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## **Community outreach library services: A case study of Wirral Hospital NHS Trust (WHNT)**

### **Abstract**

*Aims & objectives.* The study aims to evaluate the importance of **outreach library services** in the health sector using a case study of the COLS run by WHNT based at Arrowe Park Hospital by analysing the information seeking needs and behaviours of the **service recipients**, the primary care staff (PCS) of WHNT COLS and considering how the **service provider**, WHNT COLS is meeting the needs of PCS on the Wirral.

*Methods.* A literature review was undertaken to establish the context of the study and areas of best practice. An investigative case study was carried out of the WHNT COLS

*Findings.* Outreach services are of value in terms of improving the information skills of primary care staff and providing services at point of need. Time is major constraint for both service providers and service recipients.

*Conclusions.* Recurrent an continued investment is needed from appropriate funding sources to support the information needs of primary care staff. Creativity and sharing of best practice is needed to develop and monitor the impact of community outreach services.

## Introduction

The purpose of an outreach service is to take a range of services and training to a targeted group of users, delivering those services at point of need within the community.

The Community Outreach Library Service (COLS) run by Wirral Hospital NHS Trust (WHNT) was the first of its kind in Cheshire and Merseyside. The Wirral COLS was set up in 2002, providing library services for Primary Care Staff (PCS) in the community.

Primary Care is the first point of contact for most patients and where 90% of them receive their treatment.<sup>1</sup> PCS are in the best position to lead a health service ‘designed around the patient.’<sup>2</sup> In this role, PCS need information to support patient care, clinical practice, research and personal development.

PCS, often lack easy access to libraries, the time and sometimes the skills to search for the information they need. A good ‘imaginative’ outreach service could offer the library provision that busy PCS need to ensure they are practising evidence-based medicine (EBM) and providing first-class care.<sup>3</sup>

## Aims & objectives

This study evaluates the importance of outreach library services in the health sector using a case study of the COLS based at Arrowe Park Hospital, WHNT. The objectives:

- To analyse the **service recipients**, the primary care staff (PCS) of WHNT COLS, their information needs and information seeking behaviours
- To consider how the **service provider**, WHNT COLS is meeting the needs of PCS on the Wirral.

## Method

A literature review was carried out of both medical and library resources to establish the context of the study and areas of best practice.

An investigative case study was carried out of WHNT COLS considering:

- The service provider
- The service recipients

## The case study

The case, WHNT COLS, was chosen because the service, the first in Cheshire and Merseyside, is well established and has influenced the introduction of similar services regionally. The research used questionnaires to investigate the needs and awareness of PCS and their satisfaction with the service, and an interview with the Community Outreach Librarian (COLib).

*The service provider.* The COLib from WHNT, Beryl Stanley, provided unpublished service reports, advice on recent NHS developments, and an interview. The interview outlined the background to the service, and considered the service provider's perspective enabling a comparison to issues raised by the service users.

*The service recipients.* A questionnaire was used with PCS to discover their thoughts on the service. The questionnaire was piloted to ten PCS from the original sample. Feedback from the pilot was good, respondents commenting on the ease of use and clear structure of the questionnaire. The final questionnaire was distributed with a covering letter emphasizing how participation could have a very real impact on the library services offered in the future.

The questionnaire was sent to a random sample of 250 PCS who use the COLS. 93 useable questionnaires were returned, giving a 37% response rate. This level of response is acceptable<sup>4</sup>.

## **Findings**

### **The literature**

*Information seeking behaviour and information needs* – There is extensive research on the information seeking behaviour of PCS. Since the mid 1980s availability of technology has increased, yet evidence shows that PCS still chose their colleagues and books, as their preferred sources of information.<sup>5,6,7,8,9</sup> Shen<sup>10</sup> believes things are changing as health libraries embrace change and move positively towards a world of e-resources.

A number of factors determine what resources PCS use; including time, energy, convenience, availability and low cost.<sup>5,11,12,7</sup> Considering these factors it is no surprise that staff chose colleagues as their primary information source; colleagues meet all these criteria<sup>8</sup> and are respected for their expertise and knowledge.

Information seeking within Primary Care is principally for patient care.<sup>13,8</sup> The pursuit of information specifically for a patient will be determined, by the urgency of diagnosis or treatment, by the knowledge that a definitive answer exists, and patient expectations.<sup>11</sup> The current trend in well-informed patients, is intensifying the information needs for PCS.<sup>8</sup> This is empowering for patients but time consuming for PCS.

*Barriers to information access* - GPs need 40% of all their information needs while the patient is present, or within fifteen minutes of seeing them.<sup>5,13</sup> PCS will consult a colleague or a textbook on their desk (even if out dated), it is quick and easy. Staff work on tight schedules and must consider the time and effort it would take to search a higher quality source, against the possible extra benefit this would have for their patient.<sup>13</sup> Information seeking behaviours can be confined by time constraints.

There is an 'enormous skills gap in primary care, with many PCS unable to use the resources already provided.'<sup>12</sup> PCS not only have poor computer skills but also lack confidence in their own abilities.<sup>13</sup>

Studies show that ‘few [staff] wish to develop the necessary skills’,<sup>14</sup> and ‘do not generally have the time or inclination to perform lengthy literature searches.’<sup>15</sup>

Doney found that staff *are* willing to use electronic resources but often do not feel they have sufficient skills.<sup>16</sup> Doney identifies a lack of training as the key reason why electronic resources are not being fully utilised.<sup>16</sup>

Robinson,<sup>17</sup> proposes that training individuals is a better way of producing effective and capable staff rather than teaching in group sessions. Staff like familiarity, so training on their own computers is a good way to make them more comfortable, confident and likely to practise. Work-based learning is believed to produce more successful learning outcomes.<sup>18</sup>

Nevertheless, a report on a Derbyshire outreach library service, reported results in favour of classroom teaching. The findings show that more PCS were using their new skills after coming into the library for training.<sup>19</sup> The study showed that staff attending sessions in the library, despite the difficulties of access, showed increased motivation to learn, and were more likely to practice and use their new skills back in the work place.<sup>19</sup>

Robinson found that there was little time to practise new skills with 27% of staff in her study having to return for refresher classes.<sup>17</sup> One session not being enough, follow up sessions being essential; one way ‘to improve the training component is to require participants to commit to a series of training sessions’,<sup>20</sup> which can be difficult if time is lacking.

The main barrier when PCS come to seeking information is time.<sup>21,22,14</sup> Combine a lack of time with the ‘pitfalls of information overload’,<sup>12</sup> and staff are lost. Research has also shown that lack of confidence can deter staff when seeking information.<sup>6,23</sup> Training staff may improve information seeking efficiency, effectiveness and confidence.

Libraries can be considered inaccessible to PCS due not only to time factors but also more practical considerations like poor car parking facilities.<sup>7</sup>

Many staff are not aware of what their local libraries can offer.<sup>22, 16.</sup> This is a marketing problem that could be resolved. Librarians are the key to successful information seeking, they are the ‘human interaction [needed] to obtain the full benefits of...improved information access’,<sup>20</sup> and need to be seen positively. ‘The delivery of outreach training by librarians has been identified as potentially one of the most effective ways to introduce both evidence based medicine and computer usage to those who have strong negative perceptions about both these.’<sup>24</sup>

*Outreach library services and the role of the librarian* . PCS not only need to be trained, they need to be educated in understanding what the library has to offer.<sup>10</sup> This education should involve better marketing of services and better tailored training.

Scherrer<sup>29</sup> found that 70% of people surveyed would prefer a one-to-one format for training as did Lacey-Bryant<sup>15</sup> ‘...family doctors favour one-to-one sessions. This preference may reflect a reluctance to demonstrate hesitation in front of colleagues and undeniable difficulties of arranging training sessions around a demanding clinical and management schedule.’

The role of the outreach librarian is key to making the outreach library service a success. Banks<sup>20</sup> found that outreach librarians have to multi-task; not only are they providing library services and training staff, they are computer technicians too.

An outreach library service must deliver information to the 'point of need',<sup>22</sup> providing services at the workplace 'to improve efficiency; evidence must travel to general practitioners' surgeries as they can spend twice as long travelling to a medical library as reading it'.<sup>21</sup> Services offered to PCS must be flexible, 'imaginative'<sup>3</sup> and tailored towards the information needs of individuals. Husband<sup>25</sup> stresses the importance of service evaluation; continuously checking that your service is meeting all important information needs. A good outreach service needs a good librarian, good funding, available resources and a network of informed supporters. This is currently not substantially on offer within the NHS.<sup>27</sup> An outreach service may be administratively based within a library but must be available from anywhere, to anyone out in the community.

## The Case Study

*Background to the service.* After 'Information for Health'<sup>27</sup> a working group which included the Trust Librarian was set up within WHNT to facilitate the implementation of this document. The decision was made that to fulfil the criteria of 'Information for Health'<sup>27</sup> a new service was needed. This service would take information into the community to ensure that PCS had, 'fast, easy access to local and national knowledge bases...to support them in the evaluation of the care they give, underpinning clinical governance, planning and research, and helping with their continuing professional development'<sup>27</sup>

The position of Community Liaison Support Librarian was filled by Beryl Stanley in 2002. In 2004, following the success of the service at WHNT, a bid was made, for funding to appoint five further outreach librarians regionally and an assistant for the existing COLS. At this time Beryl Stanley's title changed to 'Community Outreach Librarian' (COLib).

The COLib runs a service across sites at Arrowe Park Hospital (APH) and Clatterbridge Hospital (CBH). McArdle Library, at APH, offers twenty-four access via swipe card, has an IT suite of eighteen computers and a training room with six PCs. Beryl Stanley currently runs her training sessions from APH, with plans to extend this to CBH. The library, at CBH, houses the primary care book collection, an inter-library loan (ILL) service delivering articles and books to the workplace and an enquiry and literature search service.

The COLS offers training to PCS either in groups or on a one-to-one basis at the library, and in the workplace. The training sessions offered are Internet Resources, Dialog Databases and Cochrane Library.

*Summary of an interview with Beryl Stanley (BS) COLib, July 2006.* When BS started her role at WHNT there were not many examples of best practice to follow. She designed the job around her strengths and what she thought people needed. She conducted a needs analysis of her target population. It revealed that most people did not realise what was on offer, or know how to find resources. BS '*started slowly enabling people to use what was there... telling them what was out there...saw that as main need.*' Staff are still unsure of

where to look for what they need: *'I'm signposting people.' 'I'm their gateway into resources...the portal.'*

Duties include enquires, training, writing user guides, presentations, attending meetings, and working on local collaborative library projects. Time spent out in the community and within the library varies: *'There's no two weeks the same, that's what makes the job fun.'*

BS does not spend as much time going out to *'get business'* now, as the service has become established more people come to her. Marketing activities, include networking at meetings (e.g. GP and Practice Manager meetings) and mailing out training dates and information. BS also relies on *"Champions."* BS believes people hear about the services either by attending presentations or through recommendation.

An outreach librarian usually works alone so has to be confident, flexible and competent with equipment, *'you have to be a techie.'* BS has *'virtually got everything in [her] car boot'* so she can set up and present/train anywhere. This training in the community is often more tailored. Staff also come to the library training room. *'Lots of them come in their own time.'* A lot of training takes place at APH.

BS noted that it was useful to have a group of colleagues together to train because she *'can tailor the session'*. However, it is difficult to organise this type of training. BS believes that group training within the library is just as effective, as people do come and network too. She tries to tailor these sessions to peoples' specific needs. The benefits of one-to-one sessions are that they are thorough and aimed at the individual's needs'. In groups the sessions are more hands-on and people *'remember because they're doing it themselves.'* When asked which type of training was best, BS remained undecided

Peoples' computer skills - *'A lot better than they used to be...definite improvement over the last few years.'* Everybody is forced really into using computers, so skills are getting better.'

Training sessions are evaluated. These evaluations have changed sessions in the past. *'I've not really had any negative feedback but I don't think people would tell me to my face.'* However, she believes it to be negative if staff have not heard about her service.

BS believed that staff would opt for her to do searches, rather than attend training. BS would rather *'enable people to do it themselves.'*

BS believes the service now has adequate funding and that she has acquired all the equipment necessary to perform her role; *'I've been very fortunate.'* The only limit to the service is *'Time!'* Other sessions she would like to offer given time: Reference Manager, Critical Appraisal, Good 'Googling' and Advanced Medline.

Aims? *'I would like to make sure that every practice, every clinic, every service knows that this service exists.'* This is often difficult because BS is not employed by the PCTs.

BS has a strong network of supporters both in the area of primary care (Primary Care Librarians' Group) and more widely in the health sector: *'find Health Librarians do share.'* It would be hard to deliver the service without this support

## Service recipients – key findings from the questionnaires

### *Information seeking behaviour and information needs:*

*Preferred sources of information-* 80% of respondents access information using a computer, either from a medical database or the Internet. Most are confident about their computer skills with 35% of respondents believing their skills to be above average, 40% average, 25% below average.

*Purpose of Information -* Respondents identified all areas for which they needed information. The most popular being Continuing Professional Development 69, closely followed by Patient Care, 62. 37 are using information for working towards an academic qualification and 33 for research.

### *Community Outreach library Services (COLS)-*

- 62% (58) of the respondents are library members, 38% (35) are not.
- 50% of those library members have a swipe card for 24-hour access.
- 47% of swipe card holders have never used it to access the library in the evenings.

*Awareness –* 70% (65) respondents were aware of the COLS. Of these respondents, 23 people knew about the service from a colleague, 18 from a promotional event, 11 from visiting the library and 11 from advertising such as posters. 2 respondents declined to answer.

*Training -* Of the three training sessions offered, the Cochrane Library (CL) session was least popular with 32 respondents having attended compared with 45 for Internet Resources (IR) and 41 for Dialog Databases (DD). Both IR and DD training sessions had been running since 2002, whereas CL session was introduced in 2005.

### *Training delivery-* 66 respondents received training from the COLS

- 36 of those trained attended group training in the library
- 12 attended one-to-one training in the library
- 11 attended training with groups of colleagues in the workplace
- 7 received one-to-one training in the workplace.
- 50% of staff who gave a reason for not attending training identified lack of time as the main reason.
- 62% (41) of staff who received training have recommended that their colleagues attend training.

### *Ideal Training-*

- 38 respondents prefer one-to-one training
- 37 respondents prefer groups training with colleagues
- 15 respondents prefer anonymous group training.
- 3 did not answer.

### *Refresher Sessions –*

- 63% of training recipients would attend a refresher course.



- Five (8%) didn't answer,
- 29% of training recipients would not attend a refresher course.
- However, 47% of this figure wished to attend a refresher but identified time as an obstacle.

*Impact of training on work or studies*

- 69% of training recipients still use their new skills, even if it is only to a limited extent. (Regularly 34%. To limited extent 35%)
- 29% of training recipients have forgotten the new skills they learnt
- 2% of training recipients have not yet needed to use their new skills.

*Comment on training impact on working lives or studies:* Comments from staff were very positive with 33-35 respondents reporting improvements in search efficiency and effectiveness:

“I now find the information I want more easily”

“I know where to look for the information I need”

“I now find the information I want quicker”

“I use online resources more regularly now”

“I save time because I am searching for information more efficiently”

7-16 people still lacked confidence - ‘I am still unsure of where to look for information’; ‘I still have little confidence in my abilities’. 4 people state, ‘I have noticed no marked improvement in my searching skills’.

*Training or Expert Searching?* - 72% (67) of respondents would rather attend training than have the Librarian perform searches for them. Reasons given included flexibility, independence and practicality. 22 people preferred the librarian to carry out searches for them; utilising the expertise of the librarian and saving time. 8 respondents stated that they would prefer a mixture of both. 4 respondents did not answer.

## **Discussion**

### **Service recipients - information seeking behaviours**

*Sources of information* - Evidence from the literature recognises books and colleagues as the first sources of information used by PCS.<sup>5,7,9</sup> However, results from this case study found that 80% of respondents are choosing computers as their first reference for information, with nearly a third identifying online medical databases as their preferred source rather than the Internet. These results contradict previous research, illustrating the improvements possible with an emphasis on training staff to use online resources; all but one member of staff who indicated use of online medical databases had been trained by the COLib WHNT.

*Preferred sources, knowing where to look* - PCS choose their resources by considering factors such as time, cost and availability.<sup>5,11,12</sup> Training staff where to look for information is an effective way of improving search efficiency. BS's initial needs analysis revealed that people did not know where to look for information, and this became her principal aim; to 'signpost' the appropriate information sources to best suit people's needs.<sup>34</sup> Her success is evident in the questionnaire responses. On the impact of the training, the two most popular responses were 'I know where to look for the information I need' and 'I now find the information I want more easily.' The training has also targeted the 'cost factors' identified in the literature,<sup>6</sup> encouraging staff to use better sources of evidence and move away from a reliance on colleagues and books; only 14% of the respondents chose these sources.

*Access* - Libraries have been considered inaccessible to PCS because of time and for practical reasons such as poor parking facilities<sup>14</sup>. 24-hour access can ease the problem of parking during peak hours and can fit around busy schedules. However, staff in this study, largely do not use the 24-hour facility. Further investigation is needed as to why. Staff have not responded to increased access to a physical space of the library but they still need the 'human interaction' of the Librarian to 'obtain the full benefits of...improved information access'<sup>20</sup>. Staff need information delivered to 'the point of need' by computer use or the support of the librarian<sup>23</sup>.

### **Service providers -**

#### **Outreach library services**

*Role of the librarian* - The literature and the case study confirm the need for the outreach librarian to have a range of skills included technical ones.<sup>22</sup> 'Imaginative' services<sup>3</sup> rely on a broad skills-base to deliver the needs of PCS. The question remains whether the NHS can afford to offer this type of tailored service to all PCS wanting it. Norrey<sup>23</sup> believes that adequate funding and support is not available universally across the NHS. Examples of good practice such as the WHNT should be used promote further investment, and support outreach programmes, which are vital in practising EBM in the community and to develop professionally as the new NHS demands.

*Marketing* of outreach services is essential to combat a general lack of awareness.<sup>22,16</sup> Most staff on the Wirral had heard about the COLS from a colleague. Advertising through

mouth of word is very important for the reputation of a service and as BS admits, she uses 'champions' to promote her services. However, this is not a structured marketing strategy. Without adequate marketing an outreach service will never fulfil the needs of PCS.

## Training

There is an 'enormous skills gap in primary care'<sup>12</sup> but the gap is narrowing. BS identified an improvement in the computer skills she encountered when first establishing the COLS in 2002 and skills she currently finds. Staff have better access to computers and their skills have improved as they are 'forced' into using computers more at work.<sup>28,29</sup>

In this study only 35% of respondents believed themselves to have above average computer skills. PCS still have a lack of confidence in their abilities which training can address;<sup>30,5</sup> 35% of staff in this study believed they were gaining confidence in their abilities after attending training.

50% of those who hadn't received training identified lack of time as the key factor. This study agrees with Doney's findings showing that staff want to be trained.<sup>16</sup> 69% of staff who had attended training were still using their skills, even if it was to a limited extent. 65% had recommended the training to their colleagues and 35% had actually assisted a colleague at work as a result of their training. This evidence demonstrates how successful training can be, and how PCS with access to training are starting to recognise its value. Awareness of the increased flexibility of the training and encouraging those who do not have time, is still an issue.<sup>11</sup> The promotion of the benefits of training will not be complete until more staff realise that time spent in training now will mean time saved in the future.

## Expert Searching

The discussion about the time saving can be extended into the debate about whether it is a misuse of PCS's time, principally GPs' time, to conduct literature searches independently. Thompson<sup>13</sup> recommended that librarians should perform searches for 'busy clinicians' but as Lacey-Bryant<sup>31</sup> highlights it is difficult to actually prove time saving. BS knows that she would not have time to conduct all searches, although economically speaking it would be more beneficial for her to complete searches for GPs rather than search independently. Training is a more suitable option; to 'enable'<sup>28</sup> It appears staff in this study would agree. 72% of staff would rather attend training sessions than have their searches done for them by a librarian; reasons for this include flexibility, practicality and independence. Though some staff considered both training and expert searching to be the ideal balance.

## Types of training session

Training from the COLS is offered in three different ways: a one-to-one session, a group of colleagues or an anonymous group of staff. There is debate in the literature about which type of training is most successful and most popular.<sup>16,17.</sup>

Staff showed a preference towards one-to-one training, BS pointed out that although training a group of colleagues is advantageous to her and staff because the session can be tailored, this type of training is difficult to organise. Staff from one practice or department

are rarely available at the same time. BS offers one-to-one training where she can, but it is impossible to train all staff in this manner.

Evidence from the literature agrees with this study, that one-to-one tailored training is the most effective.<sup>17</sup> One-to-one training is usually delivered at the workplace and research shows that this work-based learning has had better future results<sup>22</sup> and is more popular with staff<sup>31</sup>. Lacey-Bryant<sup>15</sup> believes that GPs respond better when trained on a one-to-one basis. When being trained in groups there is a 'reluctance to demonstrate hesitation in front of colleagues.'<sup>15</sup> This is reflected in this Wirral study where no GPs showed a preference to being trained in an anonymous group.

When looking at skills use, the number of staff using their skills regularly was higher in one-to-one sessions, the number using them overall, even if it was to a limited extent was practically identical in anonymous groups (75%) and one-to-ones (79%). The success of anonymous group training where staff come into the library was paralleled by a recent Derbyshire study<sup>19</sup>. Ayre<sup>19</sup> considered the increased use of skills by staff after attending library training rather than work-based training could be a result of increased motivation. Staff attending training at the library have had to organise time in their schedules, and as BS, staff often attend in their own time or holidays. Thus, these staff, have an increased desire to learn and are more likely to practise when they return to work. For staff trained with colleagues, the training may have been organised on their behalf and attending because they were required. Further research is needed in this area. BS would not comment on which type of training was best; in her experience each has its advantages much being dependent individual learning styles.

### Refresher Sessions

BS believes that just as the success of any training session relies on the individual, the necessity of refresher training sessions is the same. Banks<sup>20</sup> and Robinson<sup>17</sup> both found that staff need refresher training. Robinson<sup>17</sup> discovered that with little time to practise staff were having to return for help. 63% of PCS on the Wirral said that they would return if refresher sessions were available and most because, like Robinson<sup>17</sup> found, they simply needed more practise.

The high percentage of staff wishing to return does not indicate unsatisfactory first sessions but more that as Banks<sup>20</sup> reflected, one session is not enough and follow-up sessions are essential. In reality this is not always possible. PCS may point out that they do not have time to attend numerous sessions, but BS also notes that a lack of time is the reason that refresher sessions are not currently on offer from her service. She would like to offer other sessions, including Advanced Medline, but cannot fit it into her schedule.

### Conclusions

#### Service providers

*Information seeking behaviours.* Outreach library services in the health sector can change the information seeking behaviours of PCS. This study of PCS on the Wirral has shown that through training, staff have started to investigate different sources of information rather

than relying on the familiarity and convenience of consulting books and colleagues. These benefits could be enjoyed further afield if money was invested in these types of services.

*Marketing.* The COLS at WHNT, now well established, relies heavily on people knowing that it is there rather than on using a dedicated marketing strategy to raise awareness. BS admitted that when setting up the service she initially marketed it carefully so that she would not be overwhelmed and end up forfeiting the quality of the service she provided. Even with these considerations she still became a 'victim' of her own success and needed an assistant to help with the workload<sup>28</sup>. The COLS at WHNT is operating at full capacity and increasing its marketing may be counter-productive.

*Funding.* The COLSs in Cheshire and Merseyside are not paid for by the PCTs but from outside funding. The positive impact of outreach library services can be seen both in this study and in the literature. PCTs control much of the NHS budget, but there is a lack of funding into library provision for PCS. The value of these services needs to be recognised so that they can receive the funding they deserve from appropriate sources.

### Service recipients

*Improving basic skills.* Staff questioned in this survey had low opinions of their own skills. BS has seen a definite improvement over the past few years. This improvement could be credited to increased access to technology in the workplace. Further improvement might be possible with increased access to library professionals. The this results survey suggest that trained PCS are choosing higher quality evidence available via online databases such as Medline and CINAHL. Outreach library services are necessary to promote the resources available and provide appropriate training. 72% of staff questioned on the Wirral showed a preference to being trained rather than have a librarian perform their searches, indicating an increased awareness of the long-term benefits of training and library services.

*The delivery of training.* According to the literature PCS should ideally be trained in highly tailored one-to-one sessions<sup>15</sup>. To train every member of staff this way is impractical. A number of training alternatives should continue to be offered. The COLS at WHNT is a good example of this; BS will always try to meet the requirements of any staff. She offers one-to-one training at the library, at the workplace, outside normal working hours, whatever is most convenient. She will travel to any practice, clinic, department or workplace to ensure that training is given at point of need. Group training is also offered in an air-conditioned training room within the library.

*Time.* Time constraints are a major issue for PCS and their information seeking behaviours. Time is also an issue in the delivery of outreach library services. BS believes that the only thing that limits her service is time which prevents BS from offering refresher sessions and additional training courses. Ideally, all PCS would attend training sessions but time is a constraining factor. At the heart of outreach library service is the ability to provide busy PCS with flexible, reliable and 'imaginative'<sup>3</sup> services to ensure that they are practising EBM, providing first class care and supporting their own professional development. This study of the COLS at WHNT shows that this aim is achievable within resource constraints.

### Key Messages

## Implications for Policy

- Outreach services should develop targeted marketing strategies and evaluate their effectiveness.
- Training improves search efficiency and effectiveness.
- Further work is needed on measuring the impact of outreach services in quantifiable terms. The value of these services needs to be recognised on a national scale if outreach library services are to progress. To target larger numbers of PCS then it is vital to provide significant investment.

## Implications for Practice

- Continued creativity in service delivery and dissemination and sharing of best practice between practitioners through communities of practice
- Continued research is needed that follows the progress of staff after their attendance at training to evaluate how it affects their future behaviours, the type of services PCS want and whether what is currently on offer is meeting their needs avoiding service delivery based on assumptions.
- A study is needed in “time” within primary care to optimise the best time for training, free up time for staff and prove the value of time invested in training. Time constraints are considered to be the major barrier to PCS seeking and finding the information they require.

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