HEALTH LIBRARIES UNDER FINANCIAL CONSTRAINT

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The problems – of funding, access, and service fragmentation – that face workplace libraries in the National Health Service have been extensively documented. I have little original to say on the subject. However, as a 'footslogger' dealing daily with some of the issues, I can perhaps provide a useful overview of this sector, with illustrations from my own library, for comparative purposes.

Funding for NHS libraries, and for academic libraries serving NHS staff, at present derives nationally from several funding streams providing for the training needs of different staff groups:

- *The medical and dental education levy* on health authorities (MADEL), which funds postgraduate medical and dental education; recurring funding administered by the postgraduate deaneries.
- *Non-medical education and training* funds (NMET), which are administered by NHS education consortia for the purposes of continuing education for qualified nursing and other non-medical staff. In some instances NMET money may fund access for NHS staff to university health sciences libraries.
- *The service increment for teaching* (SIFT) which is costed by trusts and paid by the Department of Health; it is intended to cover the costs to NHS organisations, in terms of facilities costs and staff time, of their involvement in teaching medical undergraduates. This includes those of providing library services.
- *Research and development funding* (R&D), which is administered by Regional R&D directorates and disbursed to individual NHS organisations. R&D costings are intended to include library provision.

Individual *trusts* and *health authorities*, and sometimes also local *charities*, sometimes make substantial contributions to library services in their locality. A few NHS libraries provide information services to borough *social services departments* under local contractual arrangements. By far the largest proportion of library funding comes from MADEL: £13 million nationally in 1997/98 (Murphy 1999) as compared with £1.9 million from NMET, £2 million from higher education (presumably SIFT) and £4 million from trusts. Funding allocations are frequently historical, with little regard to current service delivery patterns. Contributions from trusts and health authorities can be highly variable and piecemeal. Medical levy funding often provides in practice for library

services to non-medical staff groups. Lack of co-ordination of funding streams, and lack of clarity over organisational responsibilities for providing library services, have led in many instances to fragmentation of library services and duplication of resources. Primary care staff are not generally funded to access NHS libraries. There has been uncertainty about capital funding for developing library services. Changes in medical and nursing education, in particular the transfer of nurse training from the NHS to the higher education sector, and also the collapse of district library structures that resulted from the *Working for Patients* reforms of 1989, have posed particular problems. The issues have been analysed in detail by Stewart (Stewart 1992) and by Capel and her colleagues (Capel et al. 1997) who focused particularly on the lack of understanding, co-operation and communication between the higher education and NHS cultures in respect of information provision for non-medical staff.

The problems in my own area may perhaps serve as an illustration. My library is based in a small psychiatric hospital in Stockwell, which is now part of a large mental health trust covering four London boroughs. Despite the fact that there are around 25 senior house officers on the postgraduate medical training rotation that includes our site, we receive no MADEL funding. Apparently this is due to a administrative oversight in 1988, whereby no library funding need was declared; I am informed by the Regional Library Unit that this cannot be rectified! A contribution to library services was previously made by what was then the Nightingale Institute of Nursing of King's College, London, which was used to fund the provision of a photocopier and a number of nursing journal subscriptions: this ceased in 1992, although nursing students from King's College continue to undertake placements on site and at other trust sites in the area.

About 52% of my funding, around £60,000 comes from a charity, the Special Trustees of Guy's and Thomas's Hospitals, which historically has provided generous funding for health libraries in Lambeth. However the Trustees have declared their unwillingness to continue to provide revenue funding for what they believe should be considered as a core service, and this will cease in March 2001. Most of the remainder comes from the trust, with small contributions from Lambeth Social Services (which funds a learning resource centre jointly with the trust) and from the health authority (to provide for the needs of practice nurses in Lambeth and Southwark, who would otherwise not have access to NHS library services). The library provides a full service to staff of the community health trust in the area, but no clear service level agreement is currently in place to provide for the cost of this. Despite the fact also that groups of undergraduate medical students undertake six-week psychiatric rotations on site, I have never managed to obtain any SIFT money, nor have I ever received any allocation explicitly for the support of R&D; what has tended to happen is that *ad hoc* end of year disbursements have been made, at fairly short notice, to the library in lieu of these.

With a view in part to clarifying funding issues, detailed surveys have been carried out on patterns of usage of NHS libraries. A survey by Hewlett (Hewlett 1992), carried out in the old North East Thames Region, showed a wide variation in the use of libraries by different staff and student groups. According to a more recent national survey (Murphy 1999), users divide nationally into 36% nurses, 19% medical staff, 21% students, 12% other clinical staff, 10% non-clinical staff, and 2% teaching staff. It is evident that, while the greater proportion of library funding derives from specifically medical training sources, nurses are in fact the largest professional group of users. I am aware also of one detailed costing exercise for health library activities (Forrest and Cawasjee 1997), although it is doubtful in my view whether their methodology could be applied in many of the smaller library services.

A number of major strategic developments within the NHS are leading to increased demands on library services. Recent government policy has placed major emphasis on the use of research evidence to inform clinical practice, and on the related 'clinical governance' concept, the principle that health service organisations should be legally accountable for the quality of the service they provide (DoH 1998b). Both require ready access by clinicians to high-quality sources of health information. Other pressures result from the professional revalidation requirements for various clinical staff groups already existing or currently under consideration, from national policy initiatives, such as nurse prescribing, and from the move away from hospital-based services towards primary care. NHS librarians may find themselves facing local cost pressures, such as those arising from new service developments or local training activities, at relatively short notice. For instance, major developments in acute and forensic services are taking place on our site at the moment, and I am facing a large demand for books on early psychosis and forensic psychiatric nursing, and for the purchase of back runs of forensic psychiatry journals.

Some attempts have been made at local and at national level to address some of the problems relating to library provision for NHS staff. The earliest was the guideline HSG(97)47 of November 1997 on library and information services. This stressed the importance of libraries as a 'key resource for clinical effectiveness, for research and for education and training' and required all trusts to draw up a library and information strategy covering all staff groups by October 1998. It recognised the central role of library services in supporting professional development, evidence-based practice, service development and research, in supporting clinical audit, and providing health information to patients and carers. It established the principle that NHS libraries should be open to all staff groups, and that all NHS staff should have access to library and information services, whether by direct provision, through education contracts, or via other service level agreements. Library services were to be free to staff at the point of use, although charges could be made for some services, such as

photocopying. Library funding should be transparent, i.e. there should be demonstrably fair inputs from all stakeholders for different user groups. Library services should be co-ordinated regionally, and regional library advisers should support trusts and health authorities in the development of local strategies. Local education consortia should 'look flexibly and innovatively at the scope for using funds to deliver improved library and information services'.

Good examples are available online of regional and local library strategies, for example Hewlett et al. 1998, Toms 1998. Many of the education consortia now have library representatives, who liaise closely with regional library unit staff. Part of the role of consortia is to 'encourage partnerships between NHS libraries and higher education providers' (HSG(97)47). Contacts between the local consortium and the unit were instrumental in my library obtaining substantial non-recurring funding (£60,000), for IM&T infrastructure developments and for additional book and journal stock, in early 1999. Many other libraries within South Thames benefited similarly; some were able to carry out major capital projects.

Another national NHS initiative that has potential for major positive impact on the resource base of health libraries is *Information for Health* (DoH 1998a). This wide-ranging strategy for the development of information management and technology within the NHS focuses much of its attention on patient-identifiable information; however, library and information services are included in its overall scope. One of its strands is the development of a National electronic Library for Health (NeLH) which would provide NHS staff with access to major bibliographic databases at their desktops via the NHSnet or via trust intranets (www.nelh.nhs.uk). The NeLH is intended as an addition to, not a replacement for, local libraries providing the normal range of services. Each health authority was required to produce by March of this year a full Local Implementation Strategy (confusingly abbreviated to LIS) for the *Information for Health* targets. One of the requirements was that library strategies be 'fully integrated with other investment plans and included as an integral component of Local Implementation Strategies' (NHS Executive 1999). Collaboration is urged with postgraduate medical deaneries, education consortia, university medical schools, other higher education providers, and public library services. The development of LISs is linked with bids to NHS modernisation funds for IM&T projects.

Regional library units and health authority librarians have been generally active in lobbying for the inclusion of library services in their LISs. However, this has been dependent to some extent on the attitudes of local IM&T managers; of the two local LISs that I have seen, one has considerable coverage of library issues, while another hardly mentions them! In my own health authority, LIS planning structures include a library project group, in which individual members have

responsibility for one or more work streams. The group members have recently been asked to submit initial bids for costed library IT projects.

A third national initiative with significant implications for library funding was published in March of this year, *A Health Service of All the Talents: developing the NHS workforce: consultation document on workforce planning* (DoH 2000a). The key proposals here are to transform the education consortia into workforce development confederations covering all NHS staff groups, and to amalgamate the different levies (MADEL, NMET, SIFT) and other funds supporting staff training and development. This would in principle solve the problem of fragmented funding for libraries, although it is feared by some library managers that there will be an overall reduction in funding for training. Consultation on these proposals ended in June; they are due for implementation by 2002.

The period since 1997 has been one of ferment in NHS libraries, as in the rest of the health service; 'interesting times' indeed, in which they have achieved a higher profile and closer integration with research, education and training, and information management and technology strategies, but also faced increasing service pressures with little in the way of additional resources. My own and my colleagues' experience seems often to be one of inter-library loan requests piling high, a rising torrent of grey literature issuing from the Department of Health, an increasingly stressed clinical workforce demanding intensive support from library staff, and dependence for systems support on under-staffed and over-burdened local IT services. It remains to be seen how successful the information management and workforce development strategies will be, or what the much-advocated partnerships with higher education and local government will be able to deliver in practice.

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