

INFORMATION AND SUPPORT FOR PATIENT CHOICE AND THE PUBLIC LIBRARY SERVICE

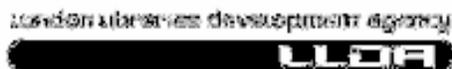
A FEASIBILITY STUDY

FOR
THE DEPARTMENT OF HEALTH
UNDERTAKEN BY
HEALTH LINK

5th September 2005



PARTNERSHIP FOR PATIENTS



CONTENTS

1. Executive Summary	1-2
2. Aim and Objectives - The Partnership for Patients	3
3. The Policy Context	4-11
4. The London Context	12
5. Methodology of the Study	13
6. Feasibility – National Findings	14-17
7. Feasibility – Local Findings	18-23
8. Taking forward the Potential for Patients	24
9. The Role of Health Libraries	25-27
10. Funding Issues	28
11. Conclusions and Recommendations	29-31
12. Appendices and References	32-38

Partnership for Patients is most grateful to the Chief librarians and staff in Barnet, Croydon, Harrow, Lambeth, Newham and Lincolnshire, who gave their time to assist with this project.

Purpose: Health Link were commissioned by the Department of Health to examine the role that the Public Library and Health Library Services in London might play in supporting patients to access information about their choice of health care provider, to map the decision-making needed, to assess the funding that might be available to exploit that role and to assess the implications of extending that role nationally.

Partnership for Patients: A Steering Group was established comprising the London Libraries Development Agency; two Chief Librarians from London Boroughs and the Chief Librarian from the North-West London Strategic Health Authority. A literature search was undertaken, 10 Librarians interviewed and 3 Libraries visited.

Exploring the Synergy: There is clear synergy between the objectives of the health and library sectors, which could be exploited by siting the function of providing information and support for patient choice within the public library service:

- National Library service objectives to Promote Healthy Communities and Narrow Health Inequalities underpinned by Shared Priorities between national and local government, including measures for public libraries
- Department for Media, Culture and Sport drive to encourage the Public Library Service to have more flexible and longer opening hours, to support access to information about Health and Well-being and to work with and reflect the needs of their local communities, including hard to reach groups
- Department of Health objectives to enhance choice with the provision of information and help of skilled 'community navigators'
- Research evidence on the need for a neutral, supportive source of information for patients, without fear of health service provider bias.
- E-Government targets requiring access to IT to conduct transactions between the citizen and government online and the encouragement of IT literacy

The People's Network: The development of "The People's Network" with free internet access terminals in all Public Libraries, has reversed the previous long term decline in Library visits. The Laser Foundation has recently published an Evaluation which concluded that there was evidence of '*a clear and measurable contribution*' by the Public Library Service to national priorities within the local community. With the People's Network, the role of librarian as agent for written information is changing to include a role as agent for online information.

A Specialist Resource to back up public libraries: in addition to the 4,776 libraries in the UK (of which 640 are mobiles and 154 are static libraries open less than ten hours per week), there are many health libraries based mainly in NHS institutions, and staffed by librarians with specialist knowledge of the health service. These libraries have the capacity to support their public library colleagues in the new role of supporting patients to access information in the more familiar community setting

of the public library.

Feasibility at local level: Findings on national feasibility are reflected at local level. The interview summaries and statistics contain evidence of growing awareness of the benefits that can be derived from partnership between Primary Care Services and the Public Library Service. Libraries provide information as part of their core function. Increasingly this is health information, both in response to public demand and to meet national objectives. Libraries are important community resources. Although some are under threat of closure, overall there is an increase in opening hours with several libraries opening on Sundays.

Benefits: There are multiple benefits from using the Public Library service to support patients in accessing information about choice.

- **Patients** gain access to the type of support that studies show they value: skilled, neutral, professional and dedicated to helping people access information.
- **Primary Care Trusts and GPs** can signpost patients to a well-established, professional service with multiple local outlets which is already publicly financed.
- **Public Libraries** potentially increase their visitor numbers, for which some of them have targets. In addition they get increased opportunities to encourage people to sign up for IT training and to borrow Health and Well-being materials.

Pathfinders: Given the diverse organizational cultures involved in the adoption of this function by public libraries, the Steering Group recommends

1. The implementation of Pathfinders in an appropriate selection of urban and rural areas, to generate learning for a national roll out.
2. The partnering of Health Libraries, of which there are over 100 in London alone, with clusters of public libraries, to provide specialist advice and support to public librarians if they receive queries on technical health or health service matters from patients seeking information about hospitals, such as queries about MRSA.

The Best Organisation for the Job: The Study concludes that the Public Library Service has a major role to play in supporting patients to access information about their choice of hospital, probably in conjunction with local voluntary sector groups who can support very disadvantaged groups such as those whose first language is not English. Indeed, the Steering Group could think of no other service which is as well suited to this particular purpose and as widely available. Public library librarians are information professionals, well placed to act as community navigators for patients, using approaches targeted to their local communities. All the evidence indicates that libraries have a crucial part to play in turning the opportunity of choice into the reality of choice, for all patients.

1. Aim and Objectives

The Department of Health has asked Primary Care Trusts to consider what arrangements should be made locally to assist Patients in their Choice of Hospital¹. The aim of this study is assess whether the Public Library Service could form part of the network supporting patients in their choice of Hospital, complementing any services supporting choice which are “locally commissioned” by the PCT.

The Objectives of the Feasibility Study were to:

1. Examine the role that Public Library services and Health Library Services in London might play in supporting patients to access information about their choice of health care provider, assessing:
 - strategic fit between the objectives of Patient Choice and the Public Library service;
 - user/access profiles of the library service;
 - the support that libraries can give to members of the public seeking information.
2. Map the decision-making needed at National, Pan-London and local level to exploit that role.
3. Assess the funding sources or funding “in kind” contributions that might be available to exploit that role.
4. Assess the implications of extending that role Pan-London or nationally.

2. Background to the Partnership for Patients

Health Link, the London Libraries Development Agency and London Health Libraries came together as the Partnership for Patients, to explore how the existing publicly funded Library services which have national coverage could provide support and quality information for patients.

- Health Link is a not for profit patient interest group, whose aim is to help all communities become active agents in improving their own health and influencing health services. It is an active patient involvement organisation with a Network of 125 patient representatives.
- The London Libraries Development Agency (LLDA) was created in 2000 to implement a coordinated strategic vision for library and information services across London, by forging partnerships and building links that improve the quality and scope of library services, widen access and increase the resources available, stimulating debate and discussion about the roles libraries can play.
- London Health Libraries aim to work with London's 100 plus health libraries by supporting continuous improvement in the health and well-being of London's diverse community.

The Policy Context

3.1 Patient Choice - By the end of 2005, patients in England will be able to choose from one of four hospitals (or other healthcare provider facilities) commissioned by their PCT. Information on these hospitals will be provided to GP staff and patients to enable them to choose. Patients can either book their appointment electronically immediately with the GP or other practice staff, or they can call a telephone booking service or use their own internet access at a later stage.

3.1.1 Patient Information Requirements - The drive to improve the information available to patients comes from two sources:

a) Concern over the quality of the patient experience of healthcare services:

"We want an NHS that meets not only our physical needs but our emotional ones too. This means:

- *Getting good treatment in a comfortable, caring and safe environment, delivered in a calm and reassuring way;*
- *Having information to make choices, to feel confident and to feel in control;*
- *Being talked to and listened to as an equal,*
- *Being treated with honesty, respect and dignity."*ⁱⁱ

b) Recognition that patients cannot exercise choice effectively unless there is information available which allows them to compare the quality of services on offer by the different healthcare providers:

- The Department of Health's major consultation on Patients Choiceⁱⁱⁱ concluded: *'Information is absolutely fundamental to choice...time and again people told us that they need information before they can exercise choice.'*
- The Picker Institute's 'Evaluation of London Patient Choice Scheme'^{iv} concluded that *'Market incentives will only help to drive up quality standards if patients are able to act as discerning consumers, so they and their GPs will require reliable unbiased information about quality standards in different provider facilities.'*
- Picker's evaluation also provided evidence on the type of information patients would want to enable them to make a choice.
- This is supplemented by Health Link's "Taking Soundings", a report commissioned for the London Patient Choice Project which focuses on the information requirements of 'hard to reach' groups.
- The Department of Health refers in "A Patient -Led NHS" in July 2005 to the *'high quality information and support' patients need* to help patients make decisions that are right for them".

'People are unaware of the choices available and feel ill-equipped or lack the confidence to make choices about the clinical side of treatment. Good quality information, practical help and support are vital'. Which 2005

The Department of Health has, both directly and through pilots, such as The London Patient Choice Project, commissioned studies into the information that patients would like to have available to assist them in their choice of healthcare provider. There has been a parallel growth of interest in measuring and publishing information about the quality of healthcare services by commercial organisations. So there is a range of evidence and good practice on the content of information for choice.

3.1.2. Information for Choice strategy: The Department of Health has produced a national strategy on information for Choice^v, responding to evidence that *'people are not getting consistent information, and are not always sure what information to trust.'* The aim of the three year programme under the strategy is to ensure information is available to disadvantaged and marginalised groups, to quality assure and accredit information providers so the information can be trusted, and to extend access to information in a range of media for everyone.

3.1.3 Assisting Patients with Choice: When the patient is not in a position to make a decision about their choice of hospital or the time and date of their appointment while in the GP's surgery the GP will create an Appointment Request for the patient to take away. This will list all the referral information necessary for the Patient to book the appointment from home, either via the internet or by telephone. The Department is also considering whether a leaflet, possibly in a national format but containing local information, should be given to Patients at the same time as they are given the Appointment Request. This would remind patients of the actions they needed to take.

'For many to whom we spoke, the idea that they would be able to access the internet is insultingly inappropriate, either because they have no familiarity with computers whatsoever, or because they live in such poverty that accessing a computer is out of the question.' Taking Soundings 2004

There is clear evidence of the need for appropriate support to span the full range of disadvantage amongst patients as well their varying levels of IT literacy. This requirement goes to the heart of making choice accessible to all patients:

- a) *Which?*, in their recent publication on Patient Choice^{vi}, highlight that *"people are unaware of the choices available and feel ill-equipped or lack the confidence to make choices about the clinical side of treatment. Good quality information, practical help and support are vital"*.
- b) The Picker Report^{vii} noted that: *If all patients throughout the country are to have an equal opportunity to make choices about where and when they are referred, they must be made aware of their rights in this regard, support and information must be readily available, and monitoring systems must be implemented to avoid the risk of discrimination against less advantaged groups.'*
- c) Taking Soundings noted: *"For many to whom we spoke, the idea that they would*

be able to access the internet is insultingly inappropriate, either because they have no familiarity with computers whatsoever, or because they live in such poverty that accessing a computer is out of the question".

3.2 Choosing Health: The *Choosing Health* White Paper^{viii}, published in November 2004 developed key principles for better health with government creating an environment for people to make healthy choices, tailoring support to individual lives and working in partnership with them. It established three main target groups in which health can be supported and promoted:

- The consumer society, through better information on nutrition and lifestyles;
- Children and young people, through new sources of information and support;
- Local communities, through partnership with the voluntary sector, the NHS, local authorities and business.

The White Paper recognises the importance of *'the personalisation of support to make healthy choices. This will be crucial in helping to reduce health inequalities. It means building information, support and services around people's lives and ensuring that they have equal access to them.'*

3.3 E-Government: In addition to the Government target that all public services should be available on-line by 2005, the Government strategy is to ensure that

- everyone is aware of both the benefits of the internet and the support available to help them access it if they want to do so and
- everyone who wants to has easy, affordable, access to the Internet.

3.4 The Public Library Service: Public Library Services are run by London Boroughs, Metropolitan Districts, Unitary Authorities and Counties. The Department of Media, Culture and Sport (DCMS) has the Central Government responsibility and it is advised and assisted by the Museum, Libraries and Archives Council (MLA).

3.4.1 Infrastructure – As at March 2004, there were 3063 libraries in England. In addition there are 461 mobile libraries and 80 static libraries open for less than ten hours). Details of the number of libraries per London borough are listed at Appendix 1.

- Expenditure on public libraries exceeded £1 billion in 2003/2004.
- Libraries employ over 26,000 staff, who answer 58.5 million enquires per year.
- Overall, opening hours in libraries are increasing
- 2003/2004 saw a 4.3% increase in visits to libraries.
- 58% of the population are registered library users and 35% of the population visits a library at least once a month, with use rising over the last two years.
- 93% of public library users rate the library overall as good or very good

- There was internet access in 3033 static libraries in England through the People's Network described below, of which 90% were free of charge^{ix}

Coverage of Local Libraries for the population of England (2003/2004)		
Authority type	% Households resident in area within following distance of static library	
	1 mile	2 miles
Inner London	98.9%	100
Outer London	95.5	99.9
Metropolitan	89.3	99.3
County	63.9	84.1
Unitary	82.7	95.5
Nationally	77.3%	91.6%

All these libraries have internet access. These figures do not include mobile libraries, which in some areas also have internet access.

3.4.2 User Profile: Given the high numbers of patients from ethnic minority groups and the fact that over 200 languages are spoken in London, the user profile of current library users is relevant. If library based information and support for choice failed to serve people from ethnic minorities or people whose first language was not English, choice inequalities would be aggravated. Equally, socially excluded groups tend to suffer higher rates of illness and may therefore be more likely to use hospital services.

3.4.3 Strategic Direction: The Government's long term vision for public libraries "Framework for the Future" was published in 2003^x. Public libraries now have a clear steer on the kinds of services they need to be providing and the partnerships they are expected to develop.

"The library is our only access to the Internet, something I could never afford.. The service you provide is excellent".

People's Network user Liverpool

3.4.4 Performance: Public Library Standards were introduced in 2001, largely in response to concerns about the deterioration in the quality of public library standards overall and, in parallel, a reduction in their usage. A Best Value performance indicator is shortly to be piloted by the ODPM, including the accessibility of libraries for all sections of the population.

Public Library Impact Measures^{xi} were launched in March 2005 to give library authorities an incentive to reflect their impact on a wide range of social, cultural and community agendas.

The new impact measures have been linked to the use of Community Profiles and designed as a tool to demonstrate the impact of libraries on the shared priorities for central and local government. Community Profiles must cover demographics of users including health status, deprivation and age. These Measures include

'Improving quality of life' and 'Promoting healthier communities and Narrowing Health Inequalities'

Measures related to the shared priority of Promoting Healthier Communities and Narrowing Health Inequalities have already exploited successful joint working with the NHS for the benefit of patients. Bibliotherapy groups, for example, have been set up in some libraries. These are *'reading groups run by professional mental health workers and library staff to use books, to encourage social interaction and one-to-one dialogue and to encourage those suffering from mild to moderate stress, depression, anxiety and social isolation to discover alternative coping mechanisms.'* In some cases funding has been provided by PCTs.

The MLA, under the shared priority of Promoting Healthier Communities and Narrowing Health Inequalities has introduced several measures for 2005/6, including:

- Provision and take up of health related stock
- Provision and take up in non-English languages
- Health and Further Activities which contribute to Healthier Communities.

More detail on these measures is shown in Appendix 2.

"I suffer from Dyslexia. Using the Internet has opened up a whole new world of information for me - so thank you for the free access and tuition."

People's Network user,
Knowsley

"I've got the Internet in the office, but I can never find what I want. It needs a librarian to get to the right place."

People's Network user,
Worcestershire.

3.4.5 The People's Network: The Public Library Service has been given responsibility for delivering "The People's Network" in pursuit of the E-Government target relating to accessibility of the internet, involving the installation of 30,000 terminals across the UK. In addition they provide support for IT use and information from the internet to users with no internet access. The Network now offers over 68.5 million hours

of internet use to the population. Findings from the New Opportunities Fund evaluation of the People's Network^{xii} indicate important potential to use it to facilitate equitable access to information for Choice and bridge 'the digital divide'.

Reach: The Chartered Institute for Public Finance and Accounting (CIPFA) and Loughborough University (LISU) collate and publish information about Library services in the UK. The latest information (2003-04) shows there were 31,171 terminals with on-line access to Internet installed in Public Libraries in England. A majority of users surveyed for the Evaluation said it would be *'difficult or impossible'* to access the service elsewhere and appreciated the supportive and informal atmosphere in the library.

Although libraries are progressing at different rates and there is not a consistent approach to inclusivity across the Network, there is clear evidence that local libraries

are responding to the needs of their local communities and that new kinds of users are being attracted as a result:

- **The general population:** 16% of over 16 year olds have used the People's Network (up from 3% in 2001^{xiii})
- **Disabled People:** Some libraries have taken steps to cater for people with a disability or those with low levels of literacy, with different software packages installed for blind or partially sighted users and those with learning difficulties or low levels of literacy.
- **Marginalised groups:** Case studies suggest that the People's Network is attracting new kinds of users to public libraries including people from groups categorised as socially or digitally excluded – unemployed people, asylum seekers, refugees, BME groups and people with a disability.'
- **Older People:** people aged 50-70 many of whom lack IT competence are increasingly using the People's Network, although precise figures are not provided
- **Rural populations:** in rural areas, the 68% population is within 4 Km of a public library and therefore of internet access, although this is bound to vary widely depending on how sparse the population is, reducing to 28% in remote villages^{xiv}

Support from trained staff: -the traditional role of the librarian in supporting the public with information has undergone a step change which is gathering pace with the People's Network: '*Librarians' status as 'honest brokers', clearly make a strong base from which to build the skills for working with a growing diversity of material - including both print and electronic formats, from both global and local sources.*'^{xv}

The training of staff supporting the People's Network covers 8 core areas, including:

- Health and safety and legal issues in the context of ICT
- Knowing how to find things out on behalf of users

Library staff have received extensive training in supporting the public's use of computers and guiding them in finding high quality information resources on the internet. Most public libraries have trained professionals to assist users.

Constraints on the People's Network: a recurring theme in the Evaluation of the People's Network is the high demand on the service, with many libraries having to ration the service use to one hour per user or book slots. This would have to be taken into account in any planned use of the service for the purpose of information and support for choice. Training is still being rolled out.

3.4.6 Further development of the People's Network: *Enquire* is a live online question and answer service by librarians around the clock, 24 hours a day, 7 days a week provided by library services in England. This online reference service is now available and might prove to be an adjunct to support to patients seeking support in searching for information about different providers.

3.4.7. Joint working with the NHS: Macmillan Cancer Relief recently supported partnerships with the NHS and public libraries in a range of locations in England. A report on the progress with those partnership projects was produced in October 2004^{xvi} and, although those projects were based on a different model of provision, there is considerable value in that report to the objectives of this study.

In particular the report to Macmillan Cancer Relief identified three arguments in favour of collaboration. These were summarised as:-

- Health enquiries to public libraries are growing in volume range and complexity, and libraries need knowledgeable partners who can help them respond.
- Partners can bring a range of expertise and access to different local contacts and networks.
- Libraries are safe, neutral, accessible and open to all, and their services are increasingly user led.
- Within a tripartite partnership such as Macmillan/NHS/public libraries there is a shared public service ethos which can be built on.

3.4.8 Adding Value to Cross-government Objectives: The new impact measures, referred to above, stem in part from a ‘Libraries Impact Project^{xvii}’ commissioned by the Laser Foundation, a grant-making Trust linked to the British Library. The focus of this project reflected the continuing debate in the libraries and the wider cultural services sectors on how services can demonstrate a broader impact on, and important contribution to, a wide range of local and national priorities. As part of that project PricewaterhouseCoopers LLP (PwC) was asked to establish

‘In the course of our work, we found evidence of a clear and measurable contribution made by libraries to wider priorities at both local and national level... The data demonstrate a clear contribution to government objectives on patient and public involvement in health.’ Libraries Impact Project

how to develop and use measures to enable a library service to identify its impact on any of four shared priorities between central and local government (relating to children, education, health and older people). The Pilot authorities for the Health measures were Gateshead and Newham. They tested the impact of widening access to health information to their communities through the public library service.

‘Sometimes information from the library can allay concerns and unnecessary visits to the doctors with alternative methods unless the symptoms persist’
Gateshead Library user

Gateshead: The quantitative data shows that:

- 8.03% of all adult Non-Fiction issues relate to health.
- 43% of people who had retrieved health information from the library had used

- the internet.
- 48% of respondents to a random survey used the library to access health related material.

Newham: The same analysis is not available for Newham but, it is known that 8.7% of total loans of adult non-fiction books were on health information

The Laser Foundation's Study concludes:

"Libraries make a clear contribution to shared priorities. In the course of our work, we found evidence of a clear and measurable contribution made by libraries to wider priorities at both local and national level. We believe that this evidence forms part of the case for the continued and meaningful involvement of libraries in these policy areas. The quantitative and qualitative data collected by the pilot authorities in using the measures highlight a significant contribution, in line with government priorities.. The data demonstrate a clear contribution to government objectives on patient and public involvement in health."

4. The London Context

4.1 The Patient Information Tool: There are a number of sources of information available on the quality of services in different hospitals. Health Link together with four Strategic Health Authorities, PCTs and Trusts in London, the Department of Health (DH) and NHS Connecting for Health are piloting the development of a web accessible data base to support patients in making their choice of hospital. The data is also to be accessible in printable format.

This pilot project responds to both the DH request that PCTs provide such support and to the various studies that worked with patients to identify their information requirements. The database contains information regularly collected by the NHS as well as bespoke information collected specifically by the pilot in response to patient's specified requirements. It allows patients to select and compare information about hospitals before making their choice of hospital and booking their appointment (www.londonpilot.nhs.uk). The design is still being piloted so whether it will be replicated nationally is not known.

4.2 The London Libraries Development Agency (LLDA): The LLDA has been established by London Boroughs. Its aim is to develop and implement a coordinated strategic vision for library and information services across London. Its work plan for 2005 to 2008 is built around the five themes of inclusion and community; better library services; lifelong learning; health and wellbeing and raising the profile of London's libraries.

Under the theme of Health and wellbeing The London Libraries Development Agency specific objectives are

- Promotion of London's libraries as key partners in delivering better health information for patients and relatives/carers and
- Promotion of bibliotherapy projects.

4.3 The London Health Libraries: The London Health Libraries primary function is the support of health service staff and institutions in training, education and professional development. The five Strategic Health Librarians are accountable to the Chief Executives of the Strategic Health Authorities. There are over 100 Health Libraries in London. Numbers per London Strategic Health Authority are shown in Appendix 2. Over the next three years, London Health Libraries' Strategic Development Plan is to aim to '*support continuous improvement in the health and well-being of patients and the diverse community in London.*' The need to work with partner agencies is recognized, focusing on links with NHS Direct, PALs and public libraries.

5. The Methodology of the Study

To take forward the feasibility work on the role of public libraries in supporting patients with information for choice, Partnership for Patients partners formed a Steering Group with the following membership:

- Michael Clarke Director of the LLDA;
- Richard Osborn, Health Librarian for the North-West London Workforce Confederation;
- Tricia Little, Chief Librarian for London Borough of Barnet;
- Adrian Whittle, Chief Librarian for London Borough of Newham;
- Elizabeth Manero, Executive Director of Health Link;
- Martin Robert, policy consultant, Health Link.

The Steering Group was hosted by the LLDA.

Four Boroughs were selected for involvement in the project, one for each of the London Strategic Health Authority sectors, on the basis of their demography:

- Harrow and Lambeth are outer and inner London Boroughs respectively with multi-cultural populations.
- Croydon is balanced demographically;
- Barnet is more affluent than the London average
- Newham had participated in the Laser Foundation study.

A Literature review was conducted to seek evidence on the usage rates, user profile and user satisfaction with public libraries and the People's Network and the strategic development of the various sectors relevant to the study.

Semi-structured interviews were undertaken with the five Chief Librarians, two deputies, an Area Librarian, and the Chief Librarian of the King's Fund. Three libraries were visited.

The Steering Group agreed to check out the emerging findings with a rural area and another metropolitan area. A telephone interview was subsequently conducted with the Deputy Head of Library services in Lincolnshire. Liverpool indicated their willingness to participate in a telephone interview but unfortunately their response came too late for inclusion in the Report.

6. Feasibility – National Findings

This section looks at the feasibility of utilising the Public Library Services as complementary to 'locally commissioned PCT services'.

6.1. What the Public Library Service could offer patients choosing a hospital: Utilising the Public Library Service to support patients with online information from any of the various websites offering such data, (preferably accredited by the Department of Health as appropriate and reliable for the purpose) would:

- Give patients access to 3063 service points open for 10 hours or more per week^{xviii} (excluding mobile library services which are additional services);
- Offer 77.3% of the population access within 1 mile of home and for 91.6% within two miles (Better access rates are found in Unitary Authorities, Metropolitan Districts and London);
- Give patients the option of utilising The People's Network to conduct their own search for information to compare healthcare providers, at no cost in 90% of cases;
- Offer patients professional support and assistance from staff "*for whom looking up information is core business*" and who are trained in ICT;
- Provide a neutral environment with no perceived or actual NHS bias;
- Utilise services which the public already perceive as being a source of information about health;
- Offer a socially inclusive service, particularly through the use of the People's Network;
- Enable patients who are not IT literate to receive support to access online information and receive printed copies, equalizing their access to the online information.

6.2 Profiles of Library Users and Patients: It is not possible from figures studied for this Report, to compare the respective profiles of Library users and hospital users. The figures are collected by the respective services on different basis and it is therefore not possible to be certain whether there is a match. It was possible to ascertain some information on national user profiles of libraries and on the use of two sample libraries by ethnic minorities. Together these figures suggest a broad base of library users which might assist in broadening the reach of support for Choice.

6.2.1 National figures: Library Visitors (excluding People's Network users): in 2003/2004, the age profile of adult public library visitors for the whole UK was:

15-44: 37.8%,

45-64: 30.3%

65-74: 18.7%

75 and over: 12.3%

These figures do not include users of House bound services, library services to care homes, or other outreach services.

People’s Network Users: The evaluation of the People’s Network by the Big Lottery Fund, which was funded with £120 million from the New Opportunities Fund, noted the success of the Network in drawing in new users to the familiar community setting of a public library:

‘Available monitoring data, while not systematically collected, and findings from the case study visits suggest that the People’s Network is attracting new kinds of users to public libraries, including:

- *Younger people, aged 16-25 years, with a predominance of males. These age groups have not been well represented among library users in the past, indicating that the People’s Network has been markedly successful in broadening the library’s user base.*
- *Older people, aged 50-70 years, of whom a significant proportion were lacking ICT competence.*
- *People from groups categorised as socially or digitally excluded, such as unemployed people, asylum seekers and refugees, BME groups and people with a disability.*

Library service case studies can all point to individual successes in reaching out to such groups. There is no way of establishing what proportion these users represented of the total user base, or whether the numbers were disproportionate to their representation in the overall population.^{xix}

6.2.2 Sample Library User Profiles: White British Library user figures for two London Boroughs, Harrow and Newham, are given below, indicating that ethnic minority groups are in the majority in library users in these areas. On the basis of the figures obtained there is therefore no evidence of ethnic minorities being excluded from the services in these boroughs.

Harrow:

- Resident population: 210,700,
- Proportion of resident population registered as White British: 59%
- Proportion of active library users registered White British: 41%

Newham:

- Resident population: 250,600
- Proportion of resident population registered as White British: 40%
- Proportion of active library users registered White British: 19%

6.3 The Service a Patient might expect: From the interviews held with Librarians a consensus picture of the process and service that a patient, as a member of the public, would receive at a Library emerges. Since all customers are seen in the order they arrive there is no suggestion that patients, “referred” to the Library would receive any “special” treatment.

6.3.1 Open Access: Libraries are open service providers. There is rarely any restriction on who can use them (e.g. by residence). This means that people can access them wherever it is most convenient. There is no general requirement for people to register as a Library User unless they wish to borrow an item. They will need to register if they wish to use The People’s Network as they will need an access code.

6.3.2 Clarity of Requirements: The clearer people are about what they are looking for, the better the service they will receive. Library staff are experienced in helping people to clarify their requirements and in handling sensitive enquiries (e.g. on health issues). Nevertheless patients will undoubtedly receive a better, swifter service, if they arrived at the Library with a “prescription” such as the website address of the London Information Pilot or any other accredited website.

6.3.3 Librarian Input: On arrival the Librarian on duty undertakes what might best be described as an informal form of assessment. If the patient is clearly IT literate and wishes to access the People’s Network they will be booked, or book themselves, into a slot. If they are not sure how to get into the website but are, or could be, competent to find their way around once logged on, staff may log-on for them and show them how to move around the site. If they are not able to access the information themselves then Library staff would do it for them, possibly showing them the screen and/or talking them through the information.

6.4 Local factors: There is a good deal of discretion in the hands of Library staff in this situation. Factors they would take into account in determining the extent of the support offered would include:

- the type and size of the Library;
- what else is going on at the time;
- the number of people waiting;
- the usage of The People’s Network ;
- the experience of the Librarian
- the rapport between them and the customer

All these factors will influence the service given and the Library user’s perception of that service. The percentage of visitors rating library services “good” or “very good” in the UK in 2003 was 92.7% overall. Staff helpfulness and staff knowledge and expertise were rated even higher.

The risk that an influx of new users will affect the quality of the service has to be considered. Given there are over 52,000,000 visits to Libraries each year and that the number of patients seeking assistance with information for Choice will only be a proportion of those referred, the risk is considered to be low. It is understood that the number of referrals to hospital per GP per week is relatively low, estimated at four referrals per GP per week. Nevertheless it is suggested that the impact on the Library service be observed in Pathfinder studies.

6.5 People who are not IT Literate: People who wish to have information printed to take away with them can expect to pay on a per sheet basis. Costs vary but this could be a significant barrier for some patients. Because libraries offer both internet access mostly free to users, as well as trained professional support in accessing and information and in using the internet, they are clearly the ideal provider of information to users whether IT literate or not. The issue of printing costs and its impact of accessibility needs to be explored.

6.6 Actually booking the Appointment in the library: Those who were IT literate and using The People's Network, would be able to access the Choose and Book Appointments system and make their appointment. Because of the nature of the appointment, it the Steering Group's view is that patients would be able to do this and could be supported to do so by library staff. In contrast, staff might be less sympathetic to permitting library users to take up People's Network time on on-line shopping or booking holidays. Those with IT skills would be able to book their appointment via the People's Network. Those without these skills might perhaps be supported to do this by Library Staff. There may be a case for testing a range of solutions to this issue in Pathfinder studies, as libraries vary in how they exercise their discretion in such matters, and it would be essential to guarantee a consistent approach, in the interests of equity.

7. Feasibility: Evidence from the Library Services in the Study

Public Library Services are responding to national and local policies and targets as outlined above. Examples of how the Library services in the areas studied, have been, and are continuing to integrate with local communities and support Health and Well-Being are given. Where approaches have been put forward by Borough Librarians which would enhance the prospect of success these have been recorded. The existing links between the Public Library Service and the Health Service come across clearly. It seems that the incorporation of Public Library Services into Sports and Leisure Services or Culture, Sports and Leisure Services may have contributed to changes in the way in which Library services are developing.

Reference below to numbered objectives refers to the Public Library Impact Measures.

7.1 The London Borough of Barnet

Demographics: Ranked 193 out of 354 in the Index of Multiple Deprivation 2004^{xx}

Infrastructure: 96.7% of population lives within 1 mile of a static service library.

- Home Library service visits 600 people per month.
- There are 220 People's Network Points.
- All Library staff have received basic training in "Using ICT to find things out on behalf of users".
- Health information websites listed on People's Network Internet Explorer favourites.

Performance and Monitoring: The use of the People's Network increased by 37% in the first Quarter of 2005-06 compared to the previous year. In June this year there were 46,620 total users of the People's Network listed. 7292 Active users: 1500 New Users in the month.

Local priorities and practice: Extensive use of Libraries for services to children, young people and parents.

Joint work with the NHS: Considerable evidence of existing joint working:

- Bookstart and Bookstart+ (a government scheme to give each child a bag of selected books before the age of three and guidance to parents and carers);
- Sure Start;
- Work with the North London Cancer Network,
- Work with Macmillan Trust and GPs on information for cancer services.
- Displays on healthy living and keep fit.
- Use of Library premises for clinics, lectures, Keep Fit, bibliotherapy
- Fitness for Life Scheme well established - includes a GP Referral Scheme, a cardiac rehabilitation scheme and a walking programme
- Close liaison with Barnet PCT, exploring ways in which cultural services can support PCT action plans through use of space in libraries, provision of information and advice, promotion of sport, fitness and well being, cultural development and participation in the arts.

Views on Feasibility: See this as a core role for Library staff as Non-IT literate members

of the public are more likely to use Libraries.

Barriers: None reported

7.2 The London Borough of Croydon

Demographics: Ranked 140 out of 354 in the Index of Multiple Deprivation 2004. Has one of the highest populations in London - 336,700. The Central library had 1,022,000 visits in 04/05 - over 42% of the total visits to all Croydon Libraries.

Infrastructure: 94% of the population live within 1 mile of a static Library. (Objective 1) Library staff have a basic competence in ICT skills with a commitment to assisting customers in this area. (Objective 1)

Performance and Monitoring: Departments demonstrate in their Service Action plans how they are contributing to improvement. Figures on use of People's Network and Health books are not yet available but being collected as part of the Impact Measures.

Local Priorities and practice: Improving Health and Social care is one of Croydon Council's corporate priorities.

Joint Working with the NHS: Selection of Health titles expanded as heavily used. Range includes self-help leaflets; practical textbooks and Directories. (Objective 1)

- A Health Fair is planned by the library service to take place in 2006/07 as a showcase for information resources available. GPs, Health Professionals; Alternative Therapies all involved.
- Good working relationship with NHSD, who have a call centre on the Mayday Hospital site and with Hospital Library. (Objective 1)
- Long term knowledge of GP practices in Croydon and those likely to participate in any pilot.

Views on Feasibility: The Borough would see health and the introduction of Choice as a sufficiently high profile topic warrant specific training initiatives. (Objectives 1 and 2). Proposal to use Public Library service to support choice would be likely to get support. (Objectives 1 and 4). It is believed that it would greatly assist libraries in delivering the service if patients were given the website address by their GPs. Suggested that Society of Chief Librarians be engaged in the development and timing of any Action Plan as they have cascade briefing system to compliment action by the health service. (Objective 2)

Barriers: None reported

7.3 The London Borough of Harrow

Demographics: Ranked 232 out of 354 in the Index of Multiple Deprivation 2004

Infrastructure: The Civic Centre Library is the library headquarters and main reference library with 40 People's Network terminals.

- The central lending library, in the town centre, has the highest footfall.
- Both libraries will have Sunday opening from February 2006.
- Most clerical staff are trained in IT.
- Professional staff on duty at all service point enquiry desks. (Objective 1).

- 99% of Resident population live within 1 mile of a Library. (Objective 1)

Performance and Monitoring: Good statistical information allows analysis of active usage of Libraries by age, gender, branch and ethnicity. Data on number of People's Network bookings is available. (Objective 1). The 62,000 active library users have borrowed at least one item in past 12 months. 1.8m items loaned in 2004/05. (Objective 1). No formal information on the use of Libraries for Health information but anecdotal support. British National Formulary, Medical Directories and Dictionaries well used. (Objective 1.)

Local Priorities and Practice: The London Borough of Harrow is committed to join up service delivery and has established an intelligence network to monitor progress towards this objective (Objectives 1 and 2).

Joint Working with the NHS: partnership working -

- Working relationship with the Health Librarian in the North-west Hospitals Trust (Northwick Park Hospital) (Objectives 1 and 3).
- Developing links with the Macmillan service through their Library project.
- Premises at Wealdstone Library shared with a range of services including the Patients Advice and Liaison service and health clinics provided by Harrow PCT.
- There is also a Healthy Living Centre cafe in the building. (Objective 1).

Views on Feasibility: There is likely to be support for this initiative (Objective 2).

- Would welcome the idea of a formal link with the Health Library service for onward referral on specific issues.
- Essential that Health accredited websites are kept up to date.
- Active support from lead Councilor and links to Harrow PCT.
- Feasibility of the link would be substantially enhanced by producing, for the use of all Libraries, a single health address which would list the main accredited websites. While Librarians qualified to do this anyway, an explicit proposal would avoid unnecessary duplication of effort.

Barriers: None reported

7.4 The London Borough of Lambeth

Demographics: Ranked 23 out of 354 in the Index of Multiple Deprivation 2004. High proportion of the population is transient. Not only are there a significant number of refugees, asylum seekers and homeless but there also a high proportion of young people in first employment and students

Infrastructure: Detailed figures on the use of the People's Network are kept.

- Opening hours extended.
- Two Libraries now open on Sunday (Objective 1).

Performance and Monitoring: High demand for the Medical Directories and other health information. Actual information on the demand for Health information will become available with the introduction of the Impact Measure survey. (Objective 1)

Local Priorities and Practice: Libraries seen as a key community facility and a place where local people can access information about local services. (Objectives 1 and 2)

Exhibitions and Fairs targeted at specific groups of people as well as

- Bookstart and Bookstart +;
- Sure Start;
- Parents and Toddlers Groups;
- Over 50's groups; Fitness Groups;
- Community Action Groups. (Objectives 1, 2 and 3).

Joint Working with the NHS: One of the new Libraries is planned as a joint development with the PCT. The Lambeth PCT website is in demand and there is also a hard copy of the information on it.

Views on Feasibility: London Borough of Lambeth is signed up achieving the 7 MLA objectives and Public Library standards. It is also signed up to 11 PSA targets, including targets for Library use. If it achieves these 11 targets it receives a Performance Reward Grant (Objectives 1, 2 and 3). Therefore this proposal would be fit with local strategy.

Barriers: Recent period of low investment during which two Libraries were closed. This problem is now being corrected.

- The Policy in Lambeth is to ask people to register as they enter the Library. If they are not registered and they want access to the People's Network they will only be able to have a 15 minute open access session.
- The speed of response on NHS websites and the range of languages available will make a significant difference to how much they would be used by Librarians or Patients in an area like Lambeth.
- Links with Health Libraries or lists of approved articles on specific issues which can be downloaded from the web, could prove valuable.

7.5 The London Borough of Newham

Demographics: Ranked 11 out of 354 in the Index of Multiple Deprivation 2004.

The number of "Active Users" over the last 12 months averaged 61,000. (Objective 1)
There is clear evidence of widespread use of the Library service by the Community:

- African 16%;
- Asian Bangladeshi 11%;
- Asian Indian 11%;
- Asian Pakistani 12%;
- British 19%. (Objective 1)

Infrastructure: Opening hours extended. Two Libraries now open on Sunday

- Joint Regeneration Scheme at Canning Town co-locates Library staff with a GP Surgery and Job and Learning Centre. (Objective 1, 2 and 3)
- A follow-up study at 1 year of those who had undertaken IT training showed that 30% had used the internet to find Health Information. (Objective 1)

Performance and Monitoring: The London Borough of Newham has signed up to PSA targets. They have also established their own targets for the use of Libraries (to 2,030,000 visits in the current year from 1,983,600 last year). (Objective 1)

- A Recent telephone survey of Housebound customers showed 60 % of respondents wanted IT training, if they were provided with transport to it.

- There was a high request rate for leaflets on information about Health.

Local Priorities and Practice: Libraries used extensively for group work around well-being (Objective 1 and 2). Library Service is developing down self-service lines with library staff coming out from behind the desk and “walking the floor” so that they can engage with people and assist them with their search for the right book or information. (Objective 1)

Joint working with the NHS: Newham Fit Club run as a partnership between the London Borough of Newham and Newham PCT. Those who register receive the Newham Lifestyle Journal.

- Fit club taster events are held in the Libraries. (Objective 1 and 2)
- Book Prescription scheme planned. (Objective 1 and 3)

Views on feasibility: A free telephone in the library with links to the Choose and Book Appointments Service would enable the booking to be made on the spot.

Barriers: None raised.

7.7 Rural Areas: Broadband access is more difficult in some rural areas. To counteract this, 10 pilots are being established setting up Wifi (Wireless Fidelity) ‘hotspots’ in rural areas, to enable users to connect using their own laptops or PDAs.

7.7.1 Lincolnshire County Council: Lincolnshire is a rural county which offers a contrast to the London Boroughs in the study.

Demographics: Ranked overall 96 out of 354 in the Index of Multiple Deprivation 2004. Growing ethnic minority communities, increasingly drawn to agricultural work, leading to incentives for work on multi cultural developments in mainstream services.

Infrastructure: Libraries are open for fewer hours per week on average than other areas.

- 57.7% of the population lives within a mile of a static service point
- Villages are served by Mobile Libraries on a weekly basis. These are equipped with People’s Network terminals.

Performance and Monitoring: Target of 30 hours of weekly opening per library

Local Priorities and Practice: GPs operate branch surgeries in rural areas. It is likely that there would need to be high levels of partnership to synchronise need for, and access to, information with such services.

Joint Working with the NHS: There are Health related activities in Libraries

- Book Start and Book Start plus;
- Children’s Books in GP surgeries.
- Book prescription Scheme with extra stock paid for by PCT.
- Community Centre co-located with a GP surgery.
- Multi-cultural development session with other mainstream services.

Views on Feasibility: Council support highly likely but main priorities elsewhere.

Barriers: Traveling distances and the need to synchronise GP outreach surgery timetables with mobile library schedules.

8. Taking Forward the Potential

The potential for the Public Library service to become a significant source of information and support patients is there, but realizing and sustaining that potential will require process design at several levels.

8.1 From GP Surgery to Hospital via the Public Library: How might the Choose and Book process work with input from public libraries?

Step 1 The Patient books an appointment with the GP

Step 2 The GP suggests that the patient needs referral to hospital; the patient agrees.

Step 3 The Patient and GP discuss the referral options.

If a Choice is made during the GP consultation:

Step 4 either an appointment is booked on the spot or an Appointment Request is generated giving the name and location of the chosen clinic and hospital. This could also give the address and opening hours of the public library

Step 5 The Patient is then responsible for booking the appointment. They can do this by telephone via the Choose and Book appointments service; online via the internet or through the staff at the surgery. This could be done in a public library on the People's Network at no cost (except for in a minority of libraries).

If a Choice is not made during the GP consultation:

Step 4 an Appointment Request will be generated which will list the available or short listed options. This could also list accredited websites providing information and the address and opening hours of the public library.

Step 5 The Patient goes to the library and, if IT literate, uses the People's Network to research information about the hospitals on offer, with support from the librarian if necessary. They may ask for selected pages to be printed out so they can consider their choices further at home.

Step 6 Having decided which hospital they wish to go to, the patient may use the library (either that day or on a return visit) to book their appointment online, with support from the librarian if necessary. Alternatively they may book on the telephone from home if they have access to a telephone.

8.2 Patients with special needs: people with a physical or learning disability, may prefer to access this support from a local familiar voluntary sector organisation, in areas where public libraries are not appropriately resourced to support them. The same may apply to those with a non English first language. Many libraries cater very well for these groups but evidence from the evaluations of the People's Network is that accessibility is patchy.

8.3 Signposting: There will be a number of transactions going on between the Patient and the GP in the surgery, including history taking, diagnosis, referral and general medical advice. Patient and GP involvement is essential in deciding how best to integrate signposting to the public library for support and information on Hospitals into that transaction. The use of both the Appointment Request Form and

any patient leaflet being produced on Patients Choice, to include such signposting warrants exploration.

8.3.1 The Patient Perspective: it remains to be seen how patients will respond to the new choices and responsibilities open to them. They have to handle not only the fact of their illness and referral but also the decision on where to go, the booking of the appointment, and details like a password. The feasibility of such a process from the patients' point of view can only be tested by seeking feedback from their actual experiences, in Pathfinder studies.

8.3.2 The Librarian Perspective: Librarians are professionally able to access websites but it would save duplication of effort if they were advised of NHS nationally accredited websites designed to support Patients with information about Hospitals. The librarians' view, based on their experiences of supporting the public on the internet is that:

- **High Quality Information:** Websites must be well designed, responsive and up to date, or they will not be used. Poor websites demotivate patients who are not IT literate and frustrate those who are. It will also reduce the numbers of patients whom staff have time to help, because of longer individual sessions. Time spent waiting for slow downloads online is unproductive and frustrating for all.
- **Thorough 'handover' of the patient need:** The Patient should arrive at the Library knowing the website address they wish to use and the hospitals on offer to them
- **Clear lines of responsibility:** Clarity about responsibility and process nationally for the role of providing information and support for choice, is essential
- **Sustained input from all partners:** The part played by each partner organisation, nationally and locally, in setting up and sustaining the function must be explicit.
- **Training:** librarians would have to acquire an understanding about Choice, the actions Patients have to take and the type of information available.
- **Comprehensive Briefing:** Librarians have stressed the importance of briefing them and their staff not only about accredited sources of information but also about the timescale of any local scheme in which they are to be a party.
- **Housebound patients:** There is a willingness to examine ways of utilizing services, such as those to the Housebound, to make information for Choice available to them.

9. The Role of Health Libraries

There are over 100 health libraries across London, adding to the richness and variety of library and information provision across the capital. Over 80 of these service points are managed by either the NHS or Higher Education, providing services to NHS staff, students and social care staff working with health. Another 35 libraries are not linked to either an NHS organisation or Higher Education – libraries such as those based at the King's Fund, the Royal Colleges and the British Medical Association, and voluntary sector and health charities such as Drugscope and Cancer Research UK. Information provision for patients is not organised in a co-ordinated way. There are areas of excellence, especially in the information resources available to patients with cancer and their carers, for example – but there is a need for greater consistency and new initiatives

The ratio of health libraries to public libraries in London is approximately 1:4. Health Libraries are located in various health facilities and generally are not publicised as accessible by the public. Their staff are accustomed to supporting clinicians and other NHS staff in their use of the library. This means that they are likely to have the required knowledge of the NHS to assist with queries which patients may put to librarians in public libraries which are outside their area of expertise.

As many of the health libraries are based in hospitals, it is unlikely that they would be seen as the '*neutral environment*' that patients have indicated they would prefer for the provision of information about different hospitals. Their numbers and locations also make them ill suited to offer the kind of community based support in familiar surroundings that can be offered by the 359 strong London public library network.

The Patient Information Tool project presents an excellent opportunity to begin building a more cohesive network of libraries serving patients and their carers, by bringing together health library staff and their public library colleagues to supply trusted information for the health and benefit of the general public. A cluster arrangement whereby individual health libraries were designated support points for a group of public libraries would make best use of this important resource.

9.1 Practicalities: it would be necessary to agree the most appropriate clusters, bearing in mind

- **Geographical location of the two sets of libraries:** Although contact would be electronic or by telephone, it would be important for the health library staff to have some knowledge of the local configuration of services so some geographical proximity would be important.
- **Clear remit:** it would be important for both parties to have a clear understanding of what support health libraries could offer and what they could not.
- **Monitoring:** it would be important for the number, frequency and content of calls

for support to the health libraries by public libraries to be logged, so that any capacity issues could be managed.

- **Governance:** as public libraries are run by local authorities and health libraries by various NHS institutions, some form of shared governance and accountability would be necessary. Local Strategic Partnerships might be one useful vehicle for this. Where these do not exist or are inappropriate, dedicated arrangements would be needed.

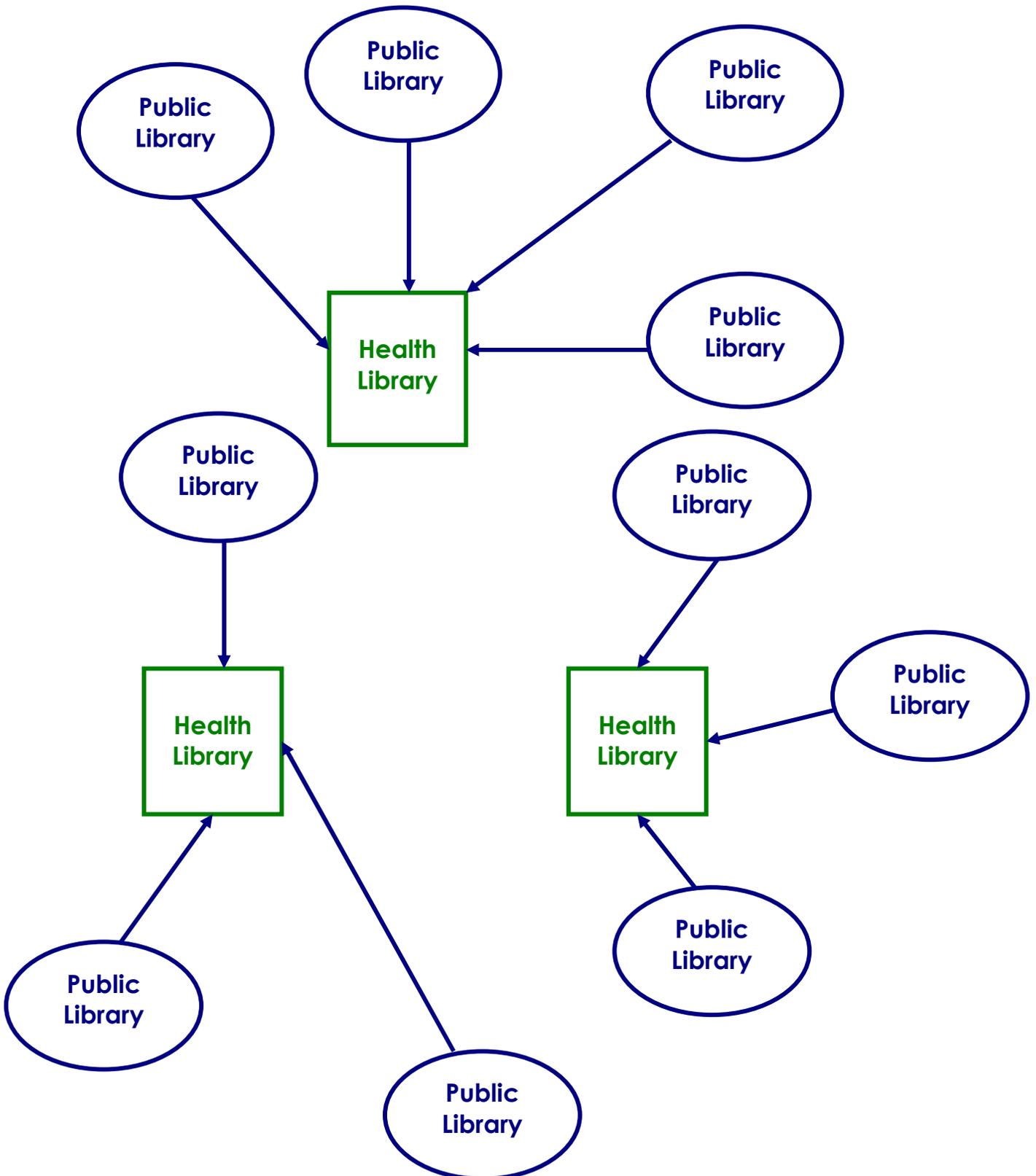
9.2 Barriers: there are a number of potential barriers to be addressed in setting up a cluster arrangement.

- **Opening hours** – it is not known whether the opening hours of the health libraries, which are individually determined, would coincide with the opening hours of the public libraries which are also variable. It is possible that patients may seek support from libraries in the evenings or at weekends when the health libraries might not be open.
- **Capacity** – as with public libraries, it would be important to consult health librarians to ascertain the capacity issues which would need to be addressed for such a cluster arrangement to work well. The knowledge which health librarians might need to have would include:
 - Awareness of patients' choice
 - Understanding of commissioning rules in the local areas
 - Some familiarity with the configuration of services and clinics in the area
 - Familiarity with the 'hot topics' that patients wish to know about most frequently when choosing a hospital e.g. MRSA.

9.3 Added Value: as the implementation of the *Choosing Health* agenda gathers pace, the capacity of such a cluster arrangement to augment the role that public libraries might play in '*Promoting health communities and narrowing health inequalities*' would be considerable. Health Libraries could have access to a wide range of health materials and health promotion material which would be beyond the capacity of public library, with their more generalist remit. Such cluster networks could provide a conduit to cascade health information from the NHS out into local communities in public libraries on an on-going basis. As this network grows, there will be opportunities to explore the idea of referring patients to health libraries, to consult specialist healthcare texts and research articles. Such a scheme will go some way to encouraging "expert" patients who are more knowledgeable about their conditions and their treatment.

CLUSTER ARRANGEMENT BETWEEN PUBLIC LIBRARIES AND HEALTH LIBRARIES

- Patient seeks support & information from public library
- Librarian seeks telephone or email support from cluster health library on any complex query



10. Potential sources of Funding for Pilots

Creating and maintaining new sources of information and developing new ways of working must incur costs. Some of these are hidden, as in the cost of the time of existing staff. Some of them may be transferred, as Choice may transfer some costs to patients. Some may be short term, associated with development and installation.

10.1 Recurrent costs: Both the NHS and The Public Library service are publicly funded services, through national allocation to PCTs and local authorities respectively. As already demonstrated there is a considerable degree of synergy between their joint objectives to improve Health and Well-being. In addition, PCTs have been asked to commission local services to support information for patients in the Choice process. It is not possible to predict accurately what effect the adoption of this role within libraries might have on recurrent costs, but as the role is effectively part of the 'day job' of the public librarian, the main issue is one of possible extra demand for an existing service.

The report suggests that the impact on the Public Library Service of referring Patients will be small compared to the total volume of Library visitors. The impact does however need to be assessed on a local basis. Relevant factors would include:

- concentration of surgeries;
- higher than average health needs and/or referral rates;
- small or limited opening times for a local library;

Excess demand could lead to a need for a PCT to enter into a local agreement over access to a local library. This cost cannot be assessed. It is however likely to be less than entering a similar agreement with an organization without the necessary publicly funded infrastructure.

10.2 Set-up costs: The expectation would be that the main costs to arise would be associated with set-up costs and the main contributions would come from the 'in kind' contribution of staff time. Possible 'set-up' costs for Pathfinders would include:

- Groundwork in gaining agreement from local libraries, PCTs and GPs
- Tracking patients to ascertain flows and volume of enquiries
- Interviewing patients, GPs and librarians to generate lessons on the process
- Briefing, Training and Publicity for patients, librarians and GPs including publicity materials and briefing packs designed for each group as follows
 - Patients, about Patients Choice and the People's Network
 - Library staff, about Choice and NHS websites;
 - GPs and practice staff, about the Public Library Service and People's Network
- Project management including support to local organisations for start up
- Possible local agreements to support libraries for significant increases in visits or modifications to opening hours.

11. Conclusions and Recommendations

In 1998 the Library Commission predicted in its *New Library: The People's Network*^{xxi} that: *'Digital discovery [would be] an awesome and exciting experience, but many people will need the support of a trusted and accountable intermediary - not only in accessing but also in interpreting and evaluating what is available. With library staff providing this support, the unique role of the library as 'the people's university' will be immeasurably enhanced.'*

In 2004 in *Better Information, Better Choices, Better Health*^{xxii}, the Department of Health declared that *'Without information there is no choice.'* *'Greater diversity is needed in how people are supported to access and understand information. People need different ways, or navigators, to find information and make choice about their health. This is particularly important in reaching people who currently have relatively poor health outcomes.'*

There is clearly synergy between these two policy directions and great potential to meet the needs of the public and patients in an integrated, cost effective way:

National Cross Government policies: This association between the Public Library service, local communities and health services is being encouraged by a succession of government policies and the congruity of national and local objectives.

Shared Priorities: Improving access to information about Health and Well-Being is one of those joint objectives, as part of the Shared Priority, Promoting Healthy Communities and Narrowing Health Inequalities.

Cost Effectiveness: The Public Library service is already publicly funded and, although there might be capacity issues with an impact on recurrent funding requirements, the actual numbers of patients likely to need support for choice, when dispersed across the whole library network, is unlikely to be large. Properly funded and planned set up is crucial to containing ongoing running costs.

The People's Network: The establishment of the People's Network in Public Libraries significantly enhances this capacity with the opportunity to access information about health issues. The evidence suggests that it is being used for this purpose, providing a foundation for access to information about health service providers.

Information professionals: The Public Library Service has over 3000 service points in England staffed by information professionals trained to help people obtain information.

Building on existing use: People already use the Public library service to access information about health. Libraries are extensively and increasingly used for a wide range of activities around health and well-being.

Health Libraries as a back up resource: Health Libraries, with their specialist knowledge and expertise, may be able to support the Public Library Service with specific enquiries.

Building on Existing partnerships: There are many positive examples of partnership

between local health services and the public library services. Although in their infancy, and not widespread, the development of initiatives such as Books on Prescription show that some GPs and PCTs recognize the potential benefits of linking Patients with the Public Library Service.

Crossing the Digital Divide: Public Libraries provide access to information for those who cannot afford their own internet facilities or do not have the IT skills.

Unbiased information and advice: The staff are "neutral" on the issues of choice and information, as they work outside the NHS, - a quality patients value.

Social Inclusion: Public Libraries are used by all sections of the population, although the degree to which they provide a fully inclusive service is likely to be highly variable. The shared priority on Narrowing Health Inequalities sets a direction of travel in this issue.

Local Support: There is likely to be support and encouragement from Local Authorities for the use of Public Libraries to support Patients in accessing information about their Choice of Hospital, because of the overlap of objectives referred to above and the perception that the function under discussion is in fact already part of 'day job' of librarians.

The Steering Group could not think of any other network that comes remotely close to the Public Library service in its ability to support patients in accessing information about Choice.

11.1 Recommendations: To make the transition from feasibility to reality the following actions are recommended-

a) Pathfinders: There is robust case for support to patients in accessing information for choice being part of the functions of a public library. In order to test the full implications of this, we would recommend the implementation of such a service in selected Pathfinder sites.

Aim: The aim of the Pathfinders would be to test issues of capacity, joint working with the NHS, GP input and user satisfaction and other matters arising from the engagement of the public library service in providing information and support to patients making a choice of hospital for Choice at Point of Referral. The following parameters for such Pathfinders are clear from our work in this Study:

- **Engagement of partners:** the detailed objectives of the Pathfinders would have to be designed with full involvement of patients, librarians and GP. One of the lessons of the Feasibility Study and the Macmillan project is the value of having equal input from the various sectors in developing joint working between the health and library services.
- **Selection of Locations:** these would have to cover the range of sparse and non sparse rural areas, urban prosperous and urban deprived areas, as well as areas with significant levels of ethnic minority populations.

- **Choose and Book:** Pathfinders would examine how best to integrate the Choose and Book appointment booking process with giving the Patient information about the range of providers on offer, within the library setting. This is undoubtedly possible but it is not clear how this facility could be guaranteed given the discretion exercised by some librarians on the use that users can make of the People's Network.

b) The Designation of Websites: The designation and maintenance of a limited number of " accredited" websites nationally as "official" sites with information to support Patients in their Choice of hospital, would be of assistance to libraries or to any organisation supporting patients.

c) Combining information about Choose and Book with local signposting: It is understood that the Department of Health is considering producing a template for a leaflet to be given to Patients at the same time as their Appointment Request Form. This leaflet might advise Patients about the actions they needed to take and include website addresses and details of local arrangements made by the PCT to support Patients with information about Choice. This could also include information about the support available from the Public Library Service.

d) Health Library Cluster arrangements with Public Libraries: In addition it is recommended that Health Libraries take forward the idea of linking with Public Library services to support them in handling specific requests for information. For example, patients might require a more detailed explanation of MRSA risks or of concepts such as 'clinical governance.' The function of supporting patients with information for choice would begin to build a cohesive network of libraries serving patients and their carers, by bringing together health library staff and their public library colleagues to supply trusted information for the health and benefit of the general public.

Health Link
September 2005

NUMBERS OF PUBLIC LIBRARIES IN LONDON

London Borough	No.	London Borough	No.
Barking & Dagenham	11	Hounslow	10
Barnet	16	Islington	10
Bexley	12	Kensington & Chelsea	6
Brent	13	Kingston	7
Bromley	15	Lambeth	8
Camden	14	Lewisham	12
City of London	3	Merton	7
Croydon	14	Newham	9
Ealing	13	Redbridge	9
Enfield	14	Southwark	12
Greenwich	13	Sutton	10
Hackney	7	Tower Hamlets	12
Hammersmith & Fulham	7	Richmond	13
Haringey	10	Waltham Forest	12
Harrow	11	Wandsworth	13
Havering	10	Westminster	12
Hillingdon	17		
Total			362

LIST OF HEALTH LIBRARIES IN LONDON

* Libraries marked with an asterisk are managed by a Higher Education Institution
 In addition, there are over 35 independent health libraries under the umbrella of CHILL (the Consortium of Health Independent Libraries in London). You can find details of these at: <http://www.chill-london.org.uk/members/>

NORTH WEST LONDON SHA (21 service points)

Avery Jones Postgraduate Centre Library, Central Middlesex Hospital
 Brent PCT Health Promotion Resource Centre
 Cassel Hospital Library, West London Mental Health Trust
 Charing Cross Campus Library *
 Chelsea & Westminster Campus Library *
 Coombs Library, West London Mental Health Trust
 Ealing Hospital Medical Library
 Gordon Hospital Library, Central & North West London Mental Health Trust
 Hammersmith Campus Library *
 Harefield Hospital Library, Royal Brompton & Harefield NHS Trust
 Health Improvement Information & Resource Centre (HimplC), Westminster PCT
 Health Improvement Library for Ealing, Hammersmith & Fulham and Hounslow
 Hillingdon Hospital Library
 John Squire Library, Northwick Park & St Mark's Hospitals
 Les Cannon Memorial Library, Mount Vernon Hospital
 Margaret Turner-Warwick Library, Royal Brompton Campus *
 Patrick McGrath Library, Broadmoor Hospital, West London Mental Health Trust
 St Charles' Hospital Library, Central & North West London Mental Health Trust
 St Mary's Campus Library *
 Stern Library, Ealing PCT
 West Middlesex University Hospital Education Centre Library

NORTH CENTRAL LONDON SHA (21 service points)

Archway Healthcare Library, Whittington Hospital
 Barnet Hospital Library, Barnet & Chase Farm Hospitals NHS Trust
 Bloomsbury Healthcare Library, University College London Hospitals NHS Foundation Trust
 Camden & Islington Health Promotion Service Library
 Chase Healthcare Information Centre *
 Cruciform Library, University College London *
 Eastman Dental Institute Information Centre *
 Edgware Community Hospital Library, Barnet PCT
 Ferriman Information & Library Service, North Middlesex University Hospital
 Friends of the Children of Great Ormond Street Library, Institute of Child Health *
 Haringey Learning Centre for Health Library, St Ann's Hospital
 Holbrook House Library, Enfield PCT
 Institute of Laryngology & Otology Library, Royal National Throat, Nose & Ear Hospital *
 Institute of Ophthalmology Library, Moorfields Hospital *
 Institute of Orthopaedics Library, Royal National Orthopaedic Hospital *

<p>Islington PCT Library Marie Curie Cancer Care Library, Edenhall, Hampstead Rockefeller Medical Library, Institute of Neurology * Royal Free Hospital Medical Library * Royal Free Hospital Nursing Library * Tavistock & Portman Library, Tavistock Centre</p>
<p>NORTH EAST LONDON SHA (16 service points)</p>
<p>Aubrey Keep Library, St George's Hospital, Havering PCT Clock House Library, Barking and Dagenham PCT Goldberg Multidisciplinary Library, King George Hospital, Barking Havering & Redbridge Trust Harold Wood Nursing Library, London South Bank University * Health Information East London (Tower Hamlets, Newham and City & Hackney PCTs) Knowledge & Library Service, Newham University Hospital Trust Multidisciplinary Library & Information Service, Harold Wood Hospital, Barking Havering & Redbridge Trust Multidisciplinary Library & Information Service, Oldchurch Hospital, Barking Havering & Redbridge Trust Newcomb Library & Information Service, Homerton University NHS Foundation Trust Royal London Hospital (2 campus libraries) * - managed by Queen Mary University of London & City University St Bartholomew's Hospital (2 campus libraries) * - managed by Queen Mary University of London & City University St Francis Hospice Library Waltham Forest Healthcare Library, Whipps Cross University Hospital Trust Whipps Cross Nursing Library, London South Bank University *</p>
<p>SOUTH EAST LONDON SHA (16 service points)</p>
<p>Bethlem Royal Hospital * Charnley Library, Queen Mary's Hospital, Sidcup Library, Bromley Hospitals NHS Trust Halley Stewart Library, St Christopher's Hospice Institute of Psychiatry Library * King's College London Information Services Centre, King's College Hospital Campus * King's College London Information Services Centre, Guy's Campus * Knowledge & Information Centre (KIC), Guys & St Thomas Hospitals Trust Knowledge Services, Oxleas NHS Trust Learning Centre, Health First, Lambeth, Lewisham & Southwark PCTs Medical Library, King's College London, St Thomas' Campus * Perry Library, London South Bank University * Queen Elizabeth Hospital Healthcare Library, Woolwich South London & Maudsley NHS Trust Library, Stockwell University of Greenwich Library, Avery Hill * University Hospital Lewisham Library</p>
<p>SOUTH WEST LONDON SHA (13 service points)</p>
<p>Croydon Health Sciences Library, Mayday University Hospital Croydon PCT Library</p>

David Adams Library, Royal Marsden School for Cancer Nursing & Rehabilitation
Institute of Cancer Research Libraries (2 campus libraries - Chelsea & Sutton) *
Kingston PCT Library, Tolworth Hospital
Professional Library, South West London & St. George's Mental Health Trust
Royal Hospital for Neuro-disability Library, Putney
St George's Library, St George's Hospital Medical School *
St Helier Hospital Library
Sally Howell Library, Epsom General Hospital
Stenhouse Library, Kingston Hospital
Trinity Hospice Library, Clapham

Extract Public Library Impact Measures
SHARED PRIORITY: PROMOTING HEALTHIER COMMUNITIES
AND NARROWING HEALTH INEQUALITIES

A: Measures identified for 2005/6

Impact demonstrated through research at national level:

1. Demonstrated through research by Price Waterhouse Cooper commissioned on behalf of the Laser Foundation – Libraries Impact Project. Research in Gateshead libraries looked at the following. Impact evidence will be available shortly.
 - The proportion of people using libraries to access health related material
 - The type of health material accessed
 - Usefulness and value of the information
 - What the information was used for
 - Contribution of libraries to health and well being.
2. Research on behalf of the Department of Health in 2003 on studies done on the impact of the use of self help related material on health showed that most studies reported a significant benefit from self-help materials based on cognitive behaviour approaches.
3. Book prescription partnership projects between library authorities and local health authorities in Cardiff and Plymouth.

Local authority activity to demonstrate their contribution to this impact

Provision and take up of health related stock - both children's non fiction books and adult non fiction books.

**Measure:
Year One**

- Level of adult non fiction and children's non fiction reference and lending stock of health related books as a % of the total reference and lending stock of adult non fiction and children's non fiction books. Health books in languages other than English can also be included.
- Number of issues per item of health related adult non fiction and children's non fiction books

Year Two

Further work will be done to identify the relationship of stock provision and use to the community profile. This will include looking at health stock in languages other than English

RESEARCH EVIDENCE:

Price Waterhouse Cooper research – not yet published

Cardiff and Plymouth schemes - evaluation not yet published 2003. Lewis,G et al. Self-help interventions for mental health problems. DoH. www.nimhe.org.uk

B. Further Activities which contribute to Healthier Communities.

DCMS would expect most authorities to be pursuing some of the following activities, either through their own service provision or through working with partners, which

contribute to this shared priority in the context of their community profile. Evidence of community need could be at authority level or at a more local level. It is possible that some of these activities might be developed to form future national measures.

The following information should be provided for each identified activity:

- Description of the activity including a clear definition of any parameters set and whether funding is mainstream or external
- Identification of partners involved in the delivery or funding of the activity
- Identification of the evidence of the need from the community profile at either authority or local level
- Identified outcomes/outputs to measure success
- Measures chosen
- Evaluation, including whether the activity is mainstream, is likely to become mainstream and what impact has been identified

It would be particularly appropriate if authorities were able to identify specific target groups within their communities and to consider how to measure the impact of their activities on these groups e.g. ethnic minorities, travellers, refugees

Further activities list:

- Bibliotherapy activities
- Reminiscence activities
- Diet, health or healthy living promotions
- Health advice activities within the library
- Partnership work with Primary Care Trusts, Sports departments etc
- Provision of health stock in other languages to reflect community need

Example

Bibliotherapy Readers Group.

Definition: A library led project to introduce a number of bibliotherapy readers groups. Groups introduced at libraries where PCT information has identified need.

Outcomes identified as:

Genuine exchange of information and ideas between partners

Reach socially excluded people

Personal development of individuals

Individuals being more aware of their rights and opportunities and accessing mainstream services

Measures identified as:

Attendance at readers groups and whether this is sustained/intermittent

Number of readers groups participants who join the library

Participants' satisfaction with sessions attended

Number of participants who report a significant impact on their lives

Number of participants who are active library users after 12 months

Number of participants accessing other mental health support services as a result of

attending the groups

Evaluation:

Project successful in all measures, funding for stock identified from library funds, PCTs to continue to provide staff time.

C: Innovative initiatives and services

If you have developed and delivered an initiative or service which you think is innovative and/or groundbreaking and would like to share information about this with other authorities, please use this section in which to report on those activities. Information submitted should be the same as requested for Section B.

ⁱ "Choose & Book" – Patient's Choice of Hospital and Booked Appointment Department of Health Guidance 2004

ⁱⁱ 'Building on the Best' DOH Dec 2003

ⁱⁱⁱ Ibid.

^{iv} Picker Institute Patients' Experience of choosing where to undergo surgical treatment Coulter et.al July 2005

^v Better Information, Better Choices, Better Health Department of Health 2004

^{vi} Which? Choice Health

^{vii} Choosing Health Department of Health 2004

^{viii} Picker Institute Patients' experience of choosing where to undergo surgical treatment Coulter et.al July 2005

^{ix} All statistics from the Museums Libraries and Archives Council 28/07/05

^x 'Framework for the Future: Libraries, Learning and Information in the Next Decade' Department for Culture, Media and Sport Feb 2003

^{xi} Ibid.

^{xii} Books and Bytes: new service paradigms for the 21st century library An evaluation of the People's Network and ICT training for Public Library staff. Tavistock Institute for the New Opportunities Fund 2004

^{xiii} MORI survey for the National Audit Office 2004

^{xiv} The State of the Countryside 2005 The Countryside Agency

^{xv} New Library: The People's Network. Library and Information Commission 1998

^{xvi} 'Macmillan Cancer Relief: a partnership with public libraries and the NHS' Artemis Consulting October 2004

^{xvii} Libraries Impact Project Laser Foundation July 2005

^{xviii} CIPFA 2003/4

^{xix} The People's Network: Evaluation Summary The Big Lottery Fund November 2004

^{xx} Index of Multiple Deprivation 2004 Office of the Deputy Prime Minister 2004

^{xxi} New Library: The People's Network. Library and Information Commission 1998

^{xxii} Better Information, Better Choice, Better Health Department of Health 2004