

## Knowledge for Healthcare: Service Transformation

### Reaching the Wider NHS Workforce: summary from the Task and Finish Group

#### People

The members of the Task and Finish Group were:

- Potenza Atiogbe, Epsom and St Helier University Hospitals NHS Trust
- David Brunt, Derbyshire Public Health
- Michael Cook, Bolton MBC
- Dorothy Halfhide, Peterborough & Stamford Hospitals NHS Foundation Trust
- Wendy Marsh, Public Health Suffolk, *then* Public Health England
- Jason Ovens, Royal United Hospitals Bath NHS Foundation Trust
- Lisa Riddington, Gloucestershire Hospitals NHS Foundation Trust
- Mike Roddham (Chair), West Sussex Knowledge & Libraries
- Jacqueline Smales, Hull & East Yorkshire NHS Trust
- Helen Swales, Leeds Community Healthcare NHS Trust
- Caroline Timothy, Warrington Public Health

#### Purpose

The aim of the group was to contribute to the delivery of Knowledge for Healthcare by raising awareness of the library and knowledge needs of non-Trust healthcare staff and the extent to which these are currently being met, and make recommendations relating to service specifications, potential service delivery models and library staff leadership/skills development.

#### Deliverables

1. An audit and summary of current NHS LKS provision to the non-Trust healthcare workforce<sup>1</sup>
2. Service specifications for key groups
3. Recommendations relating to service delivery models and requirements for library staff leadership/skills development

#### Progress

The work during 2015/16 focused on deliverable 1. Group members conducted a telephone survey to collect the data on nearly 100 organisations. The results were collated in October 2015 and circulated to group members for comment and analysis. A collection of case studies were also gathered. High level findings are presented below.

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<sup>1</sup> The groups initially considered were: AHSNs, Clinical Senates, CCGs, CSUs, public health staff working in local authorities, primary care staff, hospices, ambulance services, Healthwatch

### **Healthcare providers: primary care staff, hospice staff and ambulance services**

Although there are a few instances where NHS LKS have secured funded SLAs to provide services to GP practices and independent hospices, most NHS-funded LKS provide services to primary care and hospice staff on request without charge, although not proactively.

There is a surprising level of variation in provision of LKS to ambulance Trusts despite HEE holding Learning and Development Agreements with these as placement provider organisations in receipt of education tariff funding.

### **Public health teams in local authorities**

Across England:

- 10% of public health departments had embedded library and knowledge services (13 services) [it should be noted that this number has reduced in recent years and continues to do so]
- 39% received a service via funded SLAs (52 services)
- 11% had a service available but unfunded (14 services)
- 17% had no service at all (23 services)
- 23% unknown (31 services)

Some public health departments are capable of handling their own literature search needs, due to the skills of their staff. Where NHS LKS are in place, the most used elements of service are literature searches and document supply.

In 2015, Public Health England Knowledge and Library Services commissioned an information needs analysis of both PHE staff and local authority public health teams. This revealed a need amongst the latter for improved access to relevant academic journals, as there is minimal public health content within the National Core Content collection.

### **Clinical Commissioning Groups**

Across England:

- 40% were reported to be receiving NHS LKS under a formal, funded arrangement
- 26% received NHS LKLS via informal, unfunded arrangements
- 34% had no NHS LKS support, though some of these have support from CSUs

The standard NHS LKS offer to CCGs is focused on traditional elements of service provision - loans, Athens administration, article supply, literature searches, training, current awareness, enquiries, etc, and not particularly tailored to the specific needs of commissioners.

### **AHSNs & Clinical Senates**

Only one AHSN has a formal SLA with NHS LKS. Several LKS have undertaken searches for Clinical Senates on a pay-as-you-go basis. The primary requirements for these organisations appear to be for detailed searching and reporting, reviewing and synthesising, current awareness and horizon-scanning.

### **Healthwatch**

Healthwatch exists to make sure that the experiences and needs of the public influence how healthcare services are developed, commissioned and delivered locally – although each appears to operate slightly differently. To date, no LKS are providing a funded, formal service to a Healthwatch. Interviews with two Healthwatches suggest that key requirements are increasing their awareness of the national collection and, providing training in its use and offering an enquiry answering/reviewing service where the Healthwatch does not do so internally.

### **Critical success factors**

The survey and subsequent discussions indicate that NHS LKS managers have been successful in securing funding for provision of services to wider workforce groups where they have taken an entrepreneurial approach and worked proactively with prospective customers to develop tailored products, rather than rely on the mainstream LKS portfolio.

Key to success also is having a supportive ‘host organisation’ with senior managers who can see the benefits of sharing LKS access across health economies. This said, group members heard about several instances where a proactive LKS manager, with the support of their host organisation, has not yet been able to persuade external organisations to invest in LKS. Whilst a ‘loss leader’ approach has worked in some cases, too often LKS managers have found themselves chasing very small amounts of money to extend their existing services.

### **Recommendation**

This group’s work suggests that the best way to meet the needs of ‘wider workforce groups’ through funded SLAs, will be to work collaboratively, at national, geography or STP level, to offer tailored services.

Mike Roddham, Chair of Reaching the Wider NHS Workforce T&FG, May 2016