Interim

From ASHSL to SHINE

Over the past months the ASHSL Committee have been reviewing the constitution. They have also been conscious of the need to change the Association's name to reflect the greater diversity amongst the membership. More and more of us are working is specialist information units and many of us are no longer titled librarian.

The discussion was widened to the members at the 1997 AGM. As this was such an important issue, it was decided that ballot papers be sent out suggesting a change of name. This was done some weeks ago and the result of the ballot was as follows:-

118 ballot papers were sent out and 72 were returned.

38 votes were received for SHINE (Scottish Health Information NEtwork).

The remainder of the votes were spread evenly among the other suggested options.

You will have noticed our new name on the Union List which has been recently sent out by Richard German and Avril Conacher. (Many thanks to them both for their hard work in compiling the list.) In order to complete various administrative procedures however, the 'official' change of name will take effect from 1 June 1998.

Inside

!! Highlights include !!

Update on the Review of NHS Library and Information Provision in Scotland

"Designed to care" - the white paper on the NHS in Scotland and it's implcations for libraries

The new Rcn Scottish Board Library

Meeting reports including the ASHSL Autumn meeting and AGM

NHS Library Review Update

The Working Group held its final meeting on 9 February 1998 when members considered the feedback received from the consultation process to date, specifically the Draft Report and the Search Seminar held at St Andrew's House in November. Thanks to those of you who sent in comments. We also discussed the content and layout of the Executive Summary. The final report and Executive Summary will shortly be presented to SLIC for approval. Details of the official launch of the report are not yet known but it is hoped that the Health Minister, Sam Galbraith, will take part.

Graham Buckley, the Chairman of the Working Group, announced at the meeting that David Steel, Head of Health Gain at the Management Executive, had contacted him to say that he had been charged with setting up a cross-directorate group within the Management Executive to consider Library & Information provision in the NHS and to carry forward the work of the Review Group. To date, the exact composition of this new group and its remit are unknown but there will be a number of librarians taking part, including one from the higher education sector and representation from ASHSL. The Committee will keep members informed of any developments on this front.

Maureen Thom, Development Group Library

SCIEH Library Moves

The SCIEH left Ruchill as part of the general closure of the site. The move took place at the end of February.

The Library's new address is:

SCIEH Library, Clifton House, Clifton Place, Glasgow, G3 7LN

Tel: 0141 300 1100 ext.1129

e-mail remains norman@scieh.tcom.co.uk (for the present!)

Norman Macdonald

"Designed to Care" - the new White Paper

The new White Paper on the NHS in Scotland was launched by the Scottish Office on 9th December 1997. It is a statement of the changes to the Health Service planned by the new Government. some of the changes can be expected to occur quite rapidly; others will require legislation through Parliament.

What are the main proposals?

I have attempted to list the main points below. The full paper is available on the Scottish Office Website at http://www.scotland.gov.uk/

+ Trusts and Health Boards remain. Health Boards will remain responsible for planning care, and Trusts will be responsible for providing the care on a day-to-day basis.

+ fewer Trusts. There will be only two Trusts in each mainland Health Board, except in Lothian and Glasgow, where there may be more. Each Health Board will have an Acute Care Trust and a Primary Care Trust.

+ new types of Trust. Primary Care Trusts will be created. There will manage all community and mental health services, and also the primary care services (general practices).

+ greater integration and co-operation. Trusts and Health Boards will be connected by Health Improvement Plans (HIP s) created by the local Health Board. These set out the priorities, resources and plans to be carried out by Trusts and the Health Board in the years ahead.

+ a focus on the quality of care. A Scottish Health Technology Assessment Centre will be set up to examine new techniques and therapies before they are introduced.

+ reduced bureaucracy

- GP Fundholding to end. GP fundholding is to end by April 1999. There is scope for GP s to form Local Health Care Co-operatives - networks of GP practices working together with a defined budget.

- focus on improving human resource management in the NHS.

The main changes are timetabled to take place as follows:

1998 March: Health Boards consult on preferred configuration of new Trust.

1998 April: Human Resources Strategy for the NHS in Scotland published.

1998 December: Scottish Health Technology Assessment Centre established.

1999 March: GP fundholding ends.

1999 April: new Trusts established.

What does all this mean for us?

The chapter which jumps out at health care library and information professionals is *"Better Services for Patients"*. The following objectives are listed, all of which have direct bearing on library and information services:

1.) Improving clinical effectiveness and promoting the adoption of more effective care based on evidence.

Clinical effectiveness and evidence-based practice are recurring themes throughout the paper. They are seen as fundamental to the drive towards maintaining excellence and improving quality of care. The importance of guidelines, audit, and needs assessment are all mentioned, all of which implicitly involve library and information staff in providing the evidence on which they are based. Development of a stronger strategic direction for the clinical effectiveness program is one of the major objectives of the review of the role of CRAG conducted by the Chief Medical Officer.

2.) Patient information

- providing patients with more information about their health and options for treatment when they are ill, thereby involving them to a greater extent in decisions about their own care and treatment.

3.) Electronic communication and transfer of information.

- use of new technology to improve reliability and co-ordination of care. Communication between acute and primary care levels is stressed particularly. Although the White Paper refers primarily to use of technology for transfer of clinical care and management information, these are underpinned by the text-based information which is the concern of library services, and which can simultaneously take advantage of the proposed developments in technology.

Other themes in the White Paper of particular relevance to us are:

1.) Co-operation, co-ordination and sharing of resources

The emphasis of the "renewed NHS" is on co-operation rather than competition among health service units. Co-operation and sharing have also always been fundamental to the survival of health care library services in Scotland, and are likely to become an even more important strength of the system. A potential threat to local services is perhaps apparent however in that "elimination of unnecessary duplication" is inherent in increased co-operation.

2.) Education, training and development

The White Paper acknowledges that quality of care requires increased investment in education, training and development of health service staff. There is a clear role for libraries here.

Summary

In summary, although the White Paper does not directly refer to library and information services, we can hope that its emphasis on information management and technology, and on a well-informed, evidence-based culture in the health service will put information access higher on the agenda for the NHS in Scotland, and will provide a receptive environment for the publication of the Review of NHS Libraries in Scotland later this year.

Ann Wales, Glasgow Royal Infirmary

The RCN Scottish Board Library

Some of you know that a library for the Royal College of Nursing Scottish Board has been in gestation for a couple of years. Now with Easter coming up and myself having been in post since 1 December 1997 the analogy of birth and re-generation is reasonably apt.

When I arrived the library was already designed and furnished but was completely empty of stock and equipment. Beautiful white shelves gleamed from their positions on a subtle grey-blue carpet. Voices echoed across this stunning but empty landscape. Over the last few months a large part of my time has been spent commissioning IT equipment and electronic information services with a smattering of the odd paper book and journal.

Making decisions on largish capital spending has been quite formidable but very exciting. The recent development of the UK-wide RCN WAN has been a godsend and very timely. The Scottish Board HQ in Edinburgh and the outlying offices in Aberdeen, Glasgow and Paisley were connected in early February. Overnight we had fast efficient email links and a very reliable and fast link to the Internet - the fastest link I have ever used.

Having this robust network available to all the RCN offices in Scotland means that it is possible for all RCN staff to have good access to British Nursing Index on the Web. It also gives me scope to work towards providing multi-user access to the core clinical and healthcare databases from a server in Edinburgh to the outlying offices. This plus free Medline on the Web and the continuing development of the OVID Core Collections make electronic sharing a very attractive proposition. If staff in the outlying offices are interested in becoming "bare-foot" librarians and joining in on the information function that would be great. Helping RCN members to build up their own search skills and helping RCN staff to extend this in the outlying areas are major parts of my mission.

In addition to all this setting up, I have been fairly busy providing literature searches for the membership across the whole of Scotland. I've had enquiries from Grampian and the Western Isles as well as most other geographical areas but I'm still waiting for Orkney and Shetland to bite.

Enid Forsyth, Rcn Scottish Board, Edinburgh

New Cochrane Library Trainer

Hello, my name is Ruth Frankish and I have recently started work as the Cochrane Library Trainer based at the NHS Centre for Reviews and Dissemination in York. This is just to let you all know that I am in post and available for training sessions for librarians, in the first instance. I would imagine that an advanced course would last for a whole day and would cover:-

- background to the Cochrane Library and Cochrane Collaboration
- searching - simple and advanced
- what information is contained on the Cochrane Library
- basic interpretation of results
- keeping up to date.

I will be able to travel to sites convenient to you for training, but it would be necessary for you to arrange the venue and equipment needed for the training sessions. If you can arrange this for a group of you, please let me know. The alternative is for people to travel to York; I shall be arranging some dates for sessions here so please contact me to get your name on the lists. Please get in touch if you are interested in either training in York or organising a session nearer to home. I look forward to hearing from you.

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Cochrane Library Trainer
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Training sessions are being run on Tuesday 5th May and Tuesday 12th May in York. These sessions are free but a £10 refundable deposit is required to confirm a booking (cheques made payable to 'University of York'). Further dates will be announced for later in the year.

Winter Meeting and AGM – 11 December 1997

The pin in the map for this year's ASHSL AGM landed firmly in the centre of the Scottish Health Service Centre, in and some 50 delegates from all the usual "airts and pairts" wended their merry way to what was a packed day of debate and discussion, loosely based on what could be termed a "where we're at" and "where we'd like to be" theme.

With the draft report of the SLIC review on LIS provision in Scotland imminent, Graham Buckley, chair of the working group, started proceedings with a review of the group's work to date and implications for LIS of the recently released white paper "Designed to care". Stating succinctly that the NHS was undergoing a cultural change and suggesting that "access to information for clinical decision making" had become a central tenet, he went on to outline the main LIS issues identified by the working group and those arising from the white paper, namely :

- ◆ Higher education integration – service rationalisation; problems of access for all NHS staff

- ◆ Access models - different models in different geographical areas

- ◆ Clinical effectiveness - LIS as a crucial resource

- ◆ Resource sharing - systematic co-ordination was required

- ◆ Funding - complex !

- ◆ Policies – no clear NHSME guidance; no framework at national, area and local levels

- ◆ Training - lack of training for NHS staffs in electronic information retrieval

- ◆ LIS staff - no coherent career structure.

We can only hope that Graham's call for the SLIC recommendations to be acted on at the highest level within the the Scottish Office are heeded. (How many of us have the "ear" of Sam Galbraith ?)

Following a meaty AGM (to which I will return), another high standard buffet lunch ensured the SHSC caterers their award of ASHSL "conf. nosh" prize for 1997.

Veronica Fraser, NHS Library Adviser for England & Wales, having been given the post-lunch graveyard slot kept us upright with her review of what she saw in store for health libraries / librarians in 1998. So, with nine months to go, are you :

- ◆ working in partnership with your users ?

- ◆ providing information to inform clinical decision making ?

- ◆ aware of the existence of "Healthy Living Centres" ?

- ◆ acquainted with recent NHS white/green papers ?

- ◆ convinced of the need for an evidence-base to guarantee quality LIS practice ?

The remainder of Veronica's talk stressed the need for librarians to market themselves via LIS and personal skills. A timely reminder that we are all in the information "business".

ASHSL's chair, Jane Mackenzie, rounded off the day with an explanation of the "National Research Register", a prototype CD-ROM of which has recently been released to health libraries and Trust R & D offices. Resulting from the NHS R & D strategy, the NRR is an attempt to co-ordinate information on research projects taking place in, or of interest to, all UK health services. In so doing, it represents a valuable addition to existing resources available to support evidence-based practice.

Organisers of this year's AGM had pulled a master stroke in positioning it in the pre-lunch slot. Hungry librarians are focused librarians. Complementing the hardy annuals of ASHSL accounts and the Union List, our joint Chairs for 1998, Maureen Thom and James Beaton found themselves presiding over a chunky debate on alterations to the ASHSL constitution particularly on points of membership (personal v. institutional v. associate), subscriptions, committee functions and fundamentally, the future title of the organisation.

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Prior to the meeting's conclusion, the committee, on behalf of ASHSL, made a presentation of a picture and a book token to Jane Mackenzie (outgoing ASHSL chair) to thank her for her valuable contribution to, and hard work on behalf of, the Association over the last two years. Best wishes go to Jane for her new post in south east England.

Sheena Moffat, Napier University Library

Thanks

I would like to thank all participants in the Union List scheme for their generous gift of a book token which I received when I retired as Honorary Editor of the List. It was both a challenge and a delight to be involved for five years and I truly miss receiving all your "edits" at this time of year. I don't know how I am going to fill my long winter evenings up to Easter! The changes that are planned for the new Union List are very go-ahead and exciting and I wish the new editors every success. Regards to you all.

Hazel Williamson

People & Places

We welcome back to the Association Alison McIntosh who is now in post as R&D Information Manager with the Chief Scientist Office in St Andrews House. She succeeds Jane Mackenzie who left to become Business Development Manager with North Thames Regional Library & Information Unit. Alison was formerly at the Robert Gordon University, Foresterhill, in Aberdeen before moving to higher education for a short spell.

Congratulations go to Carol Hallesy (Health Promotion Department, Lanarkshire Health Board) and Veronica Murray (Royal Alexandra Hospital, Paisley) who have both produced boucing baby boys in the past months.

Congratulations too to Hazel Williamson (Royal Infirmary of Edinburgh) who became a granny in November.

Are You Managing Effectively?

ASHSL Study Day - Led by Mary Laickie

17th October 1997, University of Dundee, Fife Campus, Kirkcaldy

The aims of this study day was to give delegates the opportunity to explore and identify their own strengths and weaknesses within their professional position. Both practical exercises and shared examples of successes and failures were utilised to provide the participants with a greater awareness of the issues involved in managing effectively. The emphasis of the day was on creative management, e.g. finding champions, developing organisational networks, presenting a case, raising the profile, influencing skills, being a change agent etc.

In the morning session, delegates were asked to identify their key roles and to highlight the main problems which they encountered at work. *Are you managing effectively?* was the question that was put to the delegates and topics such as leadership practices, values and beliefs, and plans and priorities were discussed. Key areas that were identified in this discussion were:

- identifying what management is about
- roles in managerial work
- the importance of organisation
- prioritising duties
- developing models for work
- the idea of synthesising duties and tasks
- leadership is a two way process.

An emphasis was also put on the concept of *change*, in the management process, and delegates were encouraged to become active participants in this process.

In the afternoon, delegates were asked to create an imaginary project which would have a major impact on both the library and the hospital. This task aimed to identify more additional themes of management such as relationships, people skills, sharing information, and marketing your services.

In this session the key areas that were raised and discussed included:

* identifying champions and people to influence

* dealing with difficult clients

* tackling obstacles

* relationships with other health service staff

* teamwork

* people skills = relationship skills

* focusing efforts

* clarity of purpose

Again the theme of leadership was a high priority in the afternoon session, and the aim of the task was to convince the most difficult clients that the project was a good one. Also the concept of change was again raised for discussion and the idea of doing things in a different way was another major theme which came from the afternoon session.

This study day proved to be an excellent and worthwhile venture, providing health care library professionals with an opportunity to communicate and share experiences that were not just negative, but also very positive. It also gave the delegates an opportunity to think differently in their approach to management, encouraging innovation that will hopefully be put into practice, and shared, on a wider scale.

From a personal point of view, as someone new to the profession, this study day provided me with a great opportunity to gain more insight into the profession, especially from a management viewpoint, and this increased knowledge can only aid me in my future within this profession.

Derek Boyle, Glasgow Royal Infirmary
University NHS Trust

Finding the Evidence: Clinical Guidelines from Source to Practice

IMF Healthcare Study Day

26 January 1998, Scottish Health Service Centre, Edinburgh

We arrived in Edinburgh on a beautiful cold sunny day with Princes Street looking at its best. Over 50 people attended the seminar, with many making the journey from south of the border, and even the odd one from Germany and Australia!

The study day comprised four lectures in the morning and a workshop in the afternoon.

Dr Jeremy Grimshaw from the Health Services Research Unit, University of Aberdeen kicked off with a comprehensive introduction to clinical guidelines, their development, and implementation. Clinical Guidelines are 'systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances'. Guidelines are valid if they lead to the health gains and costs predicted for them.

Most attempts to change clinical practice are based on beliefs rather than evidence. Guidelines have been developed to address this and attempt to reduce the delay between research and practice. There are a number of potential reasons for this delay but one of particular interest to us is the management of information. Difficulties arise from poor presentation of research findings in the literature, lack of time available for practitioners to search for information, the scatter of that information across thousands of journal titles and the difficulty in interpreting the information if it is stumbled upon. Clinical Guidelines attempt to address this, among other points, by using systematic reviews to find the evidence and presenting it clearly and in a format readily accessible to all. Explicit linking between recommendations and evidence is vital to encourage a change in practice. It is important that the professional knows the level of evidence behind the guideline. The evidence behind any particular recommendation is given a grading. Grade A has at least one randomised controlled trial of good quality specifically addressing the recommendation.

Grade B implies the availability of well conducted clinical studies but no randomised trials. Grade C is evidence from expert committee reports or opinion. In this way a guideline can be shown to be valid and clinically applicable with its adoption leading to more effective practice. Clear documentation of methodology allows for easy reviewing and regular updating.

The implementation of a guideline is difficult and careful planning, involving as many people as possible, is important to improve the "ownership" of the guideline. Dr Grimshaw concluded by reviewing various UK initiatives for the production of guidelines and for studying the effectiveness of their implementation. Effective implementation strategies include the use of interactive educational workshops, regular reminders, patient-mediated and multi-faceted interventions. Guidelines must be available in many formats in order to reach the widest audience. Library and information managers have a central role in all aspects of clinical guidelines, from development through dissemination and implementation, including identifying valid evidence and guidelines.

The Scottish Intercollegiate Guidelines Network (SIGN) was introduced by their Information Officer, Robin Harbour. He described the organisation and its methodology. SIGN puts much emphasis on a multi-disciplinary approach: when SIGN identifies the need for a guideline a multi-disciplinary group is appointed, with representatives from patients to Royal Colleges. The group is trained in critical appraisal and SIGN methodology, and then sets about systematically finding and evaluating the available evidence. Extensive literature searching is carried out across the databases but, unlike the Cochrane Collaboration, they do not carry out hand searching of journals. Their reviews are not 'gold standard' but are 'good enough'. In general the sources are split Medline 40%, Embase 40% and others 20%. The results are critically appraised for methodology used and clinical relevance. From this, evidence tables are drawn up to show the link between the evidence and the recommendations. After an extensive internal and external evaluation process, published guidelines are circulated to all health care professions. The guidelines are also available on the SIGN website and, hopefully, hospital intranets. Dissemination of the material is

vital to the adoption of a guideline.

The challenges and difficulties of implementing guidelines successfully were a recurring theme throughout the day.

As there is no equivalent to SIGN in England and Wales, local initiatives have had to be developed. Often Guidelines are in use locally but without any criteria to appraise them. Ann Brice gave an interesting presentation on the experience in Oxford of implementing guidelines and setting up a guidelines database. Here the library has a pivotal role, with the librarian on the working group. The aim of the project is to set up a database of appraised guidelines each with a structured abstract. Eventually this will be available on the Web. The library was central in collecting, cataloguing and in liaising with the groups appraising the evidence. Everyone involved is trained in critical appraisal.

To round off the morning Justus Krabshuis from Highland Data discussed sources to use when searching for guidelines. His lively presentation included an on-line demonstration of a search through the host STN. He demonstrated conclusively the need to search across different databases. His search for guidelines on Medline and Embase produced over 8000 references of which less than 600 were duplicates: a disturbing result for libraries without access to Embase. He also illustrated the importance of backing up the use of the thesaurus with free text searching.

Justus prefers STN as a host because of its ability to de-duplicate results from different databases. In his view many other hosts fail in this, as the number of references they can de-duplicate is too limited. Some guidelines are available on the Internet and a useful place to start is at the Web pages of relevant Associations. Here you can often find the guidelines themselves, whereas in the bibliographical databases it is more common to locate an article about a guideline.

After a delicious lunch we divided into four groups for workshops on implementing guidelines, under the guidance of Debra Humphris of Health Care Evaluation Unit, St. George's Medical School. Each group had to discuss the implementation of a chosen guideline under the four headings Managerial, Organisational,

Professional, and Resources. My group began by producing a long list of all the people who would be involved, and in the end it was hard to think of a group not represented! The fact that the audience was from a variety of backgrounds made the discussions and workshops most interesting and helped provide an overall perspective on the immense difficulties involved in implementing a guideline.

It was a very worthwhile day and I think everyone felt that they had benefited. I left feeling better able to go to my institution to put a case for the library's involvement in all stages of the development and implementation of clinical guidelines.

Annette Thain, Beatson Oncology Centre, Western Infirmary, Glasgow

Informed Health Library Services: Using Research to Shape our Practice

University Health Sciences Librarians / Libraries for Nursing study day

20th November - University of Northumbria

The day kicked off at 11.00 am with a brief introduction from Ian Winkworth of the University of Northumbria who wished us a happy and successful day.

Dr. Linda Banwell was the first speaker of the day and delivered an overview of library and information science research. The purpose of LIS within the NHS was to provide practitioners with information to support education and training, high quality evidence based clinical practice and informed decision making. It also had a vital role in supporting research and development. Dr Banwell then went on to mention two specific projects in which she had been involved:

GINN: School Governors' Information Needs

LOGOPLUS: Local Government reorganisation on Public Library Users and Staff

GINN was a 2 year, BL funded project looking at the interface between research and decision making. Linda described some of the

research mechanisms she had utilised: interviews, questionnaires and observation at School board meetings. She talked with the governors in detail about the goals of their organisation and asked them to describe the performance indicators they currently employed. She then tried to identify gaps between the ideal and the existing situation and tried to assess whether resources indicated by the audit interviews met identified needs and tasks. The conclusion reached was that a hybrid solution was required involving a mixture of traditional and electronic information sources coupled with a new model of information and training.

Dr Banwell then outlined the LOGOPLUS project. The aim of LOGOPLUS was to investigate the impact of public library re-organisation on users and library staff following the creation of unitary authorities in Clevelend and North Yorkshire. It was a retrospective study and involved the use of interview and documentary analysis. The project expected to end this May following a second study of re-organisation, this time in Count Durham and Staffordshire.

Catherine Edwards of the University of Northumbria spoke next about the IMPEL2 project: Impact on People of Electronic Libraries.

This research was prompted by a number of factors including the findings of the Follett report, the explosion in student numbers in higher education and the increasing emphasis on student centred learning. There was a feeling that there was not enough emphasis on the 'human impact' of these changes.

The project was split into four main strands:

* a staff study
* users impressions
* resource based learning
* staff training and development needs.

One of the aims of the project was to gain an understanding of the depth and complexity of change and the main methods used were case studies and purposive samples.

One of the big questions addressed by the project was the impact on libraries of the integration of nursing colleges into higher education.

Some of the issues examined were:

* becoming a multisite library (or more multisited!)

* incorporating different cultures

* the issue of unequal access (to, e.g. electronic information between university users and NHS users)

* the need for SLAs and other contractual and licensing agreements

* the need to retrain staff

* the sheer numbers of students

* students and staff with a wide range of ability and experience.

On the plus side there were quite a few factors too, including

* increased support for resource based learning

* increased support for research

* opportunity for new roles and jobs for existing staff.

Catherine explained that the findings of her report would be disseminated via interactive workshops and leaflets which will be distributed early next year.

Sue Capel of the University of Northumbria delivered a talk on her research into the funding and delivery of LIS for nurses. She began by stressing the need for increased co-operation in the provision of services between the different sectors HE and NHS and the need to engender positive cultural change. Sue went on to touch briefly on recent research carried out by the LINC Health Panel and the NHS Executive (Northern and Yorkshire) and to mention briefly the latest HSG(97)47 which attempted to make recommendations as to good practice with regard to the provision of LIS for those working in health.

Sue also raised some areas of concern:

* amalgamation into HE

* funding and contractual issues

* communication channels

* access to services

* user education

* technical support

She also pointed out the problems of LIS for specific groups of nurses, namely those working in the private or charity sector where access is normally only granted on the payment of an individual fee. This group rarely has access to email or the Internet.

Sue felt that there had been a great deal of information gathered and that this should be used to make informed decisions about information provision and should be channelled via regional advisors (in England and Wales).

Jane Farmer from Robert Gordon University of Aberdeen gave a lively presentation of her research into the information need of nurses working in remote areas. She indicated that although her research had centred around a specific group of nurses in the Western Isles of Scotland, the findings could easily apply to nurses working in remote areas anywhere.

Jane indicated four main problems for community nurses working in the Western Isles: they were remote from libraries, from training, from their employing authorities and from each other! The research 'team' conducted a questionnaire survey in the area to ascertain perceived differences between current provision and the existing situation and how any gaps could be filled. The nurses were asked questions about their IT knowledge and their use of the NET, journal information and databases such as Medline and CINAHL.

Results were mixed, but few had used databases. As a group they had limited IT skills and only one had access to the Internet. Their comments were interesting and ranged from :- 'don't know what is available'; to a comment that they found it difficult to assess the information once it had been accessed.

The research group also conducted interviews with local managers to examine the 'economic and political will' side of the issue. Ideally managers thought that a mixture of training and access to networked library catalogues would be a feasible and affordable solution. Many felt that use of the Internet might prove problematic given

the size of the learning curve involved.

In conclusion, Jane stated that she felt the report had raised more questions than it answered. What is the best model of information provision in primary care? What difference does access to information make? How is this evidence and any other research evidence put into practice? Can we use it as ammunition to fight cases? It is up to practitioners - librarians included - to utilise and put this evidence into practice.

Lunch followed Jane's talk. A hot buffet. There was also a chance to view and comment on the new UHSL Webpage sited at www.sbu.ac.uk/lis/uhsl as well as a book display to browse.

Veronica Fraser from the Department of Health was the 'after dinner' speaker and she gave us a talk about ways to secure funding for research in the LIS field. She did start off by reassuring us that there was no clear path! One of the recommended starting points was to approach the British Library Research and Innovation Centre who do have a budget to support research projects and who do accept unsolicited proposals. Veronica also suggested other sources which may, to a lesser extent have funds available to support research; the NHS, Department of Health and the Library Association, Grant Making Trusts, Trade Unions etc.

Veronica also gave some advice about writing a research proposal.

- link your proposal to current priorities in your field

- follow any instructions given to the letter clearly state aims and objectives

- tailor it to your lay audience who may not be familiar with your field

- make it short and clear

- find an intellectual champion, one known in the field and willing to put their name to your proposal to lend it weight.

The day concluded with a lively panel discussion where many of the themes of the day were discussed. I felt that throughout the day common themes and strands had emerged; the need for better communication between different health information providers and the need to utilise research in our own profession. At the end of the day I felt that I had a better understanding of what is involved in research and how to initiate the process, but still had doubts about the extent to which this could be incorporated into the life of a busy library professional! We can but try.....

Alison Aiton, Campus Librarian, University of Dundee (Fife Campus)

INTEGRATING NURSE EDUCATION: proceedings of a seminar organised by the LA. UC&R Group (Scottish Section); edited by Jo Haythornthwaite and Diane Devine. LA. UC&R (Scottish Section) 1997. ISBN 1 901248 143.

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New Mailbase List

A new mailbase list, LIS-LA-CHARTER, has been set up for academic librarians working towards their LA Charter to enable discussion of professional issues with like-minded information professionals in all sectors; wide-ranging professional awareness being vital for all Charter candidates. Topics will include cross-sector professional issues and other Chartering concerns

For further information see the webpage : http://www.mailbase.ac.uk/lists/lis-la-charter/

To join the list, send an email message to

mailbase@mailbase.ac.uk

with this command in the body of the message

join LIS-LA-CHARTER FIRSTNAME LASTNAME

with your own personal names instead of FIRSTNAME and LASTNAME.

Forthcoming Events

"Research for the Uninitiated" - LA Health Libraries Group

10.30 a.m. - 4.00 p.m. Thursday 4th June 1998
School of Health and Related Research
(ScHARR), Sheffield

Research skills are increasingly becoming a necessary and useful part of the health information professional's portfolio. Knowledge about research, methods and sources of funding can be directly useful to information professionals who want to initiate projects both for personal and service development or who want to become partners in collaborative research projects. Understanding the research process is also helpful in searching for information and critical appraisal. This study day aims to provide a "taster" or overview of the issues involved in research. It is intended to get you thinking about doing research, what is involved and what further training you might need.

Topics include why bother doing research?; identifying a research question; tapping funds and writing proposals; qualitative or quantitative research methods; using and sharing the results of your research to change things and there are workshops looking at designing a research proposal / project; recognising good research; obtaining user views; analysing results; and secondary research - systematically reviewing and identifying gaps.

Speakers will be Professor Tom Wilson from Department of Information Studies, University of Sheffield; Andrew Booth and Suzy Paisley, both of ScHARR; Gabby Fennessy, Information Officer, Dynamic Quality Improvement Programme, Rcn; Kieran Walshe of the Health Services Management Centre, University of Birmingham.

The cost of the day will be £50 (HLG members); £65 (non-members). Price includes VAT and lunch. HLG is also offering 4 free places to students, unemployed, retired or career break members. For further information about the study day contact Jane Farmer, School of Information and Media, Robert Gordon University, Hilton Place, Aberdeen, AB24 4FP. Tel: 01334 283834 Fax: 01224 492608 Email: j.farmer@rgu.ac.uk

The closing date is Wednesday 20th May.

ADVANCE NOTICE

"First Aid for the Front-line: Information for Primary Care" - LA Health Libraries Group Conference 1998

Wednesday to Friday, 2nd - 4th September

University of Lancaster

Lancaster University, which is within easy reach of the Pennines, Blackpool and the Lake District, offers very reasonable bed-and-breakfast rates and rooms can be booked for several days before and after the actual conference to give delegates the chance of a late summer break. Sizeable twin rooms are available, as are self-catering flats. For the richer amongst you, there is a four-star hotel on campus.

Details of the programme have not yet been announced but further information should be available from Frances Collett, Conferences, LA Enterprises on 0171 6367543, email events@la-hq.org.uk or you try Gillian Edwards, Conference Co-ordinator on 0181 312 6055. Failing these, you could try Jane Farmer, School of Information and Media, Robert Gordon University, Hilton Place, Aberdeen, AB24 4FP. Tel: 01334 283834 Fax: 01224 492608 Email: j.farmer@rgu.ac.uk

Contributions for Interim

Many thanks to all those who contributed to this issue of *Interim*. I hope that you found the newsletter interesting reading. Why not help keep it that way by writing an article, a book review, or reporting on a meeting you've been to.

Contibutions for *Interim* should be sent to:-

Dorothy McGinley, Librarian, Purchaser Group Library,   Fife Health Board, Springfield House, Cupar, KY15 5UP.   Telephone: 01334 656200 ext 513; Fax: 01334 657579; email: dmcginley@fhblib.demon.co.uk

Copy date for the next issue is **Friday 4 September 1998**