



# editorial

This time last year, *LihnnK Up* was just a twinkle in the eye of the virgin Editorial Board. We thought, naively, that all we had to do to conceive this new publication, was to brew another mug of tea, share another anecdote about such and such a Lihnn member, laugh ourselves silly, and, in the absence of divine inspiration, lie back and think of North West region.

And did it work? Amazingly, yes. As you can see from the latest issue now nestling in your tremulous hands. If only the rest of life was that simple.

I refer, of course, to the earthquake rumbling on in the NHS and the changes now about to confront us. To wit - the dissolution of the health authorities at the end of March, the birth of the three new strategic authorities in the region under whose compass we will all fall, the contemporaneous establishment of a multitude of primary care trusts and, on some patches, acute trusts going into the grinder, libraries and all, to emerge as new supertrusts, or possibly, just possibly, whacking great sausages.

The tremors of this seismic event will shake the foundations of many LIS strategies which were lovingly crafted. Remember them? *"Evenings, mornings, clocks' ticking hands, We've measured out our lives in library plans"*. (Apologies to T.S.Eliot.) I remember how LIS once meant library and information science, then library and information services, then ... Now we have KM. Meaning? Who knows ...

So. How is this one-year old infant addressing the changes now underway? Well, as you would expect from this publication, we despatched a team of top correspondents to cover all the presentations given at the recent IFM Study Day at the Nuffield where the information needs of primary care were under the spotlight.

There is Kathy Atkinson's report on some of the findings of NPCRDC's survey of the developing primary care services. Once again, as Kathy notes, IT investment is worth precious little without investment in training and resources to exploit its potential.

Then Norma Blackburn distils for us the experience of one particular service in Northumberland and, pen still ablaze, brings us a second report on a project in Birmingham that points up a host of issues that, at least some of us will need to look at in updating our strategies.

Last but not least, Liz Farrell looks at turning skein into weft and warp for a library service for her emerging TPCT in Salford. She already has experience of incursions into the injun territory of the wider health community. Perhaps we should all just watch what Liz does ...

Away from the Study Day but still highly relevant, we have a thought-provoking piece from Justine Karpusheff that asks that old carthorse of a question - what is the role of the librarian in these demanding times? A subject broached already in a different vein by two previous pugilistic contributors to *BackBites*. Perhaps Justine will, at last, trigger a response from our readers.

No doubt, in future issues of *LihnnK Up*, we shall be revisiting these themes and more as we get stuck into our LIS programmes. Which reminds me. I shall now be standing down from the Editorial Board and going back to work. I've been rumbled at last. May I take this belated opportunity, on behalf of the Editorial Board, to wish a successful, and of course, a happy new year to everyone of you.

David Ellis

## IN THIS ISSUE

### Editorial 1

David Ellis

### First things first! 2

Kathy Atkinson

### From Health Authority to PCT 3

Liz Farrell

### Information for Primary Care - The Northumberland Way 4

Norma Blackburn

### Developing PCT libraries 5

Norma Blackburn

### Emperor's new clothes? 5

Justine Karpusheff

### Cap that caption! 7

### In Tray 8



# first things first!

## Information to meet the changing needs of primary care

IFM Study Day, 6th November 2001, Nuffield Institute for Health, University of Leeds

A crisp autumn day brought 40 participants to the impressive Fairbairn House, a Victorian listed building which is the home of the Nuffield Institute. The provision of information and the information needs of primary care were the theme of the day.

"There is a continual trickle of articles and surveys about this subject which all point to the same thing", said David Stewart, Director NW Healthcare Libraries Unit, in his introduction. Namely that traditional NHS, 9.5 library services do not reach primary care, nor are their resources suitable for multidisciplinary information needs.

David went on to say that he felt many PCG/T Chief Executives were still somewhat unaware of their needs and in spite of many improvements and much good work by librarians the practice staff were still often unaware of just what was available to them. He then introduced the first speaker, Professor David Wilkin from the National Primary Care Research and Development Centre at Manchester University.

Professor Wilkin began by saying he believed that the creation of PCG/Ts was the most radical reorganisation of the NHS since its inception in 1948. This is because it removes the tripartite system and the "cottage industry" feel from the NHS and there is a single budget. In order for the Government's Modernisation agenda to succeed the PCG/Ts must deliver.

Research has a vital role to play in evaluating the policy and supporting this agenda and it is important that the development and delivery of these services are evidence-based.

Since 1999 the NPCRDC National Tracker survey has been following a sample of 72 PCG/Ts, describing their achievements against national and local policy goals and

the obstacles they face, with a 100% response rate. Modernising primary care is about improving access, extending and integrating the range of services, increasing workforce capacity and improving quality. Initiatives to improve access show the greatest effort is being made in targeting poorly served areas, where 80% are either currently improving or plan to do so. Yet, national initiatives like the Walk-In centres are underused and not integrated into existing primary care provision.

There has been a gradual change of culture extending the range of shared services such as counsellors and physiotherapists across practices and many initiatives are planned to enhance the workforce capacity. They include GP clinical specialists, nurse specialists and practitioners and extending the role of pharmacists.

But as Professor Wilkin says, all these new projects and initiatives do need to be underpinned with quality information services. When the questions "Are information systems meeting the needs of PCG/Ts?" and "Will they meet the targets set in Information for Health and the NHS Plan?" are asked, answers are more negative. Less than a third of practices have procedures in place to meet budget monitoring for example and only about 6% have information systems to meet the needs of Health Needs Assessment. If the PCG/Ts are to meet the key issues of the Modernisation plan this will need to be improved considerably.

It was hoped that computerisation of general practices would bring about high quality and reliable information but this is not so. Whilst there is plenty of practice information available, it is not getting through to the PCG/Ts. The basic technology infrastructure is there but is not being used to provide high quality data and less than 20% of practices are linked to their PCG/T.

Asked how confident the PCG/Ts were at meeting national standards, the figures again are low except for connections to the NHSNet and NeLH. This is because the emphasis has been on technology rather than the HR issues of training and resources.

In conclusion Professor Wilkin said the development of primary services remained the highest priority for PCG/Ts by improving access to care and increasing capacity through extended professional roles and sharing resources between practices. However, information to support the core functions is inadequate and over the two years of the survey so far, has shown little sign of improving.

Use of electronic practice links is increasing but very patchy and the use of information tools in primary care is still very low. There is therefore considerable doubt about the ability of PCG/Ts to meet national targets because of this and Professor Wilkin felt it was wrong to set unrealistic targets at the outset.

PCG/Ts are making an important contribution to NHS Modernisation but inadequate IM&T infrastructure, management capacity and resources are proving major obstacles to further progress. They have the potential to radically change the NHS but if support is not there it will not happen.

The third survey begins in January - March 2002; meanwhile the full report can be found at [www.npcrdc.man.ac.uk](http://www.npcrdc.man.ac.uk)

**Kathy Atkinson**  
Manchester Health Authority



# from health authority ..... to PCT .....

## Introduction

Two presentations were delivered outlining -

- The development of Teaching PCTs, (by Simon Aldridge) and
- The steps being taken to develop access to library services for Primary Care Trust (PCT) staff in the three Salford and Trafford PCTs (by Liz Farrell).

## Teaching PCTs

March 2001 - the Prime Minister announced the development of Teaching PCTs. The 3 pilots are Salford, Bradford City and Sunderland West. By 2003-4 there could potentially be 25-30 across the country. They are seen as an attempt to meet GP recruitment and retention problems, but are also now seen as a key driver for local modernisation of primary care - especially in areas of high deprivation.

The benefits of the pilot for Salford are seen as:

- More qualified clinicians recruited and retained
- Investment in primary care learning
- Career opportunities via flexible employment
- Joint posts and projects with universities
- Life-long learning and action learning
- A champion of e-learning and knowledge management
- Engages the public

A two-year project plan has been developed and the targets are: to increase the number of GP teaching practices from 4 to 10; create a teaching and learning directorate including a PCT library, research and development support and education coordination; development of at least one joint lecturer-practitioner post; to have a workforce planning and training strategy by the end of 2002; develop e-learning; to maximise the income for education, R&D and libraries.

## Library Services Development

The history of access to library services for staff in Salford PCT consisted of:

- no library in the community trust
- library in the health authority
- library in a large teaching hospital
- academic libraries for those on courses
- Salford and Trafford IM&T Local Implementation Strategy (LIS) not focused on library services

The Health Authority and Trust libraries were involved in an LMEC (local multidisciplinary evidence centre) pilot in 1998. This helped to shift the focus onto providing a better library service to primary care and community staff. A Knowledge Management & Library Services group has been set up as part of the Teaching and Learning directorate. Members agreed that the first priority was to carry out an information audit. The first meeting took place in early October and members of the group represent therapists, clinical governance, service development, GP training, dental services, modernisation, human resources, IT and finance.

## Information Audit

The audit was undertaken to see how staff are currently accessing library resources and to identify future needs and requirements for services to meet the objectives of the teaching PCT. The audit was divided into the following elements which should form the basis of the library strategy for the PCTs -

## User profile

The main groups of users are:

- Former Primary Care Group headquarters staff,
- Former Community trust staff (therapists, district nurses, health visitors, management and administrative),
- Practice staff and GPs,
- Public health and health promotion officers,
- Students.

The main work that needs to be done with the users is to make sure that all staff and students know what library facilities they are entitled to access within the PCT and across the district.

## Resources

Currently available are -

- Health Authority library;
- health promotion resources and leaflets collection, and
- ADITUS online databases

The former Community Trust did not have a library facility so the audit will clarify the extent to which staff have used other library services such as the academic libraries and postgraduate medical libraries in the district

## IT

Through the LIS process clinics and practices should all be connected to the NHSnet by the end of this financial year. Access to services will be through an Intranet site, with links to the resources on ADITUS, NeLH and other key sites.

## Training

As a minimum all staff will be provided with basic induction to library services. A key component of the LMEC pilot was to provide a 3 day course which covered search skills, critical appraisal, and putting evidence into practice and this experience will be used to develop appropriate training provision.

## Services

The health authority library provides a current awareness service, mediated searches, consumer health information, an enquiry service, a loan service and user education.

CONT.



It would be expected that this will form the basis of the services to be provided to users in the PCT.

### Access

The minimum requirements should be that the library needs to be accessible for all staff and have enough space for private study with sufficient PCs for internet access - which can also be used for training sessions. Alongside the requirements for the physical location of the library the electronic access to library services at workplaces needs to develop as part of the LIS.

### Co-operation

The development of a district-wide Health Informatics Service across the health organisations will include libraries as well as information and IT services. But also in the north west we are setting up links with other

potential teaching PCT library services to share the development of core resources. Partnerships with higher education libraries also need to be formalised to ensure that placement students and staff in joint posts have access to resources, and public library relationships need to be developed to ensure that access for the public is developed in the most appropriate manner.

### Finance

The funding for the library services is being devolved using a weighted capitation formula to the three PCTs. Then, through a service level agreement the funding is being transferred directly back to Salford PCT. As the number of potential library users will increase by 1000 in Salford PCT alone much work will be needed to identify any sharing of resources, any potential cost savings, and identifying other future sources of funding.

### Conclusion

In conclusion the main events that need to happen to achieve the move from providing a health authority library service to providing a library service for users of a teaching PCT are to -

- develop the library to ensure that it is appropriate and relevant to all PCT staff
- widely publicise and promote the service and resources available
- physically move the library and health promotion resources service to PCT premises
- develop formal partnerships with other library services to complement the services provided by the PCT library.

**Liz Farrell**

Salford and Trafford Health Authority

## information for primary care

### The Northumberland Way

Lynda Cox, librarian for Northumberland Healthcare Trust and Northumberland Health Authority, began the afternoon session by describing an information service she delivered to primary care and community staff in Northumberland. Although the service was new in 1997, she admitted that with hindsight, she may do things in a different way now.

The service originally employed an administrator who received enquiries and passed these on to appropriate contacts in Northumberland. Requests for literature searches or inter-library loans were passed to the library staff, who were provided with a PC to carry out these searches. Resources also included a Primary Care Resource Room to house newly purchased evidence-based texts and practice journals. The information service was also linked to the Re-alise R & D project lead by Scharf. The service was given a high profile because of the seniority of line

managers, who were both ex-GPs. As part of the development, presentations were given to every primary health care team at a variety of events. The library staff held journal clubs which provided an opportunity for critical appraisal training. The library team also advised on collections of material for surgeries.

Inevitably, the service became a victim of its own success, and saw a 400% increase in its workload, with a corresponding 120% increase in staff hours. The area received HAZ status and this resulted in a further category of user. The promotional aspect had then to be cut back. At this point the service was restructured. Additional staffing and funding was allocated and this included Trust NMET, HAZ and LIS funding.

Today's service still provides the core elements, but it also includes e-mailed Current

Awareness Bulletins and a co-ordinated approach to the provision of electronic resources. It has built-up a knowledge base of 8000 items, provides training in searching for evidence, advisory services on e.g. copyright, and has developed an intranet with information on journal articles of interest.

Plans for the future include development of the Intranet, extending the SDI service, and synthesised literature searches. Lynda believes that the future service needs a communicator to lead the service, a champion at a senior level, flexibility to change direction when primary care needs to, and not forgetting money, co-operation (the librarian's asset) and a plan!

**Norma Blackburn**

Blackpool Victoria Hospital NHS Trust



# how may library and information services be best developed for PCT's?

Steve Rose, Library and Information Service Manager at the Health Services Management Centre in Birmingham presented the research he had undertaken for a Masters in Information Science at the Manchester Metropolitan University.

His research had been informed by a literature review, involvement in one practice-based pilot project with a PCT in Birmingham, as well as on-going research focusing on the LIS needs of primary care managers. Some of the key questions he addressed were: what specific factors are important in providing a LIS for PCTs in comparison to a LIS in the acute sector; what are the characteristics of information seeking behaviour of primary care professionals; what are their training needs; and where is the evidence around current library usage?

Some of the key messages coming out of the research were that: access was needed **both** to libraries and information professionals; there was a need for training and skills development; time was a key barrier; and information must be presented in a suitable format i.e. synthesised, appraised, and with a strong evidence base. One message was reinforced and that was PCTs are multidisciplinary in nature and the GP is not the only player in the game.

Steve spoke in particular about the BaSE PCT Library pilot project involving one general practice in Birmingham. This was a teaching practice with a multidisciplinary approach involving medical undergraduates, GPs, district nurses, health visitors, practice managers and deputy practice managers. The project was

completed in March 2001. The aims were to roll out LIS services from Birmingham and Solihul Community Trust and to evaluate their impact. One-to-one interviews were undertaken using a semi-structured questionnaire. The results highlighted an emphasis on the invisible college (other people), a lack of access to libraries, a need for information to be available at the desktop, and a lack of knowledge about key sources of evidence including Bandolier, Cochrane, Department of Health website, Embase and HMIC. There was a perceived need for training, and the importance of the librarian as knowledge broker was recognised.

The research also focused on the needs of primary health care managers. This involved one focus group and the same semi-structured questionnaire. Similar results were highlighted, also acknowledging the importance of current awareness services. The conclusion reached, advised librarians to think beyond the four-walled library. IT applications were not sufficient in themselves. The librarian's role should include information broker, trouble-shooter, trainer/educator, marketing and promotions manager, and some traditional services should be retained!

Spontaneous applause for Steve's presentation then led to a lively feedback session with all speakers. Not surprisingly the day ended with a focus on what it would cost to offer tailored services to the emerging PCTs and TPCTs.

**Norma Blackburn**

Blackpool Victoria Hospital NHS Trust

# Emperor's new clothes?

## The role of the librarian in the NHS

The writing of this piece arose from a small observation made after reading the details of an NHS Information Authority Conference. The conference was billed as Knowledge Management and one of the sessions aimed to discuss the question - 'What knowledge management services do the NHS and public require over the next decade?' However, it also gave a list of "who should attend" in which knowledge and library staff were conspicuous by their absence. To me, this appeared a confirmation of my suspicion that the potential contribution of these staff are largely ignored or (more charitably) perhaps not understood.

In response to an e-mail, I had a positive message from the NeLH to say that they fully recognised the important role of librarians. I've no doubt that this is the case, but I wonder if the NHS Information Authority would have equally forgotten IT Managers or Finance Directors, even though the conference dealt with Knowledge Management?

I may be reading too deeply between the silences, but it still seems to spell an important message about a perception of roles. As young blood to the NHS I obviously don't know a great deal about the history and background of librarians' roles in the health service and so can only take this opportunity to provoke some thought around a current and future contribution.

The current climate of healthcare policy seems to be an ideal time for librarians to demonstrate their possible contribution. Evidence-based healthcare, the drive for clinical quality, user involvement and clinical governance all emphasise the need for underpinning knowledge and an informed workforce and service user.

**CONT.**



Recent publications suggest that these opportunities are relished by those within the library profession (Oliver 25, Falzon and Booth 65, Rowlands et al 47, Keeling and Lambert 137, Murphy 12, Siess 1, Lamb 25, Lancaster 2, Arnold et al 374, Carbo 26, Kassel 104, Choo 403, Dearstyne 36, Burns 29, Balcombe 91, Marfleet 359, Hohhof 22). However, within the NHS have we yet convinced others of this and will they listen?

Recent health strategies have not seemed to fill us with great hope; Information for Health saw the National electronic Library for Health as the salve. However, if knowledge management is about capturing and utilising both explicit and tacit knowledge (and some commentators would use a third category of cultural) then presumably it cannot as it confidently states "deliver . . . the production of supporting knowledge." (Department of Health 12). How will they deal with local tacit knowledge?

The full LIS guidance does include a section on library services and sees that it should "not be regarded as an alternative to collaborative local service development." (NHS Executive 1). However, if the experiences of colleagues in the region (oops! district? area? neck of the woods?) are symptomatic of all LIS implementation then local plans do not actually prioritise "better access to library and information services." (NHS Executive 2). The NHS does seem to recognise and voice the need for underpinning knowledge to improve quality, but does not seem to have fully considered what types of knowledge that might be and by whom or how it is best organised.

Even a more subject-specific information strategy, such as the *Mental Health Information Strategy*, falls short disappointingly of recognising and calling upon the potential role of librarians. Goal Four states that the evidence base "will be provided by the NeLMH" (full stop!) (Department of Health 28). Although, they do actually recognise that provision of

access does not guarantee use in that they recommend liaison with local providers (ibid.).

Another document which is described as keeping "key personnel in the DOH and the NHS Exec up to date with progress in implementing Information for Health as it impacts on Clinical Governance" seems to give out a positive message to those "key personnel" (Prashar 1). This suggests the collaborative possibilities offered by an informatics team, in which they include librarians (Prashar 12). However, in this 'informatics' guise could other potential contributions be missed, such as that offered by lifelong learning and R&D?

If one looks at some recent commentary the possible roles that a librarian could fulfil seem extremely wide-ranging and exciting. Some commentators reiterate the informatics role, seeing the function increasingly as one of information analyst (Arnold et al 373, Hohhof and Chitwood 22). There is also an emphasis on librarians as the creator and purveyor of knowledge (Siess 5, Lamb 24, Carbo 24, Marfleet 359, Honeybourne and Ward 2, Davidoff 2, Lancaster 2, Oliver 25, Rowlands et al 47, Falzon and Booth 65), whereas some emphasise the supporting and training role (Falzon and Booth 65 and Murphy 11). Others go further and stress the potential to influence strategic planning presented by the information-driven society (Dearstyne 32 and Balcombe 91).

Indeed knowledge management seems to open up this opportunity for strategic influence and it is claimed "offer[s] . . . an opportunity to get away from the restraints of the library or information centre" (Balcombe 95). But is it a restraint or is it others' perceptions that restrain?

There have been mutterings of a new national knowledge service for the whole of the NHS. How will that service move away from the "restraints of the library or information service" to influence strategic development and move beyond collection development (notice that that

function was largely absent from the commentary) to share best practice and new knowledge? Will it sound the death knell for local services?

Will they recognise that a national service can't possibly ensure that knowledge is not only created, captured, filtered and exchanged but also applied across the NHS, can it? And what will be the response to the new national knowledge service? Will it be treated in a similar way to many existing library services, having the seemingly contagious disease that seems to have infected the words *library* and *librarian* and keeps people from approaching?

A recent seminar had been given the wrong title, it read 'Library Services' rather than Local Implementation Teams and consequently the IM&T staff invited were largely absent. Or will it be doing something radically different to what we do already?

From a purely anecdotal (perhaps paranoid) position, when attending conferences or meetings it seems that the NHS is fishing around for a knowledge-sharing mechanism but not seeing the skilled provider right under their blocked up noses. It seems that, as a profession, librarians are ideally placed, are developing the requisite skills and recognise their potential but is the NHS ready for them?

As an interesting aside to add more fuel to the fire, I recently attended a KM course at ASLIB that included a session on taxonomies and the classification of knowledge! How far is the profession really changing and has it really been restrained by its own self, or have the long-standing skills actually been misunderstood?

**Justine Karpusheff**

North Mersey Community NHS Trust





## References

Arnold, S. E. et al. "The future role of the information professional." *Electronic Library* 17 (1999): 373-375.

Balcombe, J. "Getting out of the box: the role of information professionalism in knowledge management." *Law Librarian* 30 (1999): 91-95.

Burns, T. and Rashid, S. "The new world of information professionalism." *Information Outlook* 3 (1999): 25-29.

Carbo, T. "The librarian within the large family of information professionals: an American perspective." *FID Review* 1 (1999): 24-27.

Choo, C. W. "Working with knowledge: how information professionals help organisations manage what they know." *Library Management* 21 (2000): 395-403.

Davidoff, Frank and Florance, Valerie. "The Informationist: A New Health Profession?" *Annals of Internal Medicine* 132 (2000): 1-7. Online. Available at <http://www.annals.org/abstract/annals/132/1/1>. Accessed 30/06/01.

Dearstyne, B. W. "Greeting and shaping the future: information professionals as strategists and leaders." *Information Outlook* 4 (2000): 32-36.

Department of Health. *Information for Health*. London: HMSO, 1998.

Falzon, Louise and Booth, Andrew. "REALISE-ing their potential?: implementing local library projects to support evidence-based health care." *Health Information and Libraries Journal* 18 (2001): 65-74.

Hohhof, B and Chitwood, L. "At a crossroads: information professional to intelligence analyst." *Information Outlook* 4 (2000): 22-25.

Honeybourne, Claire and Ward, Linda. "Clinical Librarian: Report of a six-month pilot project at Leicester General Hospital (Oct 1999- Mar 2000)." Online. Available at <http://www.le.ac.uk/li/lgh/library/clinlib.ht>. Accessed 10/12/01.

Kassel, A. "The future for information professionals: back to the future." *Journal of Interlibrary Loan, Document Delivery and Information Supply* 10 (1999): 93-105.

Keeling, Carole and Lambert, Sian. "Knowledge Management in the NHS: positioning the healthcare librarian at the knowledge intersection." *Health Libraries Review* 17 (2000): 136-143.

Lamb, C. M. "Creating a collaborative environment: the human element." *Information Outlook* 5 (2001): 22-25.

Lancaster, John. "Planning the future by the present: a personal view." *Health Libraries Review* 17 (2000): 2-6.

Marfleet, J and Kelly, C. "Leading the field: the role of the information professional in the next century." *Electronic Library* 17 (1999): 359-364.

Murphy, Jeanette. "The role of health science librarians in preparing tomorrow's doctors to manage information." *Health Libraries Review* 17 (2000): 7-13.

NHS Executive. *Full LIS Guidance - Annex M - Library Services and Access to Evidence*. London: Department of Health, 1998.

Oliver, Sandy. "Revolutionising how we generate new knowledge: a challenge for librarians, health professionals, service users and researchers." *Health Libraries Review* 17 (2000): 22-25.

Ploice, Caroline. "Information for Health: the opportunity to consolidate partnership working between librarians and other health informatics professionals." *Health Libraries Review* 17 (2000): 103-109.

Prashar, Chandar. *Information for Health and Clinical Governance*. London: Department of Health, 2000.

Rowlands, Jane et al. "Opportunities on the Web: a role for information professionals, using the development of the BMA Library Online Service as a case study." *Health Information and Libraries Journal* (2001): 45-53.

Siess, J. "A new year, a new millenium." *One-person Library* 17 9 (2001): 1-5.

# cap that caption!



Photo Courtesy Valerie Ferguson

While away the long dark winter nights by thinking up alternative captions for this hilarious photo featuring Blackpool HPEC Library's most loyal user.

**There is no prize, but all suggestions will be printed!**

Please send your entries to:

**Kathy Turtle,**  
Chorley and South Ribble Trust  
Fax: 01257-245623  
email: [kathleenturtle@hotmail.com](mailto:kathleenturtle@hotmail.com)



## NOTES FOR CONTRIBUTORS

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

Lihnn members are actively encouraged to write up accounts of events and courses attended.

Articles on new developments and projects successfully managed are also welcome.

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

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

### Please abide by the following points:

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

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

- The name of event and location
- Date of event
- Name of organising or sponsoring body

Details of how support materials can be obtained (where necessary)

Full references to any published reports, articles etc.

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

### Contributions should be submitted to:

Kathy Turtle, Librarian,  
Postgraduate Education Centre,  
Chorley & South Ribble NHS  
Trust, Preston Road, Chorley,  
Lancs PR7 1PP

Tel: 01257 245607

Fax: 01257 245623

Email:

KATHLEENTURTLE@HOTMAIL.COM



## LIBRARY AND INFORMATION HEALTH NETWORK NORTHWEST NEWSLETTER

### Editorial Board

#### Kathy Turtle (Chair)

Chorley and South Ribble  
NHS Trust

#### Rachel Bury

University Hospital Aintree

#### David Stewart

Health Care Libraries Unit

#### David Ellis

Wigan and Bolton Health  
Authority

Guidelines for contributors are also available on the Lihnn website.

We're on the web at -

<http://www.lihnn.org.uk>

<http://www.lihnn.org.uk>

