



Working towards liberation: Using a collaborative approach to assess the impact of library services within the NHS.

Douglas Knock
South London Healthcare NHS Trust
London, United Kingdom

Meeting: *78 — Using assessment to drive change: demonstrating the value of health information — Health and Biosciences Libraries*

Abstract:

The NHS is required to make cost savings of £20 billion by 2014 whilst maintaining a high level of care in the face of an increasingly ageing population. The NHS White Paper, Equity and excellence: Liberating the NHS (2010) targets a reduction in management costs and business support functions to ensure the protection of front-line clinical services.

Within this context, there is an increasing requirement for health libraries to demonstrate the value that they can add in the provision of cost-effective high quality health care. This paper will review three collaborative approaches to the assessment of the impact of library services and strategies for aligning libraries to the core objectives of the NHS in England. The paper will seek to identify practical examples of how these models have been applied, the influence that they have exerted and where they might be improved.

The South-East London Health Libraries (SELLIB) Impact survey demonstrates how a brief online qualitative survey can be used in a localised setting to gather concise examples of the impact of library and information services on the provision and improvement of patient care.

On a regional level, London Health Libraries developed an alignment toolkit in 2008 which was adapted by LIHNN (Library and Information Health Network North West) to produce MAP: Making Alignment a Priority for Health Libraries. Both toolkits aim to help libraries develop strategies and record practical examples demonstrating support for the achievement of the key drivers impacting upon NHS organisations.

Most recently, the Strategic Health Authority Library Leads (SHALL) have produced an Impact Toolkit (2010) which provides a national template for gathering both qualitative and

quantitative evidence to support the case for library services. The aim of the toolkit is to support the planning, modernisation and delivery of health library and information services in the NHS.

The paper will conduct a critical assessment and explore the benefits of the collaborative approach that has been adopted within each of these models.

Introduction

Peter Hill observed in his 2008 *Review of Library Services within the NHS*¹ that

“Health librarians and information professionals working in the field of health care should always seek to make a positive impact on patient care. However, this is very difficult to measure.”

Since Hill’s review, the landscape for healthcare provision within the UK has changed. A global recession has been accompanied by a change of government and the NHS is now required to make cost savings of approximately £20 billion by 2014 whilst maintaining a high level of care in the face of an increasingly ageing population. The 2010 NHS White Paper, *Equity and excellence: Liberating the NHS* targeted a reduction in management costs and business support functions to ensure the protection of front-line clinical services. Whether it is difficult to achieve or not, the measurement and demonstration of the impact that library services play in the provision of health services and patient care is now of paramount importance.

Library services within the NHS do not subscribe to a fixed model. The NHS itself consists of a range of different Trusts and service providers covering acute care, emergency services, community health, social care and mental health. Financial support is equally complicated with funding streams and amounts varying from Trust to Trust. Closely linked to this is the strategic positioning of library and knowledge services within an individual Trust which can vary markedly, with libraries positioned within a range of different departments including, but not limited to, human resources, organisational development, medical education, clinical services, information governance. Furthermore, a library service will often serve communities operating across Trusts according to existing Service Level Agreements (SLAs) between organisations.

Within this context, it stands to reason that the local drivers for a service can differ, however, there are common streams and some organisational goals, including the provision of high quality cost-effective patient care, will be uniform. The measurement and assessment of impact is closely linked to the identification of the key drivers for an individual organisation.

¹ Hill, P. *Report of a National Review of NHS Health Library Services in England: From knowledge to health in the 21st Century*. NHS Institute, 2008 Available online at http://www.libraryservices.nhs.uk/document_uploads/NHS_Evidence/national_library_review_final_report_4feb_081.pdf

This paper concentrates on four collaborative approaches to support the measurement, assessment and demonstration of impact within NHS Trusts. The first example demonstrates the operation of a concise qualitative impact survey on a local level by a collaborative consortium of libraries in South-East London. Two regional examples are provided by the alignment toolkits instigated by London Health Libraries in 2008 and further adapted the following year by the Library and Information Health Network North-West (LIHNN). Both toolkits seek to assist providers in aligning their services with the key drivers within their organisations. The final example provides an overview of work that has been undertaken by NHS Library Leads on a national scale since 2007 to provide a toolkit of resources to assist in the assessment of impact.

1. SELLIB Impact Survey

The South-East London Health Libraries (SELLIB) Impact Survey was conducted in May and June 2011 and brought together Trusts and organisations operating within different areas of health service provision. Participating organisations included a mental health trust (South London and Maudsley Mental Health (SLAM)), acute trusts, (South-London Healthcare, King's College Hospital, Lewisham Healthcare, Guy's and St Thomas'), a hospice, (St Christopher's Hospice), and organisations serving primary care (Lambeth and Southwark, and Lewisham Healthcare). The aim of the survey was simple, using a prize incentive of an amazon kindle to obtain examples of how NHS libraries had directly affected patient care and supported the education, training and development of library users.

The survey was conducted electronically through Survey Monkey² and promoted to eligible library users by staff. Brief demographic information relating to which service was used and type of user was followed by an open text box where the respondent was asked to give an example of how the library services used had impacted on their provision of patient care or continuing professional development.

A total of 727 responses were received across the seven organisations. Responses varied in detail from a single sentence to a detailed description of the impact that had been made. Examples covered all aspects of patient care and safety, from a single case study to the instigation of a change in practice, keeping up to date, improving provision of healthcare, lifelong learning and continuing professional development.

Easy to set up, the SELLIB survey provided short concise qualitative examples of the impact that individual services had. As the key output of the survey was a qualitative statement, limited pre-testing was required. The overall results of the survey have been promoted to library colleagues on a regional level through a presentation given at the NHS / Higher Education conference in London, an overview paper available through the Londonlinks website³ and a poster⁴. The key benefit for the participating libraries has been in the

² www.surveymonkey.com

³ <http://www.londonlinks.nhs.uk/groups/lhl-area-groups/sel-minutes/SELLIBsurvey2.pdf/view>

harvesting of concise examples to help promote their services. Examples have been included on websites and in promotional leaflets advertising services as well as being used to compile documentation for advisory committees.

The survey that SELLIB used is limited in so far as it provides little scope for benchmarking or comparison with future surveys. It should be considered as a stand-alone project or a tool to produce results which supplement other work. Although the examples came from a diverse range of users and related to library services operating within different organisations, it was easy to filter examples using the online survey tool. The responses tended to be brief and did not go into extensive detail or provide any quantitative measure so their value as case-studies is limited without follow-up. The decent response rate was attributed to the brief nature of the survey and the lure of a popular prize, which when joint funded by 7 organisations was very affordable.

The SELLIB model is easy to set up but limited in scope so should really be considered as an example to include within a broader-reaching toolkit or as a marketing tool.

2. London Health Libraries Alignment Toolkit

The London Health Libraries Alignment Toolkit⁵ is an example of a regional collaboration. The aim of the toolkit was to create a working document which linked, or rather aligned, a portfolio of case studies provided by the diverse community of London's health libraries to two separate strategic reports.

The first report was Lord Darzi's *Healthcare for London: A Framework for Action*⁶ which identified a number of key issues relating to the provision of health services within the capital. The second was, the previously quoted Peter Hill's *Review of Library Services within the NHS*⁷ which identified four key purposes for health libraries in providing support for:

- Clinical decision making by health professionals, patients and carers
- Decision-making on commissioning and health policy
- Research
- Lifelong learning by health professionals

⁴ Informing Practice: Collaborating Health Libraries and their Impact on Patient Care. Poster displayed at NHS / HE Conference 17/11/2011 <http://www.londonlinks.nhs.uk/2011-events/november/7-sellibposternhshe.pdf>

⁵ <http://www.londonlinks.nhs.uk/resources/alignment-toolkit>

⁶ Darzi, A. *Healthcare for London: A Framework for Action*. London : NHS London, 2007 Available online at <http://www.londonprogrammes.nhs.uk/publications/a-framework-for-action/>

⁷ Hill, P. *Report of a National Review of NHS Health Library Services in England: From knowledge to health in the 21st Century*. NHS Institute, 2008

The London Toolkit was officially launched in October 2008 and had been developed on behalf of London Health Libraries by an external consultant, Sue Lacey-Bryant, who actively sought case studies from library managers within the region. Over 25 case studies were gathered pre and immediately post launch and these were then allocated to one or more 'streams'.

The initial aim of the London Toolkit was to develop a working document to champion the value of health libraries, however, the momentum has failed to materialise and since the initial launch there have only been three submissions and none within the last 2 years. It was also hoped that the toolkit could be used to encourage contributions directly from clinicians, although there is little evidence that this has been successful.

There are a number of possible reasons for the failure of the London Toolkit to reach its aims. The first relates to capacity, as the toolkit was actively driven by a single external individual who helped instigate the project but was not able to develop it further. A lack of ongoing promotion and in some ways 'ownership' can be linked to a reduction in financial resources and a corresponding lack of capacity to undertake any updating of the toolkit. This is something that is recognised by Richard Osborne, Strategic Library Lead for Libraries in London, who aims to mirror the approach adopted in the Making Alignment a Priority (MAP) Toolkit in so far as the project is driven forward and maintained by a designated group of librarians within the region so is not reliant on a specific individual.

There appears to have been limited awareness of the toolkit beyond the library profession which can be linked in some ways to the lack of uptake and promotion. The toolkit is hosted on a library website and is primarily a resource for librarians, rather than a tool for medical practitioners or decision-makers making it unlikely that non-librarians will contribute to its development. If examples of the case-studies were incorporated within a more clinical facing resource, like NHS Evidence, this would raise the profile and enable the resources to step outside the echo chamber.

The lack of capacity to update the toolkit has meant that the strategic documents which the case studies are linked to have become increasingly dated within the context of changing government, ongoing service reviews and increasing cost-saving measures. Although it was not intended to be, the London Alignment Toolkit in its current format has become historical.

3. Making Alignment a Priority (MAP) Toolkit

While the London Alignment Toolkit had more specific aims, the MAP Toolkit, which it inspired, has a broader scope. Following attendance at the launch of the London Toolkit in October 2008, a small group of librarians from the Library and Information Health Network North West (LIHNN) were inspired to develop their own toolkit.

A steering group of 8 cross-sector librarians was developed and came up with the vision to

“bring together a number of resources in a wiki environment that can be used by librarians /library managers to ensure that library services are aligned to drivers at all levels and demonstrating their impact on their NHS organisation”⁸

While the London version concentrated on alignment to two existing reports, MAP aims to assist library managers in identifying the key drivers for change and in critically highlighting how the library adds value and impacts on organisational change, policy and practice. Its goal is to support the planning, modernisation and delivery of health library and information services through the provision of resources that support library managers in business planning, bidding for funding, showing examples of best practice, planning new projects, protecting existing services and mapping out current service provision.

Access to the MAP Toolkit was originally through request only although this was more to enable the steering group to find their feet rather than to restrict access. The use of a PBWorks wiki enabled usage to be monitored and since its inception, 219 users have been registered although 15% of these have not made any actual use. The original MAP Toolkit consisted of four sections; a snapshot and summary of drivers and initiatives impacting on NHS organisations broken down in local, regional and national sections; a local service profile template to assist in the planning of local services; a case study template; an impact assessment toolkit. The open access version⁹ which has recently been launched and is available through the LIHNN website excludes the impact assessment toolkit, likely due to the SHALL Toolkit, which will be considered later.

Unlike the London Toolkit, the project was not driven at a strategic level but was taken forward by librarians operating within different sectors of the NHS. Although there was support from Library Managers within the region there has not been the capacity to conduct an official review of uptake or usage. Tracey Pratchett, one of the original members of the steering group observes that usage tends to reflect promotion campaigns. She also notes that the key challenges have been in keeping the material up to date and the incorporation of new drivers within a regularly changing landscape. The aim for the future is to develop a model which involves more content editors enabling the steering group to concentrate on promotion, developing workshops and encouraging inclusion of case studies.

The MAP Toolkit has more currency than the London Toolkit primarily due to the collaborative model that has been adopted. As the project has been driven by a group of librarians, they have taken ownership and responsibility for developing and expanding it to include reference to new drivers, both on a local and national level. The use of a wiki has facilitated this collaborative approach while the inclusion of colleagues from a broad range of NHS organisations including acute, primary care and mental health trusts has resulted in a broader view. Like the London Alignment Toolkit, there has been no review or wider

⁸ MAP: Making Alignment a Priority for health libraries.
<http://alignmentprojectnwlibrarians.pbworks.com/> Access by request.

⁹ <http://www.lihnn.nhs.uk/wiki/MAP.Default.aspx>

evaluation of the MAP Toolkit and this may be more difficult to conduct once the open access Wiki is launched.

4. Strategic Health Authority Library Leads Impact Toolkit

The final example is one that operates on a national level within the NHS. The Strategic Health Authority Library Leads (SHALL) Group was formed on 1 April 2009 and succeeded the National Library for Health (NLH) Co-ordinating Group (2007 to 2009).

SHALL's mission is "to support, work, plan and campaign for the excellence of health and social care through evidence-based practice and lifelong learning, by developing and providing high quality knowledge, information and library services."¹⁰

It exists to co-ordinate the work being carried out within the regions with membership consisting of the Library Leads from each of the original 10 Strategic Health Authorities (SHAs) in England, as well as representatives from Higher Education, social care, independent health libraries, CILIP and key NHS bodies.

The original version of the Impact Toolkit was commissioned by an even earlier incarnation of SHALL, the NHS Library and Knowledge Development Network (LKDN) and was made available through the "For Librarians" pages of the National Library for Health. It built upon research carried out within a pilot study in 2007 by Urquhart and Wheightman¹¹. The current SHALL toolkit was funded in 2009 by the National Library for Health in conjunction with the NHS South Central region which took a lead on testing and it was incorporated within the SHALL website in 2010. Whereas Urquhart and Wheightman's remit was to concentrate specifically on the impact on patient care, the latest version has a broader scope with 5 resources, including:

- Online survey template
- Semi-structured interview guidance
- Case Study Template
- Questionnaire for recipients of mediated literature searching
- Questionnaire for recipients of information skills training.

¹⁰ <http://www.libraryservices.nhs.uk/shall/>

¹¹ November 2007 Developing a toolkit for assessing the impact of health library services on patient care: Report to LKDN Assessing the impact of a health library service: Best Practice Guidance. Based on research originally funded by LKDN. Version for National Library for Health, August 2008

The SHALL Toolkit is open access and provides access to a range of templates which can be used for the collection of detailed evidence relating to the impact of Library & Knowledge Services within a single NHS organisation or in response to a specific intervention, such as a mediated literature search or an information skills training session. A regional trainers' group, the West Midlands Regional Trainers' Forum is currently conducting a survey designed to collect training data from Trusts across England in order to measure the impact of information skills training across multiple Trusts and provide a more reliable aggregated picture.

Like the London and MAP Toolkits, the SHALL Toolkit is supplemented by a small selection of case studies which had been submitted by four NHS Trusts across England.

Survey into awareness and uptake of SHALL Toolkit

A brief online survey was conducted in May 2012 to review uptake and awareness of the SHALL Impact Toolkit. The survey was distributed on the LIS-Medical and HLG discussion lists with respondents encouraged to complete it even if they were unaware of the actual toolkit. The principle aim was to review uptake and awareness and to relate this to individual SHA regions and positions.

A total of 146 responses were received from across the country representing, if you exclude the 15 responses from non-NHS staff, roughly 15% of the total staff employed within NHS Libraries¹².

The majority of responses came from NHS North of England (31.5%) and NHS South of England (27.4%), while the fewest responses came from NHS London (12.5%). 15 responses (10%) were received from individuals who were working in sectors outside of the NHS. It is not possible to accurately gauge if this reflects the breakdown of staffing across these different NHS regions or if it is indicative that certain regions have an increased awareness of the importance of measuring impact and, indeed, the SHALL Toolkit, and were more likely to respond. It is worth noting from the outset that, prior to its launch, parts of the toolkit were trialled within the NHS South Central Region while local studies, like the one being carried out by the West Midlands Regional Trainers' Forum will have encouraged localised awareness.

The highest percentage of respondents worked at a managerial level (44%), although a significant number of responses also came from non-managerial professionally qualified staff including outreach librarians, assistant librarians, clinical librarians and information skills trainers (44%). These user groups also had the lowest proportional lack of awareness with smaller percentages of library managers (16%), outreach librarians (13%), clinical librarians (17%), information skills trainers (22%) and heads of services (23%) unaware of the toolkit. The one exception was assistant librarians with half of the respondents within this category unaware of the toolkit and only a single respondent making any use.

¹² Based on number of responding libraries for LQAF returns and most recent LISU statistical return in 2005 of 880 staff

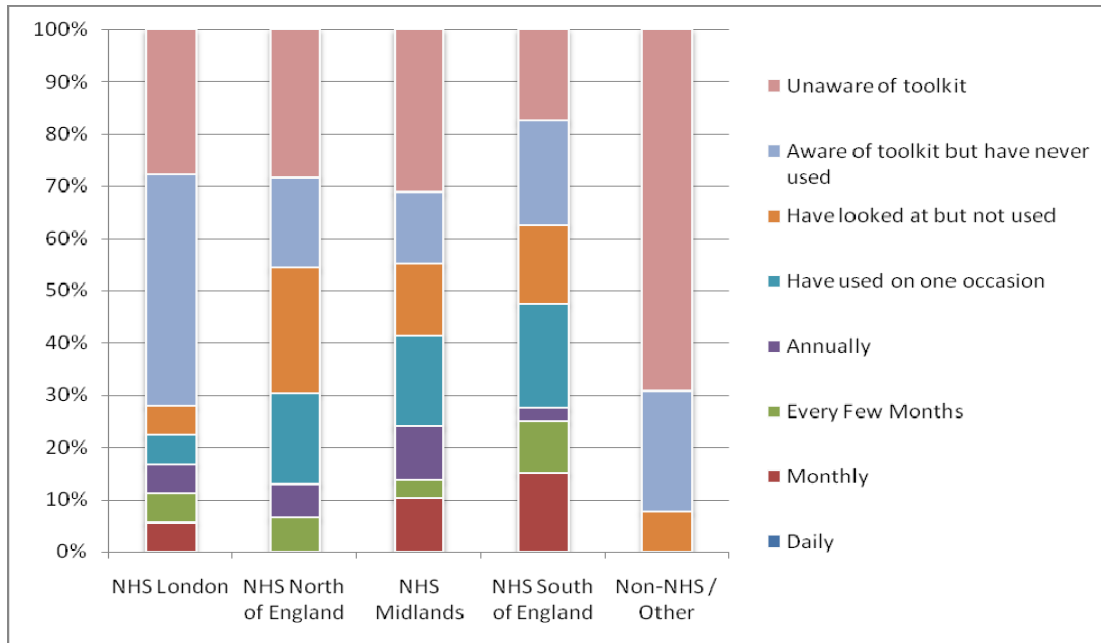


Figure 1.0 Graph depicting percentage breakdown of SHALL Toolkit use according to region

Over half of all respondents had never used the toolkit with 29.5% unaware of it and 21% aware of it but having never used it. The majority of non-NHS respondents were unaware of its existence (80%). Lack of actual use was proportionally lowest in the South (17.5%) but fairly constant within the other NHS Regions, with London (28%), the North (28%) and the Midlands (31%) producing similar results. Figure 1.0 shows the proportional breakdown and usage of the toolkit across the four regions and amongst non-NHS respondents.

Respondents who had made use of the toolkit tended to recognise that the respective parts of the toolkit which had been used were ‘useful’ scoring either 1 or 2 on a Likert Scale of 1 to 5 whereby 1 = “Very Useful” and 5 = “Not Useful at All”. The two most used sections of the toolkit, the online survey and questionnaire for recipients of mediated searches, which were both used by 58% of users, were also the most highly rated. Take up for both of these resources was very low in London, with only a single user for both while proportional uptake was once again highest amongst outreach librarians, clinical librarians and library managers. The only aspect of the toolkit which was deemed to be “Not Useful at All” by a single respondent was the semi-structured interviews section. Feedback comments relating to the toolkit were generally favourable as well.

The key reasons for not making use of the toolkit were either a lack of awareness or a lack of capacity to measure impact, with many respondents who were aware of the resource but didn’t make use of it attributing this to factors including staffing shortages, a lack of priority and a lack of time.

A small percentage of respondents suggested improvements which included concentrating on increasing the number of case studies with particular emphasis on how the results of the

impact studies had been used to promote awareness of services. An enhanced facility for submitting examples was also suggested.

The results of this brief survey, which was designed to take a snapshot rather than to conduct a comprehensive review of uptake, highlight a number of issues. Although uptake looks like it is fairly low, it is significantly higher amongst the anticipated key users groups, namely library managers, outreach and clinical librarians and information skills trainers. There is certainly variety between the different NHS regions which should be addressed by more effective and widespread promotion and engagement. The SHALL Toolkit does not, for example, appear to have been promoted through national discussion lists like LIS-Medical. Similarly, regional groups like the London-based Clinical Libraries and Information Skills Trainers (CLIST), the capital's equivalent of the West Midlands Regional Trainers' Forum could be specifically targeted to enhance awareness and encourage usage. The toolkit could benefit from becoming more collaborative through engagement which will enable it to support NHS Libraries as a whole and also from more effective promotion which will encourage the inclusion of further case studies and examples which would enable it to become more comprehensive.

Feedback from users was generally positive so there is no reason the SHALL Toolkit cannot increase awareness and usage and help to challenge the perception that there is not enough time to carry out impact assessment.

Conclusion

The survey and toolkits that have been reviewed within this paper provide a snapshot into some of the current strategies to measure impact and demonstrate alignment within the NHS. Further evaluation of these tools is required and needs to be combined with ongoing development to ensure the currency of the resources.

There are strengths and weaknesses within each approach and lessons can be learnt which can be applied to libraries operating worldwide and outside of the health sector; Although the SELLIB Impact survey is highly limited within its scope, the brief qualitative statements that it was able to gather through an easy to manage survey have proven to be very useful in marketing and promoting services. The London Alignment and MAP Toolkits demonstrate the importance of trying to align any library service to the key drivers of the organisation that it operates within. The MAP Toolkit showcases how a collaborative approach and the use of a wiki have enabled the steering group to maintain the currency of the resource up to date and expand and develop it to meet changing needs. The MAP Toolkit has also benefitted from the fact that it was developed by librarians working at an operational rather than strategic level, and as such there appears to have been more widespread promotion and engagement.

The SHALL Impact Toolkit is the most comprehensive resource and has a solid academic foundation, however, it does not appear to have enjoyed the promotion or awareness that it should have as a project which has been carried out to support the provision of library

services on a national level. There appear to be significant gaps in awareness and it needs to market itself better to encourage more widespread contributions. It is concerning that there were a number of responses to the survey where individuals did not view impact measurement or analysis as a priority and felt they did not have the time to engage.

The overwhelming majority of the case studies and examples of impact assessment that are incorporated within the toolkits appear to be exclusively available through library websites which are accessed primarily by information professionals. This issue needs to be addressed and librarians and strategic leads should consider how to incorporate these examples within tools that are used by clinicians and decision-makers. We need to consider strategies for disseminating the findings and examples beyond the audience of information professionals. The inclusion of case studies onto databases like NHS Evidence¹³ may help to address this.

Impact assessment and the demonstration of how a library service aligns itself to the strategic aims of an organisation are not unique concerns to either NHS or Health and Bioscience Libraries or indeed the United Kingdom. With an ever increasing need to reduce expenditure and the increasing perception that all material can be found online, library services should develop strategies and papers to demonstrate the impact they have before they are required.

¹³ www.evidence.nhs.uk