



Something new? The virtual library and information service. A case study.

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Welcome

Welcome to this presentation on virtual library and knowledge services. This is the story of the evolution of the *NWAS Library & Knowledge Service* into the *Library & Knowledge Service for NHS Ambulance Services in England* or **LKS ASE**. The question underpinning this brief paper is does the LKS ASE experience reflect something new about the evolution of healthcare libraries or is it just a “special case” reflecting the specific circumstances of NWAS LKS / LKS ASE. A warning there will be some acronyms in this talk. If you do get lost just interrupt for a further explanation.

Just a little scene setting

In 2017 Helen Bingham working on behalf of Health Education England took on the responsibility of ensuring NHS library services were available to all ambulance services in England. At that point the provision was:

- three services had a contacted in arrangement (SWAFT, SCAS, SECamb);
- two services had an arrangement for document supply (LAS, YAS);
- NWAS had a Part Time Librarian Matt Holland;
- the Isle of Wight is part of an acute trust;
- the other four services had no dedicated library provision (WMAS, EMAS, East of England, NEAS).

Members of the National Education Network for Ambulance Services [NENAS] agreed to put in money to form the budget for a proposed library service. NENAS is the main forum for education/L&D issues. In the event seven ambulance service trusts joined with LKS ASE being launched in April 2018. SECamb joining this year, 2019.

Counting our chickens

In the initial proposal to NENAS the new library was committed to using LibGuides as our website, implementing KnowledgeShare and delivering a research repository.

There was a general agreement that the NWAS LKS would be a good model. Beyond that we were breaking new ground. The initial SWAT of LKS ASE's position looked like this – this is a shortened version ...

Strengths

- A proven model for delivery based on NWAS LKS
- Support from key stakeholders (NENAS, HEE and ambulance services)
- Enough material to create a viable online presence from the NWAS LKS website and NHS Core Content

Weaknesses

- Limited financial resources and limited capacity to upscale to meet demand
- Mixed experience of using library services among 7/8 ambulance services trusts
- The virtual model won't meet the needs of all 26/31 thousand users

Opportunities

- To create a national(ish) LKS for NHS Ambulance Services in England based on a successful implementation
- To use technology to enhance the impact of the Library & Knowledge Service for NHS Ambulance Services in England across the 7/8 Trusts
- To gain a long term commitment from ambulance service partners to the idea of LKS ASE to secure its future

Threats

- Failing to meet the expectations of stakeholders NENAS/ambulance services in terms of service delivery and value for money
- Competition with local NHS health care library services providers
- Being undermined by lack of a sound financial basis for the service and lack of long term commitment from partners

There is an extended version of this analysis on the LKS ASE website.

What we did next

We had an initial meetings to discuss the way forward. We discovered that there wasn't a shared understanding of what the proto library would offer the ambulance service partners. Simple ideas such as trying to get a common understanding of how document supply services could work in supporting access to journals versus the cost of journal subscriptions required extensive explanation. The insight we gained from these discussions is that we would have to deliver a blueprint for LKS ASE and hope that it would be acceptable.

The guiding principle was to keep it simple. We believed we could do four things well:

- 1) Document Supply;
- 2) Literature Search Service;
- 3) Current Awareness Service;
- 4) Guides and Help.

These to be underpinned by the commitment to use LibGuides, KnowledgeShare and deliver a research repository. All this to be delivered in stages over a three year period, with the bulk of the service set up in year one.

What went well

1. Support from Stakeholders

LKS ASE has managed to get a buy-in from the key stakeholders. This has shifted the conversation on from *what is the library* to *what is the library doing for us*. There are

three groups of stakeholders. There is some overlap between them. Taking them in turn.

- 1) **The Steering Committee.** What went well, although it was a slow burn, was the establishment of a Steering Committee under the direction of Helen Bingham, now handed over to the new Chair Wendy Kelvin who directs the Education Academy at YAS. Wendy also sits on NENAS and reports back to them about LKS ASE giving LKS ASE a direct link to the main stakeholders. The current Chair of NENAS is also the Workforce Director for NAWAS - Carol Offer who was instrumental with David Stuart in creating the NAWAS Library Service 10 years ago. On the Steering Committee are also representatives of the partner ambulance services who provide a network to pass information on into the ambulance services with varying success.
- 2) **The Association of Ambulance Chief Executives** who provide an overarching directions for ambulance services in England are also aware of LKS ASE. In particular they manage a structure of committees that provides national fora on specific areas of work which includes NENAS. Through the AACE, LKS ASE now has an advisory role to provide library support for the planned revision of JRCALC the clinical guidelines for ambulance services. Beyond this it's important for LKS ASE has a profile at the top of the ambulance service infrastructure. Through AACE LKS ASE will be exhibiting at the influential Ambulance Leadership Forum (ALF) next year.
- 3) **National Ambulance Research Steering Group [NARSG]** is one of the sub committees of the AACE. There is some history here. The previous Chair is Prof. Niro Siriwardena. Prof. Siriwardena published a blue print for the

development of ambulance services research following the reforms of 2006 (Siriwardena 2010). In the model you can see the National Electronic Library of Health and the Emergency Services Current Awareness Update. This is the predecessor of the current awareness service now produced by LKS ASE.

The short version is that by accident or design LKS ASE has integrated itself into the overall ambulance service infrastructure.

2. Marketing

LKS ASE has been very proactive in marketing services to host ambulance services.

Through the usual sources, leaflets pens bookmarks and posters. How these were distributed I will come to latter. In addition we have gone on site visits to take part in various educational/ training activities. Here is a quick summary to give you a flavour ...

- Gave a talk to a Trainers and Educators day at WMAS (Dudley)
- Exhibited at a Best Practice Conference hosted by YAS (Hull) where LKS ASE tweeted on the topics of the conference throughout the day.
- LKS ASE worked with the EMS999 Research Forum to promote their conference in Birmingham through our current awareness mailing list. In return we were given an exhibition space at the conference.
- LKS ASE exhibited at the National College of Paramedics Conference in Newcastle working with colleagues form NEAS on our stand.
- LKS ASE will be attending the College of Paramedics Research Conference in Cardiff in September and a site visit to SECamb in the Autumn.

Overall these activities have raised the profile of LKS ASE with users. We have been able to network with stakeholders who generally attend conferences but can be difficult to meet at other times. LKS ASE is now seen as being part of the paramedic community at least among people who attend these events.

3. AMBUlance rEsearch Repository - AMBER

The idea behind AMBER was to provide a service that would specifically address the research community. HEE led a consultation with key stakeholders (Holland 2019) which revealed that AMBER is a very timely initiative for a number of reasons.

- The growing maturity of research in prehospital care in the UK is generating more and better quality research publications.
- A planned redesign of the main website that showcases ambulance service research implemented by current Chair of NARSG highlighted the specific problem of “*knowing what has been published*”, something that ambulance services themselves may not have a complete record of.
- A repository is the missing piece of the research infrastructure advocated by Dr Siriwardena in 2010 and although he is no longer Chair strongly endorsed support for AMBER in NARSG.

With AMBER, LKS ASE has something that is demonstrably new and arguably wouldn't have happened if LKS ASE hadn't existed. It addresses some real concerns of stakeholders. As it is a national initiative including non-partner trusts in the LKS ASE project.

How do we do it?

Although there were initially plans for more staff in the end there was only a 0.8 Band 6 post to run LKS ASE temporarily made up to a full time appointment. Clearly not a sustainable position. The solution was to buy administrative support for LKS ASE from another Library, in our case Manchester NHS Trust Library. It's actually hard now to see how LKS ASE could have got off the ground without support from Manchester colleagues. Manchester provide Document Supply services and have been able to help LKS ASE launch some key services:

- Managing the collation and distribution of publicity materials to the 7 LKS ASE partners.
- Registering applications for KnowledgeShare, LKS ASE now has c500 registered users;
- Populating AMBER with metadata – this is about to start in June.

What have we not done

Of course there are things we haven't yet resolved.

- The next big project from LKS ASE will be to negotiate with journal suppliers to extend the access to core journals in paramedicine to all LKS ASE partners.
- While we have the potential to reach all thirty one thousand users through our marketing and website the number of registrations for KnowledgeShare and NHS OpenAthens and for the Current Awareness Services suggest we have a way to go yet.

- If we do reach those thirty one thousand users what do we do if they all get in touch at the same time? We have contingency plans to meet an upsurge in demand the LKS ASE service but we have yet to be test how scalable it is.
- There are issues around the management of NHS OpenAthens that have yet to be resolved.

Something new?

I would argue that even if LKSASE is not something new it has some unique characteristics.

- LKS ASE has nearly achieved true *virtuality*. It has no physical base. All LKS ASE services are electronic and delivered over computer networks. Nearly all communication with users via the website, mobile phone or eMail.
- LKS ASE *capital* investment isn't in books and mortar. It is in a network of relationships with professional organisations and people across the paramedic community
- LKS ASE is very *lean*. Delivering national coverage with one member of staff and Service Level Agreements with Manchester.
- LKS ASE is effectively a *co-operative* owned and funded by the partner ambulance services.
- LKS ASE is (nearly) a *national library service* with national geographic coverage.

Questions?

Reference

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