a glass of wine (or two).

During the evening, after yet another reception and dinner, Bob Usherwood, President of the Library Association gave the after dinner speech, and for those who enjoy some night life, entertainment was provided by Terry Kennaugh's Sextet , an excellent jazz and blues band.

Friday began with a keynote address by Professor Maggie Pearson on R & D in Primary Care. This was a very informative and well presented talk which again provided me with a broad view of information needs within the primary care environment, from the 'lay' carer to the professional.

The delegates then split into two parallel sessions. I attended the IT presentations Information Support for General Practice Research by Professor Alan Gillies, Internet and Community Health by Sally Hernando and The Wisdom Project by Alan O'Rourke.

The first two speakers provided me with a useful overview of information resources for general practice and the consumer on the Internet and the role the health information professional can play in helping the consumer make informed decisions regarding appropriate data bases.

Alan O'Rourke's presentation on the WISDOM Project illustrated the idea of a 'virtual classroom' using e-mail and Web pages to develop information management and computer mediated communication skills. The WISDOM Web site can be visited allowing access to their library, archives and tutorials.

The final keynote address was given by Veronica Fraser entitled Emerging Themes and summarised the themes and issues of the conference, evidence based practice, clinical governance, primary care groups and research and the continuing need for improved access to the healthcare knowledge base.

The Conference closed after lunch and I left Lancaster with very positive impressions, having felt very welcome, and came away armed with lots of new ideas and information and even some rekindled enthusiasm.

Angela Hissett

Ailsa Hospital

A second personal view

'First aid for the front line' or getting the relevant information quickly to where it is most needed

The conference theme of information provision in primary care was timely in view of the impending health service changes, and is relevant to us all as information providers, no matter what type of library we work in. A recurring message was that 80% of health care happens outside hospitals, 80% of health libraries are within hospitals. What implications has this stark reality for the ideals of

increased freedom of access to information for those in "the front line" - patients and professionals alike? The White Papers stress an enhanced profile for primary care, while the general public are seeking information themselves, for example via the Internet, and are becoming more vociferous in their demands and expectations.

I arrived at Lancaster expecting to come away with my notebook filled with new knowledge about clinical governance, how evidence-based medicine is achieving true clinical effectiveness, how we can assure that professionals and patients have quality access to all the wonderful sources of gold standard medical information. Yes, I learned something about all these, but most of all I learned that life is not that simple!

I do not intend to summarise all the sessions and workshops and hope to convey the dominant issues and dilemmas, and share with SHINE members the optimism that we can play our part in tackling these.

For those unable to attend Lancaster, my message is twofold. First, medical practitioners have no alternative but to be aware of, and adhere to, the best available evidence, in view of stricter rules on responsibility and accountability, and in response to patients' demands. Secondly, the 'evidence' is often of poor quality, and true 'evidence-based medicine' remains a dream. In other words, most of the practitioners are paying lip-service to the 'evidence' which is often poorly researched and presented.

Professor Richard Smith, the editor of the BMJ, eloquently set the tone in the opening address. His talk, "Information for doctors: drowning in the irrelevant, starved of the important", delivered a series of punchlines:

most doctors don't keep up with research;

they lack the knowledge to answer patients' questions;

at least 90% of articles in even the most respected journals fail to meet scientific criteria, yet their conclusions are believed;

doctors rely most on the least useful information, such as journal articles and colleagues.

He estimated that most of us, including himself, read less than 0.1% of what we should in order to do our jobs properly.

His message, though was positive. Recognition of this appalling situation is the first step to improving it. Soon, doctors should all have access to quality electronic resources, portable, simple to use, and linked to patients records.

Other speakers and workshops led me to recognise that the worthy aim of 'evidence-based medicine' remains some way off. Many trials are still of poor quality, many more are not published, results are subject to statistical manipulation. However, as librarians and health professionals become more skilled in evaluating results, the aim of maximum clinical effectiveness will come closer. There is a bewildering range of sources of 'the evidence' but gradually this is being systematically co-ordinated.

I am confident that recognition of the scale of this task is a major step towards true clinical effectiveness, and that the technology is becoming available to deliver top quality information in a seamless way.

What we now call the 'Internet' will become prominent - we'll all, patients and professionals, use it naturally, as we now use books and the telephone. It will barely resemble the present Internet, but within 10 years the current situation of 'hit-or-miss' medical information provision will be a ghastly nightmare.

1998 is the last Health Libraries Group Conference for some years, 1999 being the Under One Umbrella event, and 2000 seeing London host the International Congress of Medical Librarianship. Lancaster was very successful, well organised, and the stimulation of mixing with fellow professionals proving as valuable as the formal sessions. I have come home from past HLG conferences fired with enthusiasm about the exciting possibilities of ever more magical methods of delivering high-quality medical evidence. This time my mood is more subdued. I am fully aware that the explosion in health and medical information, and the increasing access to it, is not accompanied by greater quality of information, or intelligent use of it. As health librarians, we have a daunting challenge. Our role must change radically, but the prospects are positive, the future is exciting!

Janice Grant

Ayr Hospital

#### COCHRANE LIBRARY TRAINING DAY

During a couple of days at the end of August, members of SHINE were given the opportunity of attending Cochrane Library training held at Glasgow University. Not only did we have the pleasure of meeting Ruth Frankish the Cochrane Library trainer, but each day was free of charge as well which made it all excellent value!

In the morning session we received an introduction to Systematic Reviews, Cochrane Collaboration and the Cochrane Library from Ruth and then had a go at answering the question sheets which were provided, discussing when randomised controlled trials would be very useful for answering health questions and when not so useful. Then we were let loose on the database itself in the first hands-on session.

In the afternoon hands-on session, after an interval just about long enough for a quick liquid lunch, we explored the database in much more depth looking at not just the full-text records but also the statistics and the rather alarming meta-analysis diagrams incorporated in the reviews. Luckily, Ruth was at the ready to rescue us if we had problems and to answer any queries.

OK! For all those who attended the course! Could you answer this? Does vitamin C help to prevent the common cold? Do you remember what is meant by Weighted Means Difference (WMD)? Thanks to Ruth, it was all made to sound very straightforward and when I came away from the day on a wave of Cochrane euphoria, I felt completely confident about odds-ratio diagrams, lines of no effect and felt sure I could quite cheerfully explain a blobagram to a five-year old. But if you asked me now, a few of months later? Help! Where are my course notes...?

Avril Conacher

Gartnavel Royal Hospital

Editor's Note:- Plans are in hand to host further training sessions with Ruth Frankish later this year. It is hoped that again one session will be held in Edinburgh and one in Glasgow. Look out for further details in due course.

## INTRODUCTION TO HTML AND WEB PUBLISHING

Two study days on HTML and Web Publishing were held in 1998 - one in Edinburgh and one in Glasgow. The following is a report from the Edinburgh session.

Held at Edinburgh University's Wolfson Technology Resource Centre on a wet and snowy day, this proved an enjoyable introduction to the mysteries of HTML (hyper-text markup language). The workshop was ably led by William Nixon of Glasgow University and Emma Riley of Napier University.

The day began with a short introduction to the World Wide Web, its history and associated jargon. We then spent the rest of the morning creating our very own home page using Notepad, a simple text editor. Working through a detailed and well-produced workbook, we learnt to add the appropriate tags to our text to create headings, paragraphs, formatting, bullet-points, and the insertion of graphics.

Finally we created both external and internal links for our page. The afternoon session began with a discussion of some factors to consider when developing a Web site and some tips on good design. We then moved on to create a Web page like the one we had spent the morning working on, but this time using HTML Assistant (one of a number of HTML editors available) to add the tags for us.

I found it very satisfying to see my own Web page gradually coming together and, whilst I would not claim to be able to go off and create a Web site, I felt that the day certainly demystified HTML, and gave me a much greater understanding of how Web pages are put together.

Alison Bogle The Development Group

#### ARE WE ALL AGREED?

The December SHINE study day took place at the Southern General Hospital and was organised, very successfully, by Charlotte Boulnois. The purpose of the study day was to investigate the opportunities afforded by developing service level agreements and negotiating partnerships with other user groups connected to our medical libraries. Another purpose of the study day, and one which I found especially useful as a newcomer to hospital library services, was to bring SHINE members together and give everyone a chance to meet colleagues and put faces to names. As many medical libraries are often staffed by only one or two staff, this coming together in a relatively informal setting allows sometimes isolated library staff to catch up with what's going on in Scottish health libraries.

The day started off with a leisurely cup of coffee and the opportunity for introductions and the chance to catch up on the gossip. We then moved through into the lecture theatre, part of the Walton Conference Centre, for a very entertaining talk by June Livingstone, a training officer from the Royal Infirmary, Glasgow on negotiation skills. She talked about the basic steps that accompany any form of negotiation: getting to know each other, setting goals and objectives, beginning the negotiation, expressing disagreement, reassessment and compromise and then, finally, reaching agreement and used real life examples to illustrate her points.

The talk then moved on to a discussion about different types of questions that can be used. She explained how using open questions followed by probing questions then reflective questions and finally closed questions will lead to a problem (or a query) being understood by both parties involved. The talk concluded with an entertaining look at how body language can effect negotiations and give each side clues to how the other side are responding to your suggestions. Tips offered included reading the other person rubbing their nose as a sign that they are suspicious of you and stroking their chin as they are analysing what you are saying. The importance of listening in a negotiation was highlighted and suggestions to improve our listening skills were offered.

The second presentation was made by Mike Carmel, the Director of the South Thames Library and Information Service and he explained how new developments in the NHS affect medical libraries and how many key issues such as clinical governance, co-operative networks and clinical effectiveness must be addressed by health librarians. He then went on to describe how drawing up contracts and service level agreements with libraries in linked organisations, such as universities and other NHS Trusts, are essential to develop successful library services. Libraries must develop business plans and

be aware of Trust strategies and be prepared to monitor their own performance. He concluded by stressing the importance of forming partnerships as a means of sharing resources and identified the need for a sound IT strategy in NHS Trusts to be developed as a priority and one which librarians should be involved in.

After a pleasant three-course lunch, the delegates split into two groups to attend workshop sessions within which service level agreements in two different contexts were discussed. The session which I attended was asked to debate how we would develop a document to initiate negotiations between a university library and a hospital Trust with the aim of gaining some sort of funding from the university since the hospital library was becoming increasingly well-used by students. The discussion started off with a general look at why a service level agreement was needed, the evidence (statistics) necessary to convince the university that an agreement was a reasonable request and how to go about gaining allies to support your proposal.

The discussion moved on to the need for library services to approach such negotiations with a business-like approach and to prepare a business plan and look at the situation from the point-of-view of an accountant. The workshop session was very valuable and offered up insights into how other SHINE members were dealing with some of the issues brought up in the morning sessions, such as clinical governance, and gave everyone an opportunity to express both their hopes and concerns for the future.

The final presentation was given by Louis Golightley and Allan Woods, Health Service Liaison Managers at the University of Edinburgh who offered a description of how the Edinburgh University Library Service has approached the provision of library services to NHS Trust members. The Library aims to provide services to registered Trust members that include the use of collections and online services, interlibrary loan services, user education and photocopying facilities. These services are charged for and Trusts sign a contract that reflects the number of library users from a particular Trust but allows Trust staff access to a wide range of quality library services. This was an interesting talk that gave an insight into how a University views forming partnerships with NHS Trusts.

After a short discussion period, the study day drew to a close and the general opinion seemed to be that it had been a very successful day. I felt that I had learnt a huge amount, both from the speakers and from my colleagues, and felt motivated and inspired to investigate further the opportunities presented by service level agreements. I really enjoyed meeting the other SHINE members, especially those I had talked to on the phone previously and felt the day was a good mix of formal teaching sessions and chances to get to know one another a little better. I am very much looking forward to the next study day and the chance to meet more of the SHINE librarians and hope I will get as much out of the day as I did this one.

Shona McQuistan

Gartnavel General Hospital, Glasgow

## NEW LIBRARIES FOR OLD

Back in September 1998, the SHINE Committee was invited to send three delegates to this conference which looked at how library and information services and information and communication technology can work together to deliver the key objectives and priorities of the recent white papers "The New NHS" and "Our Healthier Nation". Dorothy McGinley, Alison McIntosh and I attended.

The day consisted of a series of very short (15-20 minutes) presentations from a wide ranging groups of speakers with as much time as possible allowed for discussion and questions from the floor. I have to hand it to the chairs of the respective sessions who kept everyone remarkably to time.

The proceedings were introduced by Veronica Fraser, NHS Library Adviser. The first speaker was Andrew Holt, Head of Information Services Division, Department of Health. Andrew rattled through forthcoming changes in the way that government will work ("joined up government"), the new focus on citizen access to information by new routes such as the Internet and digital TV, and the ability to interact with information providers. He estimated that around 25% of government transactions would be electronic by 2002; there would be an exponential growth in Internet/NHSnet material and an electronic library for health, also by 2002. All this has had, and will continue to have, an impact on libraries. There are new sources of information appearing all the time. Librarians have rivals in a more anarchic world who will do their own thing uncontrolled and unmanaged. He stressed the need for more proactive information management and suggested that demand for information services will increase if supply is well fronted and organised. It has been recognised within the DoH that there is a major reskilling task for LIS professionals in this scenario. In recent years, fewer staff have been employed in the DoH Library in "traditional" library work and more on projects such as COIN and POINT. After this, Andrew had to rush off for a meeting with the Minister to explain why the DoH server had crashed the previous afternoon!!

John Farendon, Director of SECTA, then spoke about the new NHS information strategy paper "Information for Health". This represented a top level commitment to information strategy which would be implemented over a seven year period. The strategy focussed on what the patient wants, what NHS professionals and managers want, and what the general public wants in relation to information for health. The specific targets can be found in the paper itself and John did not go into these, but he did consider the implementation principles: that there was a national consensus on objectives, that there would be an effective and continuing dialogue; there would be centrally mandated deliverables; and local implementation would be integrated with national policy. He also mentioned that a Local Health Information Service draft circular was in preparation, although this would apply to England only.

Dr Muir Gray went on to speak about the National Electronic Library for Health (NeLH), a key element of the Information for Health document. In his usual enthusiastic fashion, Muir pointed out that basically it is people who will make the NeLH work - the technology and the culture are there but how will it be managed? The mission of the NeLH will be to provide easy access to best current knowledge and to improve health and health care, clinical practice and patient choice. The NeLH will

operate under several basic principles: it will be obsessed with the quality of knowledge (basically acting as an assay service); it will provide both "knowledge" and "know-how"; it will be open equally to patients and clinicians; and it will be based on hypertext.

The Library will be organised in four main sections or floors: know-how i.e. guidelines and audit to provide a more systematic approach to care; knowledge, largely supplied by R&D; information for patients, managed by the Centre for Health Information Quality; and knowledge management skills and resources. There will also be decentralised services such as a NeLH for Mental Health, Coronary Heart Disease, etc. The first target will be to provide access to best current knowledge for clinicians within 15 seconds.

Five strategic priorities have been identified:

providing easy access to knowledge;

integration with other strategies and the development of the electronic patient record;

development of knowledge management skills and resources;

international partnerships e.g. with the National Library of Medicine;

business management.

Muir suggested that some funding for these developments could be found by selling services to other countries. He estimated that an initial "building site" would be available by the end of November showing what progress is being made but it was aimed to launch NeLH in the spring of 1999 as part of a five year development programme.

Next up was Brian Hunt, Assistant Director, NHS Telecommunications Branch. His aim is to provide telecomms that give the users what they need without them having to understand how it works. Would that it were so simple! Brian admitted that there have been barriers which are being addressed, not least of which is finance. However, other issues such as the Security Code of Connection and supply contracts for access to the NHSnet have been seen as overly bureaucratic and steps are being taken to simplify these. The vision is to set up invisible technology with users getting the applications they want, when they want them, quicker, slicker and easier. He outlined what seemed to be very ambitious aims of integrated telecomms to support the clinical agenda, national directories, simplified E-mail systems for all, transparent data transfer between systems, one national voice system, audio/video conferencing from the desktop, and web-based information for both staff and the public.

Brian then went on to talk about the NHS Information Zone which was launched earlier in 1998 and aims to provide an easy and quick method of accessing valuable sites from a single starting point. In recent months, news items have been added and the site now offers a daily digest of health related news from a variety of sources including Reuters and the BBC.

In the question/discussion session, Muir Gray spoke of a GP he met who says he doesn't want to access Medline from his desktop. He wants to access the information he needs within 15 seconds and spend no more than another 15 seconds reading it during a consultation. He might be willing to spend a couple of minutes accessing and reading something over a cup of coffee but anything longer than that becomes "education".

One delegate asked how the culture could be changed to get people to work within this new co-operative set-up. She mentioned the need to bring on board human resources personnel as an example. Muir envisaged a NeLH for HR being developed since it was important that "management" activity should also be based on the best evidence. The possibility of the Librarian becoming the Chief Knowledge Officer in an organisation was also suggested.

Another delegate asked about the involvement of LIS personnel in the development of local information strategies. John Farendon mentioned that the forthcoming circular would probably put the onus on the chief executive in an area to pull together the relevant parties but it may be that librarians will have to push themselves forward. They cannot assume they will automatically be included. Where have we heard that one before?

Muir also mentioned what he called the "Family Silver" project. By this he meant that there was already a significant body of resources available which could be pulled together as an early priority. A delegate from Canada finally summed up what many of us were probably feeling at this point in the proceedings. She mentioned the need for careful staging of all this activity since, although it was an exciting prospect, it could also seem overwhelming to those who needed and wanted to get involved.

Lunch was followed by another quick-fire session. Mark Field, Professional Adviser at the Library Association, spoke rather vaguely about his interpretation of and experiences with Knowledge Management. John Kirriemuir, Project Manager at OMNI, spoke about JISC funded electronic library projects, especially OMNI. He mentioned that a Resource Discovery Network Centre was about to be set up which will control all these gateways but he stressed that resource recovery is not enough. There is no use being to locate information quickly if it takes an age to download. What is needed is a discovery and access system.

Betsy Anagnostelis from the Royal Free Hospital was then meant to speak about using the Internet but the bulk of her presentation was about joint purchasing arrangements for electronic databases. She mentioned a recently negotiated deal which was allowing cross-sectoral purchasing for the first time, with 41 Higher Education and 75 NHS Trusts taking out subscriptions. But she warned that licensing arrangements are not the most important aspect. It is the running/ownership costs which count:- support, training, search interfaces, registration, where is the data to be stored, maintained and by whom? What sort of network will it be on? What about speed of access?

Judy Palmer from Anglia and Oxford then spoke on the theme of "Libraries to Go". Her thesis was that we need to change libraries from being "rear view mirrors" to become centres of multimedia evidence; libraries without walls; gateways; centres of instruction; and quality filters with people who can: talk to users in their own language; critically appraise practice and service; understand and exploit IT; initiate and lead; manage people and resources; negotiate and influence; teach and facilitate learning. These people will be educators, designers of knowledge systems, problem solvers and synthesisers, net navigators and, last but not least, bloodhounds not golden retrievers! Can we do it? Well, it depends on how much the NHS is prepared to put into developing its LIS professionals. Judy suggested that projects are a good way of achieving results and developing new skills e.g. the PRISE project in her region, the peripatetic librarian project in the Highlands, and a clinical librarian trial in Oxford. We need to consider distributed models of service - thinking about how people need and use information on the hoof. She had spoken to a number of primary care staff who say that they can't, won't and don't use libraries because they are too far away or open at the wrong times, etc. These are issues which need to be tackled.

Gill Needham from the Open University spoke about the work she is doing in developing web-based services to students. The OU also provides students with information about local university libraries and what access arrangements, if any, exist. This raised some hackles in the audience during the discussion session. The OU is also looking at document delivery options but at the moment cannot offer this service to its many thousands of students. Gill also mentioned their Learner Support Team, their information management skills guides for each faculty and resource specific training materials. They have also produced a multi-media training pack for health professionals on Health Informatics in relation to evidence based health care.

Sally Hernando from the South and West Region spoke about education consortium based networks in her region. They had conducted a review in the region which highlighted very similar problems to those found in our own SLIC review. Two educational purchasing consortium projects have been set up so far. In Cornwall and Devon, a hub and spoke model involving a service level agreement with the local university has been established. This involves seamless access to resources in the consortium area; access to electronic resources 24 hours a day, seven days a week in user-defined locations. Sally outlined the role of the region and the library services in delivering the agenda. In the region, the role of the IT Coordinator was important as were partnerships between libraries, IM&T, Education and R&D. To deliver the agenda, libraries also had to liaise with IT professionals and users, train users, facilitate access and assist in the development of electronic information services.

Muir Gray who chaired this session mentioned the possibility of a "bring and buy" sale on the proposed NeLH building site where people could report on projects like these as an example of what could be achieved locally.

Unfortunately, travel arrangements meant that the Scottish contingent had to leave before the last session which centred on information for patients and the public.

Maureen Thom

The Development Group

## NATIONAL ELECTRONIC LIBRARY FOR HEALTH 2

A couple of weeks after the New Libraries for Old conference, I was invited to attend a colloquium of interested parties to hear short presentations about NeLH but mainly to provide a forum for questions, discussion and input from representative bodies. More than a hundred participants attended from libraries, pharmaceutical companies, publishers, research organisations, royal colleges as well as a good number of clinicians.

Michael Stein from Blackwell Science started the presentations by speaking about electronic publishing and the possibilities that the Internet opens up for updating, linkage, self-assessment, etc. Ben Toth, R&D Information Manager, NHS Executive South and West, is one of a very small group of people pushing forward the NeLH. Ben described a possible (but by no means decided) outline for the NeLH architecture which allowed for one click searching for, say, a condition, limited by age range and diagnostic or treatment options. Users could also select from clickable catalogues of information such as current guidelines, audit protocols, circulars, news clippings, etc. And/or under patient information e.g. NHS Direct, local GP information, guides to local health services, and so on. Other possibilities could be to browse library resources such as the full text of over 300 key journals. While these would not be the only options available, Ben was trying to illustrate the potential for the NeLH. The design principles would involve a three tier model with a browser (user interface), the NeLH "catalogue" as the middle layer and the various "information objects" as the third layer. The aim would be to standardise so that resources can be built into local local systems and specialist libraries using common formats. Desktop software should be as simple as possible and resources should be visible on both the NHSnet and the Internet.

Muir Gray Spoke about funding. There was no intention to take away any money from existing services but they were looking to raise about 10-20 million. Some organisations have already agreed to put up funds with no strings attached; it may also be possible to sell products/services to more affluent countries and provide them free to others. The NeLH will be project managed by a small development team of Veronica Fraser, Ben Toth, Muir Gray and Robert Ward from the NHS Executive Information Management Group. Alistair Liddell, Director of Planning for the NHS Executive, is also on the Project Board, so there is high level backing.

The tone of this meeting was a bit less positive than the earlier conference, perhaps because it was such a diverse group. Some people seized on issues like the 300 electronic journals mentioned by Ben Toth and questioned the need for this since one of the aims of the NeLH was to ensure that clinicians would obtain an answer within 15 seconds. Others questioned who would be responsible for deciding what was gold standard material and what wasn't. One delegate mentioned the need to involve those in the education sector at all levels. While they cannot be expected to teach everyone everything they are likely to need to know, they need to know about the NeLH and how to access

the knowledge base. Another delegate was concerned about an approach which seemed to focus on a particular condition. Some people would need different types of information like protocols, information on discharge, etc which might not be condition specific. It was also stressed that locally developed resources should not be squashed by the NeLH. Ben Toth pointed out that it has been recognised that there is a need to make available national or even international information but that can be downloaded on to local networks. He also suggested that local information might be the key to getting local clinicians on board. Another delegate pointed out that there was also a real need for training the end user - it could not be assumed that everyone knows how to use a mouse or a browser or how to navigate a computer screen.

I came away from the day fairly excited about the prospect of the NeLH and about how fast things were intended to move. I also suggested to Muir Gray that a similar event should be arranged in Scotland since there was a risk that this will be seen as an English venture only but there was already a wealth of good material north of the Border which should not be missed out.

I understand that the Project Team has commissioned library consultants Hudson Rivers to set up meetings in each region (including Scotland) to seek views on the NeLH and how it might be taken forward. Watch this space for more information.

Maureen Thom

The Development Group

#### ACCREDITATION OF HEALTH SERVICE LIBRARIES

The LINC Health Panel has now produced its Accreditation Checklist and the companion Implementation Guide and Toolkit for libraries in NHS Trusts, details of which are given below.

LINC Health Panel Accreditation Working Group : Accreditation of Library and Information Services in the Health Sector: a checklist to support assessment LINC Health Panel, 1998

The Accreditation Checklist is endorsed by a number of important bodies in the healthcare information field, including the British Library, the Scottish, English and Welsh National Boards for Nursing Midwifery & Health Visiting, the Kings Fund, SCONUL and COPMED.

"Patients and their families place their trust in health professionals. They need to be assured that their treatment is up to date and effective and that it has been provided by those whose skills have kept pace with new thinking and new techniques" "Information needs to reach the right people and be acted on in the right way" (A First Class Service: quality in the new NHS, 1998)

The English Health Service Guideline (97)47 underlines the need for high quality library services to support quality health care. The principles are Access, Resources, Funding and Region wide co-operation.

These sentiments are fully endorsed and supported throughout the checklist and its use will make a substantial contribution towards their attainment.

The checklist is available from Marie Langseth, King's Fund, 11-13, Cavendish Square, London, W1 0AN and costs £15.70 per copy (10 copies or more £15 per copy). Send a cheque for the full amount made payable to LINC Health Panel. Also available with purchases of 10 or more copies is a disc version of the checklist statements. This would be particularly useful for assessors preparing reports based on the comments boxes. Discs will be sent out separately.

LINC Health Panel : Accreditation of Library and Information services in the Health Sector:  
Implementation Guide and Toolkit for libraries in NHS Trusts LINC Health Panel, 1998 ISBN 0-9534931-0-5

The 121 page Toolkit contains valuable background information to help Trust Librarians to prepare for accreditation as it covers business planning, staff appraisal, copyright, quality assurance, core lists and more. It is presented in an easy-to-use format and includes examples of good practice, outlines of business plans, and comprehensive bibliographies that refer you to further reading in key areas. Although it has been compiled with the needs of NHS Trust libraries in mind the toolkit will be a useful management tool for other libraries providing healthcare information. The Toolkit maps directly onto the sections of the Accreditation Checklist, so you can turn straight to the relevant information.

The Toolkit costs £20.90 including 90p postage and packing. Orders of 10 copies or over are post free i.e. £20.00 per copy. Send a cheque made payable to LINC Health Panel with your order to:- Christine Fowler, South & West Health Care Libraries Unit, Mail Point 16, South Academic Block, Southampton General Hospital, Southampton, HantsSO16 6YD Tel: (01703) 796542

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PEOPLE AND PLACES

People and Places

There have been several changes in personnel, not least the tragic death of Hazel Williamson who over the years contributed a great deal to the work of SHINE particularly as editor of the Union List.

Another great loss to the Committee and to SHINE as a whole is Maureen Thom who has left the Development Group Library at the Scottish Health Service Centre. Maureen has served as membership secretary, secretary and latterly co-chairman. We wish her well for the future.

Rebecca Higgins formerly Area and Campus Librarian at Highland Health Science Library in Inverness and one-time treasurer has left to set up in business from her home on the shores of Loch Ness as a bookseller specialising in medical, health and professional texts. She is succeeded at HHSL by Anne Gillespie, previously the Deputy Librarian.

One of our members has escaped south of the border. Ljilja Ristic who was librarian at the Western Infirmary in Glasgow has moved south with her husband and is now a hospital librarian in Sheffield.

My own working arrangements have changed recently. I have decided to take things a bit easier and go part-time. Rather than chasing all over Fife, I am now at the Victoria Hospital in Kirkcaldy on Tuesdays, Wednesdays and Fridays and on Thursdays I'm at Stratheden Hospital. This all means I've got every Monday off!!

Dorothy McGinley