Patient Choice Public Library Pilot Evaluation Report

Summary

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1   Introduction

> *People want to be able to make their own decisions about choices that impact on their health and to have credible and trustworthy information to help them do so.*
> Department of Health – *Choosing Health*

In 2005, Health Link was commissioned by the Department of Health (DH) to investigate the role which might be played by public libraries and health library services in providing support to patients when choosing a health care provider. This feasibility study concluded that the public library service had *"…a major role to play in supporting patients to access information about their choice of hospital…"*[*]. Following this, the DH commissioned Health Link to pilot the role of public libraries in providing patients with relevant information. The pilot was largely funded by the DH, with some funding from each of the public library authorities participating. The Department also gave substantial strategic support and in-kind contributions to the roll-out of the pilot projects.

Health Link formed Partnership for Patients (P4P) to take the work forward, and itself commissioned an independent evaluation of the scheme. The membership of P4P comprises Health Link, the London Health Libraries, the London Libraries Development Agency, the Museums Libraries and Archives Council, DH, and the Department for the Environment, Food and Rural Affairs. A steering group was set up, comprising representatives of P4P together with the NHS and the Department of Health, which funded the evaluation.

The aim of the pilot project was to test the potential of libraries to support patients in accessing relevant information to make a choice of health care provider, following referral by their GP. In brief, if the choice is not made at the surgery, an appointment request is generated, detailing a number of potential providers, three recommended websites for further information, and a reference number allowing the patient to make their own booking. In the pilot areas, the patient would also be given details of the public library location and opening hours, where s/he can use the People's Network to access the websites and make an informed choice. On arrival at the library, the patient can then research the specified hospitals, with support from library staff if required. Having made their choice, the online Choose and Book system can be used to make the appointment. The process is summarised in Figure 1.1.

The aim of the evaluation was to assess whether the pilot site model is fit for purpose in providing socially inclusive, cost effective, sustainable support for patients choosing a provider across rural and urban areas. The evaluation was not concerned with patients' experience of the information provided, but rather the support from the library service in using the People's Network to access online comparative information.

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[*] http://www.health-link.org.uk/publications/Information_and_Support_for_Patient_Choice_and_the_Public_Library_Service_-_Feasibility_Study__5.9.05.pdf (accessed 28/2/08)

Figure 1.1   Outline of Patient Choice process
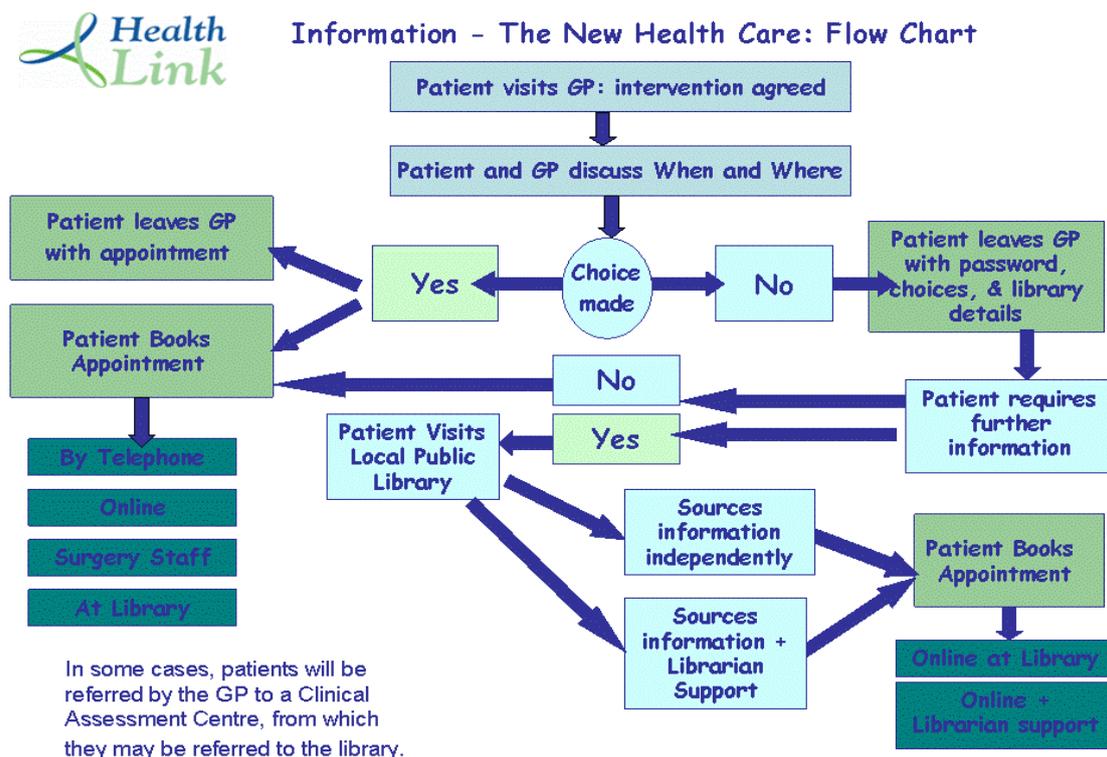
In the six months of the pilot, April to September 2007, only 52 patients across the ten participating authorities were reported as having used the service. Anecdotal evidence suggests that there may have been some under-reporting of this number. Eleven patient questionnaires were received at LISU, and two patient interviews conducted. A 20% response rate to questionnaire surveys is typical; however the low level of take-up of the scheme has hampered the evaluation team's ability to comment in depth on the patients' perspective. Much of the evidence presented is therefore second-hand, as reported by librarians. This low level of use of the library pilot scheme has limited the conclusions which can be drawn in some areas of the evaluation. A similar scheme was introduced in Rotherham at around the same time; this too had a low level of take-up, with only one patient having used the service.

1.1 Methodology

Both quantitative and qualitative methods were employed in the evaluation, to obtain rich and meaningful data from the range of stakeholders. Because of the low take-up of the scheme, the focus of the evaluation changed during the course of the pilot, becoming more centred on qualitative methods.

1.1.1 Literature review

A brief literature search was conducted at the start of the evaluation, to alert the evaluation team to relevant practice elsewhere, and provide documentary evidence of government policies in this area.

1.1.2 Public libraries

Two questionnaires were used to gather primary data from the participating public libraries[†]. The first was a monthly return schedule used to record the number of patient enquiries, and staff resource used in dealing with these enquiries. Librarians were also asked to record contact details for any patients willing to be interviewed. The second was administered towards the end of the evaluation period, as an electronic survey of library staff, to obtain their attitudes and opinions of the pilot. Twenty responses were received from 17 libraries. Additionally, 11 telephone interviews were conducted with library staff, and two focus groups held.

1.1.3 Health librarians

A questionnaire was used to gather primary data from the health librarians participating in the referral scheme in each of the pilot authorities. Data on the number of enquiries received from public libraries, and the time spent dealing with these, were initially collected on a monthly basis. One telephone and one face-to-face interview were also carried out.

1.1.4 General public

A questionnaire was developed for distribution to patients who used the public library to choose their health care provider. This questionnaire was designed to establish how many of the patients referred to the public library for this purpose by GPs were successful in making their choice, and their level of satisfaction with the process and service. A reply paid card was used, which respondents could complete in the library or at home, and post directly to LISU. It also gathered information on the demographics of users, in order to monitor the social inclusion criteria set for the pilot. To gather in depth opinion and attitudes telephone interviews were carried out with a self selected group of users. Eleven patient questionnaires were completed and two individuals agreed to be interviewed.

1.1.5 GPs and practice staff

In this evaluation it was thought essential to establish the baseline data. A monthly return, similar to that for public and health libraries, was found to be impractical to record GP referral patterns; to record the numbers of patients who are referred to the public library for the purpose of Patient Choice; and to establish the amount of staff time involved in the operation of the system. Consequently, data on total GP referrals from surgeries judged to be within the catchment areas of the pilot library sites were obtained from Health Link.

It proved difficult to contact GPs and practice staff, although two telephone interviews were carried out with Practice Managers in London and Derbyshire and two with GPs in Derbyshire.

[†] The London boroughs of Bromley, Greenwich, Hackney, Haringey, Newham, Southwark and Waltham Forest, and three counties – Derbyshire, Gloucestershire and Suffolk.

2   Summary of findings

2.1 Quality and appropriateness of the support service offered

> *That's what we are all about – giving support and information to members of the public.* Participant – Derbyshire Focus Group

All but one of the patients who completed surveys were satisfied or very satisfied with the support they had received from the library.

Many of the librarians interviewed were of the opinion that libraries were ideally placed to offer this service, having the necessary facilities and staff trained in helping people to find information. Libraries were also noted as being an independent, neutral, and accessible venue. The chief concern raised was the lack of privacy in many libraries, which might deter some users.

More than half of the respondents to the librarians' survey thought that the scheme was an appropriate use of the public library, with the key library roles being in IT support and information provision. One quarter of respondents expressed the contrary view, citing confidentiality issues, and a view that health advice at this level should be the role of the GP practice, not the library. There is a need to distinguish between health advice – which is clearly the role of the GP – and health choice information, which is an extension of the natural role of the library as an information provider.

GPs and PCTs expressed some reservations, but these appeared to be more generally about Patient Choice rather than the library pilot. However, at one surgery the P4P scheme had not been well received, as the practice had invested in a dedicated terminal outside the consulting room for patients to find information and make their booking, which had not been used .

2.2 Equity of access to information and support

> *I was going into town, so I thought I may as well go into the library and give it a try. I was very glad I did – they were very kind and nice.* Patient Choice Library User

There are almost 3,500 public libraries in England, and all have computers with internet access. Mobile libraries, many of which also now have internet access, bring services to the public in more rural areas. Approximately 7% of all library visits are currently made in order to use the internet. Most libraries are well equipped to assist disabled users – staff receive regular training and premises are accessible, while 72% of libraries have specific assistive technology available.

Nine (out of 11) respondents to the patient survey reported that it had been easy or very easy to get to the library, with only one having some difficulty, requiring a journey of seven miles.

2.3 Internet and non-internet users

In a recent small-scale qualitative study[‡] many GPs felt that individual differences regarding ability to interpret complex information, IT literacy and access to IT would put some people at a significant disadvantage in making an informed choice of hospital provider in their own time (i.e. after their GP has provided them with the Choices booklet and website and told them to find out about their choices). The Patient Choice Library Pilot has been designed to alleviate the problem of disadvantage concerning IT access and IT literacy.

Figure 2.1 Type of help required to access Patient Choice information via internet
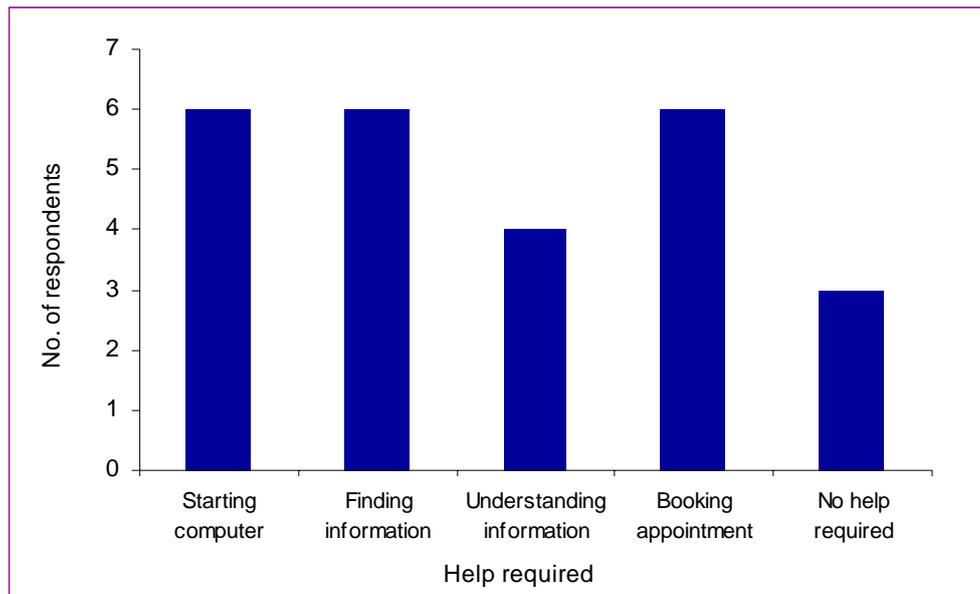
Total number of respondents = 11

In response to the patient survey, six (out of 11) users needed help from library staff to start the computer and/or find the website, and the same six users needed help to move around the website, and find the information required. Four of these needed help to understand the information, and six users needed help to book an appointment. Only three users stated that they had not required help from library staff (Figure 2.1).

2.4 Diverse patient groups

Libraries are popular with the English population as a whole, and library users are present in all subgroups of society including ethnic minority groups, disabled, unemployed, and those from both high and low socio-economic groups. Libraries can be described as socially inclusive community facilities with a large and diverse user base.

Respondents to the patient survey covered a wide age range, with two being aged 20-39 years, three aged 40-59 years, four aged 60-79 years, and one aged over 80 years. Three were male and eight female. Six reported having a long-standing illness, health problem or disability which limited their daily activities or work, while four did not. Four respondents reported their ethnicity as White, two Mixed, one Asian/Asian British and three Black/Black British. None were Chinese

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[‡] Rosen, R., Florin, D., & Hutt, R. *An Anatomy of GPs Referral Decisions: A qualitative study of GPs views on their role in supporting patient choice.* London: Kings Fund, 2007

or from other ethnic groups. All nine respondents who gave details spoke English at home; one also spoke Bengali. Although no statistical significance can be attached to this due to the small sample size, it is encouraging that the pilot scheme attracted such a diverse range of patients. This indicates that the scheme is equally appropriate to the various demographic groups within the wider population.

2.5 Sustainability

Uptake of the scheme was very low - 52 patient enquiries and a further 40 general enquiries about Patient Choice were received across 22 libraries; the remainder recorded no activity for the six months of the evaluation. One member of library staff noted that it was a 'mystery' why no-one had used the service – the library had displayed posters in the window where people going to and from the local health centre passed by, and staff were disappointed at the lack of response. Another commented that it 'will never be a big thing for libraries'.

There is some anecdotal evidence that the number of enquiries has been under-reported to LISU. However, it seems unlikely that the degree of under-reporting would significantly alter the conclusions concerning the overall levels of use and impact of the scheme on the various organisations involved. Experience in Rotherham suggests that the level of take-up in the pilot scheme may not be unusual.

Sustainability for any of the partners involved in terms of resource provision would not appear to be a potential problem, unless the number of users were to increase substantially.

2.5.1 Sustainability for the public library service

> *[Staff capacity] was an initial fear – we do have to take people from the counter, but it doesn't take that long and we have not been inundated.* Focus Group Participant

The data collected by the evaluation team suggests that less than 1% of potential users of the scheme visits the library to obtain information or make a booking. This is equivalent to around one in every 2,500 GP referrals.

Although the evaluation team are aware of a degree of under-reporting of library visits for the pilot scheme, at this apparent level of take-up, it seems unlikely that library authorities in general will be overwhelmed by a national roll-out of the scheme. Some staff expressed concern that there may be issues for smaller branches, with limited staff and only one or two computers for public use, particularly where these are sited in close proximity to surgeries, and open at the same time. However, the patient questionnaire showed that users did not generally go straight to the library from the surgery, but waited a few days.

Another issue for sustainability is that of training library staff. If skills acquired through training are not used, they risk being forgotten, which would affect the quality of support available for those few patients who do wish to use the service. A rolling training programme may be desirable to mitigate against this.

There was some concern that in a small library with few staff, offering extended support to someone using the Patient Choice scheme could, in theory, put other staff members under pressure, and affect the quality of service offered to other users. However, only three (out of 20)

librarians reported having spent more than one day over the six month period of the pilot in customer support activities, so, if encountered at all, this would appear to be a transient problem. Although not part of the pilot scheme specification, some libraries had dedicated a PC for patient choice use and this had caused adverse comment from library users.

2.5.2 Sustainability for GP practices

GPs' with concerns tended to relate more generally to the overall principle of Patient Choice, and whether this should be available at any location remote from the surgery, if at all. There is no evidence to suggest that the provision of support through the People's Network at the public library would affect GPs' views on this one way or the other. Practice managers interviewed had not recorded the number of referrals made to the library, and GPs had mixed views on the scheme.

2.5.3 Sustainability for health libraries

Each public library was partnered with a local NHS library, to provide additional support if needed. Only one contact was recorded between a public library and their health library 'buddy' during the course of the pilot study. However, there was some evidence of informal contact between health and public libraries. The only issue for sustainability, which was raised in interviews, concerned the disparity in opening hours between public libraries and health libraries. Sustainability for health libraries therefore seems unlikely to be an issue if the scheme is rolled out in its pilot form.

## 2.6 Variance in fitness for purpose between rural and urban areas

> *We were eager to get this on mobiles – the person who went to training was very enthusiastic, we try to get closer links with the community.* Focus Group participant, Derbyshire

In the Rosen study[†], when GPs noted that offering choice was meaningless in many small towns and rural areas served by a single hospital because the distance to alternative providers would significantly limit patient choice, especially for the most deprived who may not have access to private transport. The Patient Choice Library Pilot is unlikely to resolve such limitations of offering choice in small and rural towns.

The pilot operated in seven London boroughs (three Inner London and four Outer London) and three county authorities. All participating authorities, except one outer London borough, recorded some use of the scheme. Figure 2.2 illustrates the number of Patient Choice enquiries by location. The highest usage was in an inner London borough and the second highest in a county. While no statistical significance can be ascribed to these results, there is no evidence to suggest that the library scheme is not equally applicable in both rural and urban areas.

[†] See page 4

Figure 2.2   Number of enquiries by location
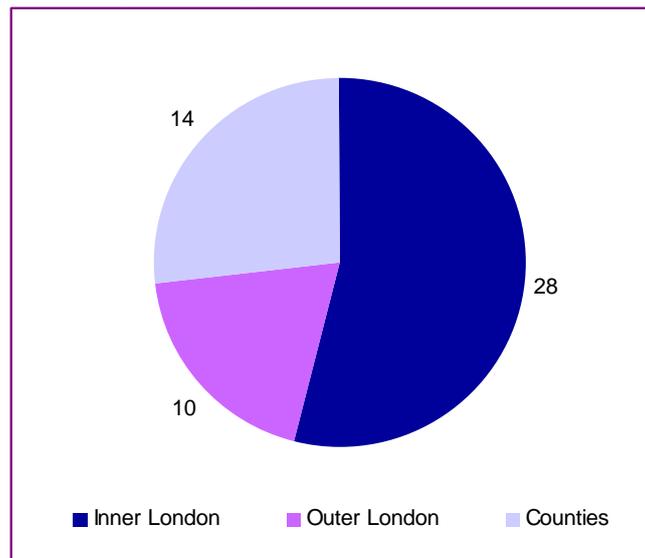
2.7 Potential for integration with other cross-sector health initiatives

This [P4P Library Pilot] fitted with hospital's view as having a big role in the community. Health Librarian – 'Buddy Library, London

There is considerable work being undertaken across the country to develop a range of cross-sector health initiatives including public libraries. The NHS/Public libraries partnership programme in the north west of England has been very successful in terms of forging closer links between the two sectors and the provision of quality health information for patients. Approximately half of English libraries are involved in the Books on Prescription scheme, with cooperation between GPs, mental health workers and library staff. Many library authorities are developing their own initiatives, to meet Government impact guidelines.

Seventeen (out of 20) respondents to the librarians' survey noted that their libraries were involved with other health initiatives. Eleven felt that support for Patient Choice was a natural extension of public library health information provision, while only five did not.

The Patient Choice library pilot appears to fit well with these other activities, bringing together all three of the players involved. Participants in the Derbyshire focus group were clear that the scheme could demonstrate the value and impact of libraries in delivering shared priorities, and felt there had been a high level of cross-sectoral commitment in their area. However, in general, more librarians thought that the local GP practices did not support the scheme than those that did, while half did not know whether or not they supported it.

3   Conclusions

The low level of take-up of the scheme has made it difficult to draw any firm conclusions on the impact of the scheme, particularly from patient perspective. However, the following points emerge:

- The model fits with the core purpose of the public library service in providing trusted information for all.

- The model has the potential to fulfil local priorities, particularly those in partnership with the health sector.

- Sustainability for any of the partners involved would not appear to be a potential problem, unless the number of users were to increase substantially.

- The main barriers seem to emerge from the GPs' perceptions rather than the librarians' perceptions.

- Some development of the scheme is required to fully realise its potential, in particular awareness raising amongst GPs.

Choose and Book will eventually be available to all patients. All NHS hospitals, and 90% of GP practices in England are currently using the scheme[§]. The P4P library pilot scheme should therefore be continued and extended nationally, to provide access to choice information for those members of society who may not have internet access at home or at work. The take-up rate is expected to remain low, however.

The success of the scheme should therefore be measured qualitatively, in terms of meeting Government agendas on healthy communities, social exclusion, equity of access and choice, and adding value to the strategic partnerships between the health sector and public libraries, rather than quantitatively in terms of levels of use.

> *There are many routes to Choice and at the end there is only a small sliver of humanity that would use it [Public Library support] – but that doesn't mean it shouldn't be there.* Interviewee – Health Library

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[§] http://www.chooseandbook.nhs.uk/news/six-million (accessed 25/2/08)