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Professor Peter Hill  
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16 July 2008

Dear Professor Hill

**Report of a National Review of NHS Library Services in England**  
(see: <http://www.library.nhs.uk/aboutnlh/review> )

We write on behalf of the Health Strategy Group (HSG), which brings together major professional organisations within the library and information community of England and focuses on the role and impact of libraries within healthcare. It is co-sponsored by the Chartered Institute of Library and Information Professionals (CILIP) and the Society of College, National and University Libraries (SCONUL).

First, we congratulate you on producing such a comprehensive, well-argued and timely report. It is encouraging to see the important role of libraries and librarians acknowledged in providing access to the evidence-base of healthcare. We applaud too the leadership role posited in the National Library for Health (NLH), so important if this agenda for change is to be taken forward with the required vigour. Importantly, your report also provides opportunity for local action and builds on many of the initiatives and good practice currently existing in some parts of the NHS and wider healthcare sector. It was most heartening to hear you report at our last meeting on the local take-up of a number of recommendations in your report, notably the appointment of Chief Knowledge Officers on the boards of strategic health authorities.

The Health Strategy Group, and the organisations it represents, are keen to support and engage with the recommendations in your report. We have identified a number of specific areas where we believe we can make a particular contribution. These are outlined in the rest of this letter.

## **Vat on Electronic Information**

HSG shares the frustration expressed in your report at the separate treatment of printed and electronic information as far as Vat is concerned. It believes both should be exempt from Vat. We are prepared to work with NLH and others to lobby on this matter but note much of this will probably need to take place at a European level as well as within the UK. This can be done through the European Bureau of Library, Information and Documentation Associations (EBLIDA) and both SCONUL and CILIP are member bodies of EBLIDA.

## **Research into the impact of Information Provision on Healthcare Outcomes**

HSG acknowledges the need for research into the impact of the application of best evidence on decision-making, and the outcomes of those decisions, within healthcare. This is essential to demonstrate the value of the library and information services provided by our members. It also resonates with the likely more general research agenda of the library and information community. The new Research Coalition that is emerging – supported by many library organisations such as the British Library, CILIP, SCONUL, the Museums, Libraries & Archives Council (MLA), and others – is likely to have impact studies as a major priority and therefore any research commissioned by the National Institute of Health Research on this will be of wide interest.

## **Education, Training & CPD for NHS Library Staff**

Both CILIP and SCONUL have interests in the education and training of library staff. CILIP is the regulatory body for the library and information profession in the UK and has developed a framework of qualifications – SCONUL is active in CPD and especially the development of senior managers. Both organisations would wish to explore and take forward the relevant recommendations in your report. CILIP already has a close working relationship with “library schools” in Higher Education Institutions through its accreditation of library and information courses.

## **Social Care and Public Health**

The main focus of your report is on knowledge services in the NHS and how they can support clinical decision-making, the commissioning of services within the NHS and the lifelong learning of healthcare staff. However the report also rightly identifies the need to offer similar support in social care, although this will have to be a much longer-term objective. We would argue that public health should similarly be recognised and this would require the development of partnership working across the library and information services of a number of sectors – e.g. NHS libraries, public libraries, higher education libraries, library and information services in voluntary organisations, further education libraries and school libraries. The report also points out the sense of NHS knowledge services being made available to the whole healthcare sector no matter which organisation they work for.

This is a potentially massive agenda but a start needs to be made and the necessary partnerships formed. HSG would be willing to help facilitate this through its contacts in the library and information community.

## **Partnership Working**

HSG endorses the importance attached in the report to strengthening existing partnership working between the NHS and higher education institutions. Those staff and students who are clients of both the NHS and HE deserve a seamless library service that delivers effectively across institutional boundaries. This entails a close relationship between Janet (Joint academic network) and NHS Net. There are also efficiencies to be found through joint procurement and common cause to be made on issues such as copyright and licensing. HSG itself will enable healthcare information services to be seen within the context of the whole UK library and information community and help facilitate other relevant partnerships within the sector.

## **Content Management**

There are at least two key aspects of content management which need to be considered cross-sectorally. The first is joint procurement of stock (especially but not only e-content) to ensure access and coverage, and provide value for money. Work has already taken place on this through the NHS/HE Forum and it is important that this should continue and be given greater emphasis and priority.

The other area relates to archiving, notably the principle of "open archives", which is closely related to copyright and licensing. Both SCOUNL and CILIP support the principle, now policy of the research councils, that where research receives public funding it should also be publicly available without charge. The accessibility of publicly funded research within medicine and healthcare, and its importance to the evidence-base of healthcare, makes this an issue of core importance.

There will be other partnerships in content management as well. It will be important, for instance, that public libraries and NHS libraries also cooperate more closely, although in this instance the NHS is more likely to be a content provider and expert adviser on appropriate content to public library colleagues.

The above are the main areas identified by HSG as being ones where we will be able to offer active support. It is a challenging agenda but the potential rewards and benefits are also substantial. In offering our support to your report we also commend it to others and encourage them to consider what they can contribute to its realisation. Together we can help put evidence, and the library and information services that provide access to that evidence, at the centre of today's healthcare sector and so transform the experience of patients and all those involved in healthcare.

Yours sincerely

Kath O'Donovan



Chair  
CILIP/SCOUNL Health Strategy Group