



FUTURE FORUM CONSULTATION EXERCISE

The members of the Strategic Health Authority Library Leads group (SHALL) are pleased to have the opportunity to provide input to the consultation exercise around the proposals for education and training, and information. SHALL represents the interests of NHS library, information and knowledge services across the 10 SHA areas and leads on the quality monitoring and development of these services. We work closely with NHS Evidence in providing access for the whole NHS workforce to a wide range of electronic resources to support evidence-based practice, training and research.

Further details about our work can be found at: <http://www.libraryservices.nhs.uk>

Please find below some comments on selected questions from each of the consultation exercises.

Education and training

Q: How can we ensure that education and training in the new system is flexible and fit-for-purpose for the new way that care is delivered and enables training beyond the job, for example stimulating a culture of continuing professional development or academic and research development?

Library and knowledge services are well placed to support all staff in gaining and maintaining skills and qualifications which will enable them to meet the ever-changing needs of the NHS. Physical library spaces have an important part to play, providing areas for private or group study and for undertaking eLearning, e.g. for statutory and mandatory training requirements. Such spaces provide the perfect environment for protected and dedicated learning time.

A flexible and fit-for-purpose infrastructure is fundamental to the delivery of flexible and fit-for-purpose education and training. The ESR system and its modules for learning management and eLearning access for NHS staff are entirely 'locked down' in that they do not interface with other learning management systems or mobile devices, nor do they support use by non-ESR staff groups. It is important that these limitations are addressed.

Innovative and imaginative use of web 2.0/social networking technologies, augmented reality and mobile devices can help deliver flexible and stimulating education and training – so it is essential to find ways to remove the blocks to using these that often exist in the IT departments of many NHS organizations.

It will also be important to support collaborative partnership approaches. Further work on joint procurement of electronic information resources with Higher Education Institutions should be encouraged, to achieve better value for money across the public sector. There should also be more impetus given to partnership work in the commissioning and development of educational resources. Promotion of the use of 'open' educational resources and creative commons licensing, and removal of some of the barriers to information sharing at the NHS/HE and NHS/local authority interfaces will support this.

There is a risk that some of the impetus behind eLearning within the NHS may be lost with the dissolution of the SHAs. It is important that this work is safeguarded within provider-led networks and resources such as the eLearning Repository retained. In addition, health

library services need to be supported in their continuing transition to electronic delivery of information and best evidence in support of learners at all levels. A transparent funding regime, with money for education and training following all learners, is essential to achieve this.

Q: How can we ensure the right balance of responsibilities and accountability and line of sight throughout the new system (for example, Health Education England and the provider-led networks, employers / professions / education sector, whole workforce) including for research training?

The Educational Outcomes Framework appears to pave the way for doing this, by providing a common framework to unite all. It is important that the new system considers the delivery of key 'enablers', such as library and knowledge services and technology enhanced learning solutions, as there is a risk that responsibility and accountability for these may be overlooked.

Provider-led networks should ideally remain within the NHS. There is an evident tension between the aspiration to have provider-led networks as the commissioners of education when much of that education takes place within the provider organizations themselves. There is clear potential for conflict of interest and obvious difficulties with ensuring quality control is rigorous.

Clear governance arrangements which define the accountability structure throughout the process will be needed. These would clarify which parts each key stakeholder group is required to deliver. This could be followed through by the regulators and Royal Colleges having a "voice" on HEE networks.

Above all, it will be essential for new NHS organizations (e.g. Health Education England, Provider-led networks, NHS Commissioning Board, Public Health England and GP commissioning consortia) to have strategic-level professional advice on developing their approach to delivering an evidence-based NHS.

Q: How do we best ensure an effective partnership with health, education and research at a local level?

Bringing together clinicians, managers and other professionals in an integrated way will encourage innovative thinking, sharing of best practice, enable networking opportunities, learning from excellence and offer a vibrant learning experience. Librarians already work effectively across departmental, organizational and sectoral boundaries, and their networks are examples of good practice in partnership working.

Healthcare librarians play a significant role in raising awareness across the NHS workforce of the importance of research. They train staff and students to find, appraise and evaluate healthcare research, and activities such as journal clubs and clinical pathway development meetings stress the importance of getting research into practice.

Q: How can we improve information on the quality of education and training?

Provider-led networks should ensure that well-governed systems are put in place to permit the sharing of good practice and innovation across the NHS and all sectors. There needs to be significantly better integrated working between education and training departments, library and knowledge services, service improvement teams, clinical governance, communication departments and IT. Joint working to improve the flow of knowledge within and outside healthcare providers is not always the norm, but this would bring great benefits

to workforce development, quality, productivity and innovation. It is also vital that the approach is multidisciplinary.

Information

Q: How can cultural and behavioural change be fostered to stimulate collection and use of data among all professionals?

Healthcare librarians are very well placed to demonstrate where and how to find data sources, and help with interpretation and manipulation, thereby helping staff to build confidence in using and applying information, and to identify, question – and perhaps seek to help fill – the gaps.

They also have a vital role in being a communications conduit, as library staff have excellent network linkages to all users of healthcare information.

Any organization in need of establishing an evidence base should employ both data analysts, with expertise in collating and interpreting the data that organizations collect internally, and library and knowledge professionals who have the skills and expertise to draw in evidence from external organizations, both within the UK and much further afield.

All staff need to understand the value of various types of information and how it can be used to improve practice and gain competitive edge. Library staff have an important role to play in raising awareness of the significance of information.

Q: How can we open up access to information and support people to use it?

The library workforce across England provides considerable support to NHS staff in developing the confidence to navigate through the plethora of information available, to find the material that is of relevance to them. Librarians also provide value-added services such as the appraisal and synthesis of information. Their skills and expertise need wider recognition, and this small but important group of staff would welcome support for the work they are already undertaking, as well as development and expansion in appropriate areas (e.g. in working with clinical commissioning groups, and with patients and carers).

We would also like to recommend that the Government gives wholehearted support to the “open archives movement” and mandates that all publicly funded health research should be deposited in an openly accessible repository, e.g. UK PubMed Central. Not only would this be welcomed by the library workforce, but it would also enable patients and members of the public to have access to research papers.

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