

# Interim



scottish health information network

## Issue 45: July 2004 Special Issue: Research Editor for this issue: Andy Jackson

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## Message from the Interim Editor

Michelle Kirkwood

I am delighted to be able to present to the SHINE membership this latest special edition of Interim on Research. The articles gathered and edited by guest editor Andy Jackson are of the highest quality. I would like to thank both Andy and authors for providing SHINE members with this instructive edition of Interim.

**Michelle Kirkwood**  
Interim Editor

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## Message from the Chair

Cathy Smith

The SHINE Development Plan 2004-2006 is now available through the SHINE web-site (<http://www.shinelib.org.uk/>)\*. I'm particularly pleased about this plan, not just because it makes my job as Chairperson easier and more focussed, but also because I think that achieving these identified developments will help to make SHINE an even stronger network than it already is.

In the plan we've focussed on the new developments (the initiation of a mentoring network, marketing and promoting SHINE, considering the legal status of the network) as well as reviewing the current work of SHINE through a review of the governance of the network, by looking at how we provide training, and by considering expansion of the ILL's scheme. I've been impressed by the number of responses I had to my e-mail to lis-shine a few weeks back asking for volunteers for these groups, and I'd like to thank everyone who has agreed to help SHINE through participating in one of the working groups.

I should add, at this point, that it's not too late to volunteer to participate in these, or in any of the other SHINE working groups! If you are interested in volunteering, you can contact either the Chair of the Working Group, Katrina Dalziel, or myself.

If you have any comments on the Development Plan, or any other issues connected to SHINE, please contact me at my new address:

Library  
NHS Fife Corporate Directorates  
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Haig House  
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LEVEN  
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Or e-mail me at: [catherinesmith@nhs.net](mailto:catherinesmith@nhs.net)

I don't yet have a telephone in my new office, but I will update the 'phone number on the web-site, and send a message to lis-shine when I receive it!

\* If anyone does not have access to the web-site and would like to see a copy of the Development Plan, please contact either Katrina Dalziel or myself, and we'll send a copy to you.

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### **Abstract**

This article examines some of the key elements of collection management, and is based on research carried out as part of an MSc dissertation in Information and Library Studies. The original focus of this research was an historical collection of disorganised medical books which had been accumulated over a number of years by the Maria Henderson Library in Glasgow. However, the recommendations presented in the dissertation were adapted to suit the Library's main collection. This work describes the research process and outlines how the successful completion of the research has helped to inform practice within an NHS Library.

### **Introduction**

This research was conducted as part of an MSc course in Information and Library Studies at the University of Strathclyde, and formed the basis of the author's dissertation (1). The research began as an attempt to define a method by which one could successfully organise a disparate and varied collection of 'old books'. The books in question are housed in the Maria Henderson Library, which is the central library of NHS Greater Glasgow Primary Care Division, and at other storage locations. These books had been accumulated over a number of years and from a number of sources, and had never fully been integrated into the Library's holdings. This was in large part due to the familiar problems of time, money and resources. The author decided that such a collection would make an excellent focus for research. This article will outline the research process undertaken, its central findings and their application to Library practice.

### **The Research Process**

Before conducting this research, it was anticipated that other medical libraries would have encountered similar circumstances and that therefore the main area of this research would be based on an analysis of case study material. The research process also comprised a review of the current professional literature. Since the author had not yet qualified and thus had a limited amount of experience on which to draw, it was deemed that the literature review would be a good place to start.

The first step involved several visits to the Andersonian Library at the University of Strathclyde. After having successfully identified and retrieved several relevant items from the University's Collections, the research process began in earnest. Armed with a variety of key terms, author names, article titles and the like, a thorough search of the Library and Information Science Abstracts (LISA) database was performed. The material obtained from the University Library as well as the search results from LISA suggested that an examination of the principles of Collection Management would be essential if the research was to be successful in addressing the problems faced by the Maria Henderson Library.

Next, the process of gathering and collating those items identified by LISA began. It was quickly discovered that many of the items required were not accessible in the Greater Glasgow area. Fortunately, the Maria Henderson Library, through its links with Glasgow University Library and access to Inter-Library-Loan schemes, was able to provide the majority of materials. During this stage the author also tried to locate or identify other similar libraries with similar historical collections that would be willing to participate in case study analysis. Despite the obvious benefits of this type of examination during the research process, it proved difficult to identify libraries that were suitable. Indeed, through dialogue with colleagues at the Maria Henderson Library and through background reading, it became clear that many NHS Libraries have informal collection management policies. Therefore, the research focused only on the policies of large libraries - the Wellcome Trust Library in London, for example.

### **Collection Management**

A review of the professional literature highlights the necessity of effective collection management in libraries. As part of this management process, it is essential that libraries construct an effective collection development policy. This policy is designed to describe the collection's strengths and weaknesses and should include;

- guidelines and/or procedures;
- information about library users, aims and objectives, and;
- policies for evaluating, preserving and weeding collections (2, 3).

Typically, most of these techniques or methods are applied to collections that are already organised and accessible. Many of the practices encompassed by the theory of collection management were adapted to specifically apply to the historical collection at the Maria Henderson Library.

The process of weeding can be defined as “the process of removing material from open access and reassessing its value”, but weeding is also a “generic term, which includes both relegation and discarding” (4). Typically, this involves an item being disposed of, or else being moved to a remote storage location. The weeding of library collections can be achieved in a number of ways and through a variety of different techniques. All are based on one key principle; the formation of criteria against which a collection can be judged. The age, condition or relevance of items may be selected as criteria, as may the amount of use a given item receives (5, 6, 7).

The effective evaluation of library collections can be conducted by utilising a number of different techniques. These techniques all have the objective of determining the strengths of library collections as well as their usefulness or appropriateness to service communities (8). Therefore, evaluation acts as a checking mechanism for the success of collection development policies (9). Several of the evaluation techniques identified in the professional literature are largely similar to many of those techniques identified for the weeding process.

Preservation is a “generic term... [which] includes all activities associated with the maintenance of resources and the preservation of information content” (10). The practices encompassed by preservation are too numerous to examine in great detail here, however, the practices can range in price from the most inexpensive – for example, prohibiting the consumption of food and drink in areas where collections are stored – to the extremely expensive – mass de-acidification programmes, for example.

## **Findings**

The original research focused on the aspects of evaluation, weeding and preservation that were most applicable to the needs of an historical book collection. The specialised nature and circumstances of the historical collection meant that many of the most frequently used methods could not easily be adopted by the Maria Henderson Library. Therefore, the research focused on the development of a method by which the historical collection could be evaluated and weeded. The preservation needs of a collection of this type were also examined and the research identified a number of inexpensive techniques that could be applied to the historical collection. The means by which this collection could be classified and catalogued were also examined by the research. Ultimately, the research made a number of key recommendations that should be used in order to organise a disorganised historical collection of medical books, encompassing all of the topics outlined above. Furthermore, it was argued that the Maria Henderson Library should develop a collection management strategy for this collection and that it should be in the form of a formal written policy.

## **Putting the Research into Practice**

The research made several recommendations regarding how the historical collection could be organised and stressed the need for the development of a formal collection development policy. A number of strategies were developed in order to facilitate this, however, due to financial constraints as well as more pressing concerns, the recommendations have not yet been put into practice.

Whilst the research was being conducted, the main collection at the Library began to suffer from an acute lack of space. The growth of the collection began to stretch the current shelving allocation to the limit. It appeared that the Library would have to either secure more shelving or else obtain new, larger premises. Given the current financial situation of the NHS, it was unlikely that the Library would be able to secure new premises. Furthermore, the Maria Henderson Library was already maximizing the space afforded by its current location. Therefore, the only feasible course of action available to the Library was to reduce its book stock. With this aim in mind, the recommendations of the research were adapted to suit this collection. Weeding criteria were defined for this collection, the most significant of which were the amount of use an item received, followed by its relevancy, value (both financial and intellectual), its age and condition. A method was devised by which such a major task could be carried out.

The expertise of the other Library staff ensured that applications such as Excel and Endnote could be used to record data, and that the Heritage Library Management System could be manipulated to yield the relevant information. The project is still ongoing but to date around 270 individual items have been disposed of, 60 moved to a special collection and 150 relocated to storage from a collection of some 5,000-plus items. This has meant that the Maria Henderson Library has been able to update its main collection by removing irrelevant or inappropriate items, and subsequently to purchase newer and more accurate replacements. Several small-scale preservation measures have also been introduced, including the use of lignin and acid free storage boxes and slipcases for the storage of valuable items. The project is also attempting to develop a collection management strategy for all of the Library's collections, which will ultimately culminate in the creation of a formal collection development policy.

### **The Future Aims of the Project**

The project is expected to last until at least the end of the current year. The Maria Henderson Library's main collection has been successfully evaluated and weeded. Therefore, the project has been successful in achieving one of its principle aims. Attention will now focus on the Library's special collection, known as the Henderson Collection, consisting of some 1,500 works in the field of mental health. New and specific criteria will be developed that reflect the unique characteristics of this collection. Several of the preservation measures identified by the original research will also be implemented to ensure and preserve the future of this collection. Once the special collection has been weeded and preservation methods have been put into practice, the project will examine the historical collection that formed the original focus for the research. It is hoped that this will not only allow the original research and its recommendations to be 'tested' in reality, but that it will facilitate access and use of a previously inaccessible collection. Finally, an assessment of various statistics, including circulation figures and I.L.L. requests, as well as communication with library user groups combined with the findings of the project will allow the effective development of a collection development policy for all of the Library's collections. This will mean that the Maria Henderson Library will be able to effectively manage its collections and their future development.

### **References**

1. Scott J.A. The organisation of a disorganised special collection: The Maria Henderson Library's historical collection [dissertation]. Glasgow: University of Strathclyde; 2003.
2. Overmier J, Mueller M.H. Collection development policies and practices in medical school rare book libraries. *Bulletin of the Medical Library Association* 1984; 72 (92):150-154s.
3. Clayton P, Gorman C.E. *Managing information resources in libraries*. London: Library Association Publishing; 2001.
4. Clayton P, Gorman C.E. *Managing information resources in libraries*. London: Library Association Publishing; 2001.
5. Magrill R.M, Hickey D.J. *Acquisition management and collection development in libraries*. Chicago: American Library Association; 1987.
6. Evans E.G. *Developing library and information center collections*. 4<sup>th</sup> ed. Englewood, Colorado: Libraries Unlimited; 2000.
7. Slote S.J. *Weeding library collections: library weeding methods*. 4<sup>th</sup> ed. Colorado: Libraries Unlimited; 1997.
8. Evans E.G. *Developing library and information center collections*. 4<sup>th</sup> ed. Englewood, Colorado: Libraries Unlimited; 2000.
9. Gorman G.E, Miller R.H. *Changing collections, changing evaluation*. In: Gorman G.E, ed. *International yearbook of library and information management: 2000-2001 collection management*. London: Library Association Publishing, 2000.
10. Clayton P, Gorman C.E. *Managing information resources in libraries*. London: Library Association Publishing; 2001.

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## **Health Information Libraries Journal**

*Health Information and Libraries Journal* is a peer-reviewed specialist journal which is international in scope. It aims to provide an interdisciplinary forum for researchers, students and information specialists in libraries, telecommunications, the computer industry and the health professions to exchange ideas and information within the broad field of health care information and librarianship.

### **Why write an article for publication in a library journal?**

It should be the aim of every profession to build up a body of knowledge in their subject by attracting high-quality contributions in areas of shared interest. Publication of articles also helps to disseminate good practice to colleagues in the same field.

There are also personal benefits – the process of researching a subject and detailing your findings in a rigorous, scholarly fashion assists with your personal development. Where several staff collaborate on a piece of work it can also be a valuable staff development exercise. It also has to be said that having a history of publishing, however modest, can only be good for your career. Finally, one would hope that the process of research and writing for publication is actually good fun, despite the hard work which accompanies it!

### **Why write an article for publication in Health Information Libraries Journal?**

If you're going to the effort of conducting research and writing for publication, you might as well aim for in a journal which reflects the effort you have put in. HILJ is a peer-reviewed journal and the articles it publishes therefore have a degree of credibility which other journals may not offer. The peer-review process is respected within academic communities and is effectively the best way of ensuring that a piece of research or writing has a lasting and measurable value to the community or profession it serves.

HILJ is a high profile journal, with a good reputation among both the library community and the health sciences community in the UK and the world. Having an international readership with contributors drawn from many countries is a good indication of the standing of a journal. It has also been heartening to note that electronic access figures indicate a high use (there were 10,863 hits in 2002, rising to 28,235 in 2003)

### **How do you write an article for HILJ?**

Firstly, you need to identify a subject of interest and relevance. It should primarily be interesting and relevant *to you* – your enthusiasm and knowledge can be transplanted into others if your article is written well. For guidance on choice of subject or approach to the subject, consider consulting the editor of the journal or a colleague at early stage.

Your article can be a literature review, an original study, a brief communication or news item, or a focus on a particular service development with which you have been involved.

You should consider 'team authorship' of your article – this is much easier than trying to accomplish everything by yourself. The team approach helps to spread the load, and multiple perspectives help to ensure that you haven't overlooked something major in your work. Establish a clear structure for your article as early as possible, and undertake an effective literature search. The literature search is crucial to the development of your article and, ultimately, to its credibility. A poor literature search which omits key contributions to discussion and thought on a subject is likely to lead to an incomplete article.

It is important to follow guidelines for contributors as laid down by the journal – presenting your article in an acceptable way is the first hurdle you will face in trying to get published, and it seems pointless to fall at this hurdle when it could be avoided. Give attention to detail – spelling, punctuation, accuracy and so on.

In terms of style, it helps to have a great opening paragraph which grabs the reader. Don't procrastinate – make your points and have faith in your research and your findings. At this draft stage, it's a good idea to use critical friend(s) whose judgment you trust. They can help to sharpen up your work before it gets to the editorial stage.

### **What is the process for an article go through for publication in HILJ?**

Firstly, an proposed article is submitted to Blackwells for consideration. If it is a brief communication- or news-type article, the editorial team decide on whether to publish. If it is an original article, it is sent to two peer reviewers who review the methodology, structure and content. Their eventual written response is sent to author(s) with an indication that the article has been accepted, accepted subject to revisions or rejected. Once any revisions are received from the author, the article is scheduled for publication.

### **What subject should I write about for HILJ?**

Looking at the number of 'hits' recorded on the electronic version of HILJ might give some idea of the level of interest in particular subjects. For instance, we see that the highest number of hits for particular articles were recorded as follows;

Rank	Title	Number of hits
1	Impact of library on patient services	750 hits
2	Current contents Connect and Pubmed compared	733 hits
3	Developing evidence based librarianship	622 hits
30	Feminism, health information and librarianship	222 hits
60	Searching for evidence to prepare patient information	146 hits
98	Introducing touch screens to ethnic minority groups	82 hits

### **What is the future for HILJ?**

We hope to move to an increased degree of electronic delivery for HILJ, and achieve growth in both readership and the number of contributions we receive. We would like our contributions to achieve a more international flavour, and also to reflect a more multi-disciplinary readership. Our longer-term aim is to achieve an impact factor, proof that our scholarly articles are of value to the academic and research community we service.

If you would like more information on HILJ, please contact me at [graham.walton@unn.ac.uk](mailto:graham.walton@unn.ac.uk) or visit the HILJ pages on the Blackwells website at; <http://www.blackwellpublishing.com/journal.asp?ref=1471-1834&site=1>

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## Abstract

As part of the development of the library strategy in NHS Fife a series of six open forums were held to consult staff and bring them into the planning cycle. The aims and the outcomes of the forums are discussed. The forums proved a useful information-gathering tool with key themes and ideas for improvement emerging.

## Introduction

NHS Fife Library Services are developing their library strategy with the aim of meeting the needs of all healthcare staff working in or with NHS Fife. It was recognised that consultation with both library users and managers needed to take place as part of this process. This is in line with the current ethos of service development within the health service, for example in *Local voices*<sup>1</sup>, *Patient focus and public involvement*<sup>2</sup>, and *Sustainable patient focus and public involvement*<sup>3</sup>. The difference in this case is that it is health service staff that are being brought into the planning cycle rather than patients or the public.

## Aim and Objectives

To find out what the staff in NHS Fife need from library services, a small research project was carried out. A series of six hour-long open forums were held at venues across Fife. These took the form of focus groups, run during the evening as well as in daytime hours to allow as many staff as possible to attend. The aim of these sessions was to establish a two-way process of communication. More specifically the objectives were to;

- collate the views of healthcare staff on library service provision
- identify the gaps in the current service provision
- achieve an understanding of what staff need from the NHS Fife library service
- build on the views of staff in developing a service fit for purpose
- allow opportunity for discussion and debate about library service issues.

To allow maximum time for brainstorming, two key questions were asked at each forum. These were;

- What do you need from library services to do your job?
- Where are the current gaps in the library service?

## Outcomes

26 staff attended these sessions. The majority of participants were employed in primary care (60%) with 20% working in acute care, 16% at the Health Board, and 4% in the local health care co-operatives. Although primary care participation was high, few people working in the community attended. Comments were received from staff unable to attend the forums but who wished to make a specific point. Key groups who were poorly represented at the forums were asked to submit comments, and an additional eight responses were received in this way, and were added to those gathered in the forums.

Six key themes emerged from the forums. These were;

- marketing and promotion
- physical siting of libraries
- provision of services, specifically the provision of patient information
- working with others
- technical issues
- cultural change

Many staff highlighted the need for the libraries to market their services more effectively. In particular, it was identified that efforts need to be made to target the marketing of the library service at specific groups to overturn the misconception that such services are solely for doctors. The perceived inequalities in service provision were also raised.

Several contributors felt it important that library services should be provided at or close to the point of need. With six libraries currently operating within NHS Fife, this suggests there is little scope to close or merge existing library services at present. Most contributors valued remote access to library services, particularly via home computers.

In terms of provision of specific services, the following resources were highly valued by staff;

- Space and resources for study
- Up to date and relevant stock
- Current awareness and SDI services
- Union catalogue
- Training in information skills
- Reference material for local resources
- PC access via library service
- Professional support/advice/availability
- Support for library users to access library facilities
- Literature searching/mediated searching
- Good customer service
- Quick service
- Free (£) access to services
- Provision of articles and inter-library loans
- Access to a library service
- On-line access to full text resources
- User friendly service

The above areas identified as requiring improvement included;

- space and resources for study
- up to date and relevant stock
- shared resources
- support for and provision of training
- professional availability including outside core hours
- the physical layout and classification of stock
- the provision of resources for non-clinical staff/nurses/allied health professionals.

With regard to the provision of patient information, contributors to the open forums disagreed about access to library services for patients and the public. At one forum, libraries were requested to allow patient and public access. At the others, it was suggested that libraries should support clinicians to provide patient and public information instead, perhaps through the development of a Clinical Librarian post. It was also suggested that libraries should work with other organisations (public libraries, Health Scotland and NHS 24) to ensure the availability of quality patient and public information.

Many respondents highlighted the benefits of joint working, both within the NHS and with partner organisations and libraries. Key links were identified as;

- the training and development departments within NHS Fife
- University of Dundee
- other Universities (notably Edinburgh/Queen Margaret College)
- other organisations outside NHS Fife (Council/ NHS libraries across Scotland).

Respondents also wanted to see links between library resources and those books and journals held within departments.

Improved IT access was a key concern for almost all contributors, although there was recognition that libraries have little influence over this. Security of library stock was highlighted, with systems at some libraries considered too lenient and at some too strict. Disabled access was also highlighted at one forum, particularly support for dyslexic users.

Protected staff time to access library services was a recognised issue at three of the forums, with attendees recognising the need for a culture change to reduce the need for staff to access resources in their own time.

## Lessons Learned

A higher turnout for the sessions may have been achieved by changing the timing of some of the events. It transpired that early afternoon sessions were held which clashed with the change of nursing shifts in the hospitals, so it pays to check in advance.

The lower level of involvement by community care staff may have been because the events were held at hospital venues. Sessions could have been arranged at local health centres but given that there are around 80 health centres, clinics and GP surgeries, this would have been extremely challenging. A more realistic alternative would perhaps have been to tap into the 'protected time' sessions that some of the local health care co-operatives in Fife have for staff development, although our timescale did not allow us to do this for this exercise.

As with any research, those who attended the sessions tended to be those with an interest in the development of the service. However, the open forums were a useful way of collecting information and engaging with users of the library service.

## Conclusion

The forums provided a useful insight into the needs and wants of staff in NHS Fife with regard to library services. Current services were highly valued by the staff who use them. Key areas for improvement identified were awareness raising; accessibility, sharing of resources, joint working and improved IT.

The open forum events were a useful way to engage and converse with library service users, although consultation with users should be an ongoing process rather than a one-off exercise. Ongoing involvement needs to be built in to the strategy and planning process for library services in NHS Fife, and staff views should be considered at all stages of library service development. This can be done through needs-assessment, establishment of priorities, development of service specifications and monitoring of services.

## References

1. NHS Management Executive *Local voices: the views of local people in purchasing for health*. London: Department of Health, 1992
2. Scottish Executive Health Department *Patient focus and public involvement 2001* [Online] Retrieved 14 April 2004 from <http://www.scotland.gov.uk/library3/health/pfpi.pdf>
3. Health Quality and Planning Division, Scottish Executive Health Department & Scottish Council Foundation *Sustainable patient focus and public involvement* Edinburgh: Scottish Executive Health Department, 2003 [Online] Retrieved 14 April 2004 from <http://www.show.scot.nhs.uk/sustainablepfpi/sustainablepfpi.pdf>

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## Abstract

Internet health resources are becoming increasingly important in meeting public demand for information. The Access Glasgow Health information gateway is one such resource, provided by a partnership of NHS, public and further education libraries. A preliminary evaluation of the gateway highlighted deficiencies in content and coverage. Questionnaire surveys of public health information needs demonstrated a requirement for information provision and an interest in health websites. Based on the results of this study recommendations for improving the Access Glasgow Health gateway are made and a sample of suitable resources for addition to the site provided.

## Introduction

Public demand for health information is increasing [1] as a result of demographic changes, improved education and literacy levels, increased confidence with new technologies and the need for informed choice [2]. With over 70,000 health related websites existing in 2000 [3], a recent survey [4] showed that health information is one of the most frequently sought topics on the Internet. The Internet is therefore a potentially valuable means of providing people with health information and the opportunity to take responsibility for their health [5].

A major element of NHS strategy is to get patients involved in their medical treatment through access to accurate health information [6]. Health gateways play a vital role in providing this access. Proposed as part of the Modernising Government initiative [7] the Access Glasgow project aims to develop a user-centred service across all sectors to meet the information needs of the community [8]. Electronic access to information is a central element of the project resulting in the creation of a prototype gateway called Access Glasgow Health ([www.accessglasgowhealth.org.uk](http://www.accessglasgowhealth.org.uk)).

## Aims and Objectives

The purpose of this study was to identify public health information needs and provide recommendations for improving the Access Glasgow Health gateway. The project is divided into three sections:

- Evaluation of the Access Glasgow Health prototype
- Surveys of public library customers and staff to identify health information needs
- Selection of quality health resources for addition to the gateway

## Methods

Evaluation of the Access Glasgow Health gateway was carried out first to minimise bias generated by opinions arising in the surveys. Criteria used to evaluate the website were taken from Clausen's (1999) "Evaluation of library websites" [9] and covered design, content, coverage, navigation, aesthetics and general impressions.

Two separate questionnaire surveys were conducted in 6 Glasgow public libraries covering a large geographical area within the city. Questionnaires consisted of closed questions with a few open questions covering broader topics or opinions. Both questionnaires were voluntary and conducted as structured interviews.

In each library 10 members of the public completed a questionnaire covering demographic information, where they find health information and why they need it, how the Internet is used for health information and what health topics are important. Members of staff in each library completed a questionnaire covering public health enquiries and resources consulted by librarians. Survey data was analysed using Excel.

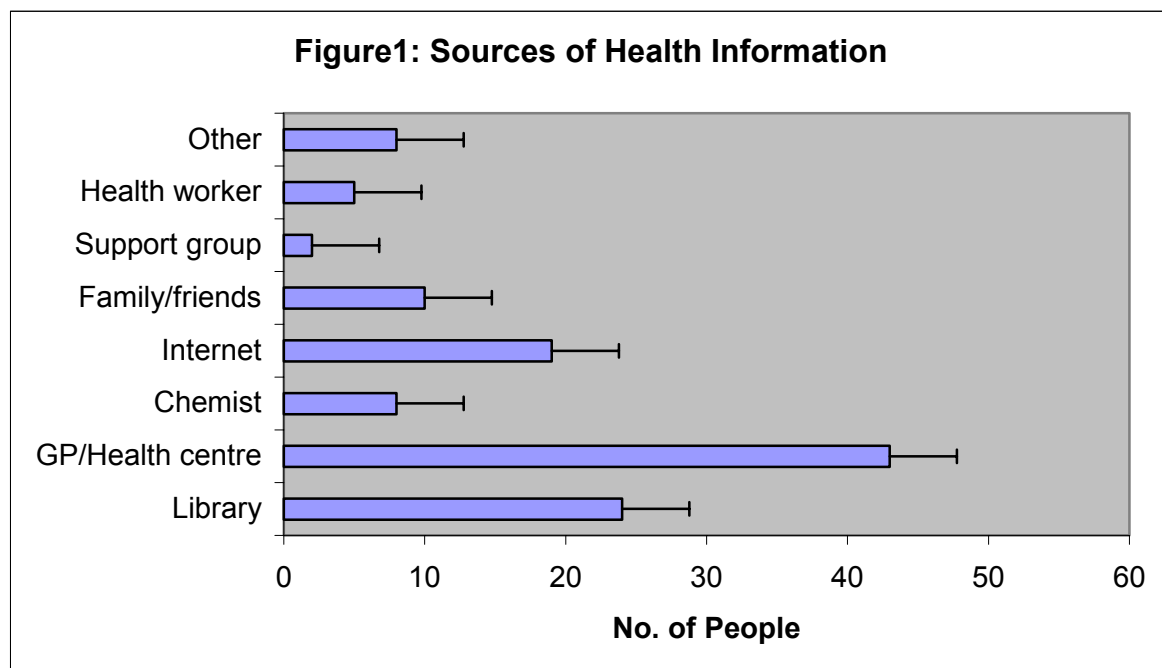
Twenty-eight health websites were identified for addition to the Access Glasgow Health gateway based on the BIOME guidelines [10].

## Results

The Access Glasgow Health gateway has a basic search function, and is organised into headings and sub-headings. Each heading leads to a set of sub-headings, which in turn lead to a list of websites, gateways or vital links.

The design of Access Glasgow Health is clear and simplistic with no multimedia and few graphics. There is no indication of authority or when information was last updated. The quality of content available is high, however the main criticism of the site is poor coverage. Navigation within the site is quick and easy, although links are not annotated. User support on the site is non-existent with an e-mail address for comments the only option available. In general Access Glasgow Health is user-friendly, however the small text size may cause problems for visually impaired users and there are no language alternatives.

Sixty members of the public participated in the survey. Age of participants ranged from under 24 to over 65. Gender was evenly divided between male and female. The majority of participants were of white ethnic origin (87%), due to a lack of ethnic minorities encountered and language barriers preventing completion of questionnaires.

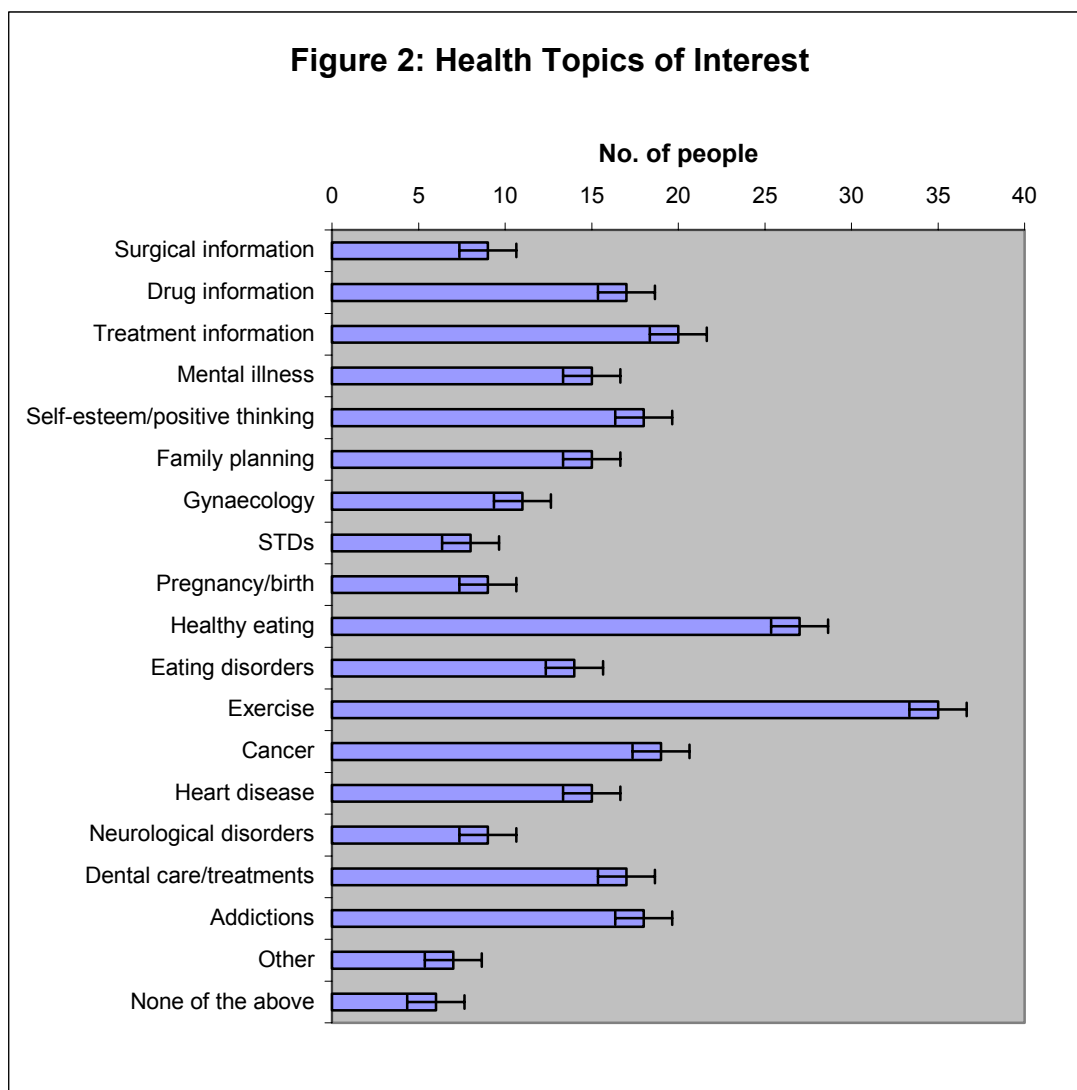


43% of respondents had needed health information within the last year. Figure 1 indicates the resources used by participants to find health information.

The most common source of information remains the GP or health centre, particularly amongst older citizens. Libraries and the Internet are frequently used.

A broad spectrum of health topics were identified as important (Figure 2). General health, women's health, men's health, child health, health for the elderly and oral health were all considered important.

Healthy eating and exercise are the most popular health topics. Treatment information, cancer, addictions, prescription information, self-esteem and dental care are also important. Significantly more women felt family planning was important ( $X^2=10.12$ ,  $p=0.05$ ). The difference between male and female was almost significant for gynaecology, healthy eating and cancer. Little interest was expressed in pregnancy or sexually transmitted diseases although this may be due to the sensitive nature of the question.



When asked their reasons for seeking health information, 73% of respondents cited healthy living, finding out about a diagnosed condition or preparing to visit a GP. Over 70% indicated they sought information for themselves or their family. Preferred formats for receiving information were leaflets, books and websites.

67% of respondents indicated they felt confident using the Internet ( $X^2=6.67$ ,  $p=0.01$ ). The majority of people not confident about using the Internet were elderly. Significantly fewer people used the Internet to look for health information (35%,  $X^2=9.6$ ,  $p=0.01$ ). Most people using the Internet to look for health information used NHS Direct Online or generic search engines. Only 50% of people using the Internet considered who produced the website they found information on.

The most commonly cited positive features of health websites were:

- Ease of access
- Currency
- Concise and simple information
- Coverage
- Links and contacts

The most common negative features of health websites were:

- Information overload
- Too little information on topics of interest
- Not enough information on common complaints
- Frustration at not finding what you want

Seventeen members of library staff completed a questionnaire. The most common health enquiries were about depression, general health, prescriptions, cancer and stress. Staff indicated medical encyclopaedias, books and the Internet were the most common resources recommended to the public. Library staff identified speed, coverage and patient experiences as the best features of health websites. Negative features of websites included misleading information, missing information, information overload and problems arising due to literacy.

## Discussion

Access Glasgow Health has a key role to play in guiding people towards high quality resources. Ensuring information is reliable, up to date and comprehensive increases the likelihood of use, encourages repeat visits and guards against confusion [5]. Selecting resources to improve coverage will help attract users to Access Glasgow Health. A number of papers are available that recommend sources of health information [4 and 1].

43% of respondents indicated they needed health information in the last year compared to 90% in previous studies [4]. This may be due to regional variations or survey methodology as Nicholas *et al.* [4] used an online questionnaire therefore contacting only Internet users. The 38% of participants using the Internet to find health information is similar to previous figures [4] validating the sample size used. 67% of participants felt confident about using the Internet, which is similar to previous figures of 69% [5]. People who did not use the Internet were mostly elderly people who relied on the GP for information. This mentality is common among the older generation resulting in a 'grey gap' in Internet use [3]. A sub-set of the community, both young and old, did not use the Internet, in agreement with previous surveys indicating there was a section of the community uninterested in the Internet [2].

The number of people preferring leaflets or books suggests the Internet should be used in conjunction with traditional information sources. This confirms data suggesting traditional media still outperform the Internet in relaying health information [4].

Peaks in interest in health eating, exercise, cancer and family planning are probably due to popular NHS and government media campaigns. Previous studies concluded that general health and diet are the most important health topics [11] with 50% of the population seeking alternative medicine information [4]. Previous surveys indicated 44% of people looked for online information relating to sensitive health issues [4]. The low interest in sensitive topics in this study may be a result of the methodology.

Variation in opinion of good features of websites suggest that health gateways such as Access Glasgow Health will need to provide information suitable for a variety of interests, reading levels and knowledge levels with options for further information. Recent surveys suggest a universal health website is unlikely to exist due to individual preferences and needs [11].

## Recommendations

A number of recommendations can be made based this study:

- Health information should be provided in leaflet form as this is preferred by customers
- Production of a 'hints and tips' leaflet on assessing website quality would be a cheap and effective way of improving the quality of information utilised by the public
- Addition of web resources to the Access Glasgow site to improve coverage is essential. In particular information on exercise, healthy eating, cancer, treatments, addictions, prescription drugs, common conditions, depression and stress should be added. Information on general health, women's health, men's health, child health and health for the elderly would also be useful
- Author details, contact details and date of last update should be added to the Access Glasgow Health website to improve consumer confidence.
- Options for alternative languages and text sizes would broaden the appeal of the gateway
- Advice for library staff on quality health websites to recommend to the public would be helpful
- Marketing the Access Glasgow brand is essential for expansion of the project.

## Further Research

There are three areas of interest for further research:

- Research on effectiveness of Access Glasgow Health
- Surveys of socio-economic groups not covered in this study, for instance ethnic minorities or young people, to assess their health information needs
- Adding a counter to the Access Glasgow Health website to generate accurate statistics on use

### **Conclusion**

In conclusion, the Internet contains a wealth of health information. The Access Glasgow Health gateway has the potential to be a useful information resource but needs to greatly increase its' content coverage. Results from the survey suggest there are key areas of health that should be included in the site (see Recommendations).

### **References**

1. Wallace, S. (1997) Health information in the new millennium and beyond: the role of computers and the Internet, *Health Education*, 3: 88-95.
2. Williams, P., Nicholas, D., Huntington, P. and Gunter, B. (2002) Doc.com: reviewing the literature on remote health information provision, *Aslib Proceedings*, 54 (2): 127-141.
3. Benigeri, M. and Pluye, P. (2003) Shortcomings of health information on the Internet, *Health Promotion International*, 18 (4): 381-386.
4. Nicholas, D., Huntington, P., Gunter, B., Russell, C. and Withey, R. (2003) The British and their use of the Web for health information and advice: a survey, *Aslib Proceedings*, 55 (5/6): 261-276.
5. Duffy, M., Wimbush, E., Reece, J. and Eadie, D. (2003) Net profits? Web site development and health improvement, *Health Education*, 103 (5): 278-285.
6. NHS Executive (1999) *Information for health: an information strategy for the modern NHS 1998-2005*, HMSO London. Available: <http://www.doh.gov.uk> (Accessed 20 February 2004).
7. Tomeny, A. (2000) Modernising government: Glasgow City Council "Access Glasgow" proposal, Glasgow City Libraries and Archives (Internal fax).
8. Dobson, M.S. (2004) Partnership sub-group meeting agenda. Access Glasgow Health: background and objectives, NHS Glasgow Library Strategy: Planning and Implementation Group (Internal document).
9. Clausen, H. (1999) Evaluation of library web sites, *The Electronic Library*, 17 (2): 83-87.
10. BIOME (2001) Summary of key evaluation questions. Available: <http://biome.ac.uk> (Accessed 10 February 2004).
11. Huntington, P., Nicholas, D. and Williams, P. (2003) Characterising and profiling health Web user and site types: going beyond "hits", *Aslib Proceedings*, 55 (5/6): 277-289.

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**Introduction to research methods: 22<sup>nd</sup> April 2004**  
**NHS Education for Scotland, The Lister Postgraduate Institute**

### **Introduction**

I attended this NES organised course in Edinburgh with the aim of getting to grips with the research process, both to assist the library users and also for my own professional interest. I had very little research experience prior to the course, only what I had picked up while at university and I felt that this introductory day course would give me a good overview of the subject without being too technical.

### **Research Topics**

The morning started with an introduction to research by Dr Linda Prescott-Clements, who split us into pairs and asked us to come up with some ideas for research topics that we might be interested in investigating. Discussing ideas and presenting them to the group, along with what we hoped to get out of the day was a good way of reminding ourselves why we were interested in finding out about the research process. She then went on to give an overview of the different types of research, such as historical research, survey research and group comparison research.

### **Preparation, Planning, and Funding**

Dr Yvonne Hurst then took over to present information on preparation, planning and funding. She took us through the process of developing a research question, including using the idea of broader then narrower topics to develop a question that will pose and solve problems and be of real use to others. We were then split into groups to brainstorm research questions and these were then shared with the larger group. This exercise really showed us how many good areas of health librarianship there are to research and some great ideas were generated by the group that will hopefully be translated into research projects in the future. Yvonne then went on to describe the next steps in the research process, for example, conducting a literature search and discussing your ideas with colleagues.

Next, she moved on to how we should attempt to answer the research question, including planning a clear, realistic strategy with timescales, objectives and ideas about your study subjects. Other things to consider are the budget, the support you will need, your research methods and how you will evaluate the data. She then described how we should approach writing a research proposal, an essential tool for gaining funding or support. She said that there are funding opportunities available, you just have to look for them by, for example, finding out who has funded similar research recently. We must also consider the eligibility criteria for the funding and think about the remit of the funding body before applying. The proposal should be tailored to the requirements of the organisation or person you are submitting it to and should contain a clear, unambiguous title (one sentence), an abstract, introduction, design section, evaluation plan, a summative plan with goals and objectives and appendices with a bibliography and details of timescales.

### **Quantitative Methods**

Iain Colthart then gave a lecture on perhaps the most technical part of the day – quantitative methods: surveys. His lecture included how to differentiate between quantitative and qualitative methods, different types of surveys (e.g. descriptive/analytical or longitudinal/cross-section), survey issues such as pilots, choosing questions (open vs closed), writing questions, postal surveys and response rates. He then talked about sampling and confidence errors, reliability and validity; and statistical analysis and tests. It was the most challenging lecture of the day, in my opinion, but he explained it very well and passed round some great examples of good and bad questionnaires, useful articles and a list of websites and books where we could find out more. We were then split into groups and asked to come up with a short questionnaire to measure user satisfaction with library facilities. My group spent most of the time trying to decide what facilities should be included in the survey but we did manage to come up with a basic questionnaire in the end that we presented to the class after the lunch break and it was useful to discuss the issues raised from this practical exercise.

## **Qualitative Methods**

The next speaker was Dr Jo Vallis who gave my favourite lecture of the day. She spoke about qualitative methods: focus groups and interviews and was very willing to share her experiences in the field with the group. She started off by defining qualitative research and comparing it with quantitative methods, pointing out that qualitative research is about discovering the meaning of the facts provided by quantitative research. In qualitative research there must be articulation between all aspects of the study, rigour applied to the process with detailed planning, a well thought out research process with administration, data collection, analysis and dissemination phases and a good research proposal. A literature review should be undertaken and sampling strategies worked out in advance. All material used for the research must be prepared, such as forms to record responses, letters, fieldwork records and topic guides. Equipment (such as tape recorders) must be purchased and the practical details of the interviews worked out in advance. Different computer software can be used to help analyse results and thought should be given to how your research will be disseminated at the end of the project.

Jo kindly gave us copies of her own checklists, information sheets, fieldwork record sheets and some practical details and tips with further reading resources. We then split into small groups to discuss how we would use semi-structured interviews to research the search skills of clinicians. This proved to be a very interesting exercise that enabled us (some from very different backgrounds within health librarianship) to share knowledge and experiences about how our medical staff searched. The exercise also gave us some great practical experience in coming up with research topics and how best to ask the questions we were interested in getting answers to. Each group then shared their topics and questions with the other groups and discussed the issues that had arisen during the exercise.

## **Research Synthesis**

After a tea break, Alex Haig, the course organiser gave us a very quick overview of evidence synthesis. This involves bringing the evidence together to better inform your research. He discussed some projects such as the BEME collaboration and the EPPI Centre who are involved in producing systematic reviews and mentioned some of the issues involved with producing systematic reviews such as differing study designs, the traditional hierarchy of evidence (RCTs are not always the best source of evidence) and qualitative vs quantitative research. He described the different approaches to evidence synthesis in brief, such as using checklists, qualitative synthesis, triangulation, narrative summary, grounded theory and thematic analysis and mentioned some of the key future issues within the field.

## **Research in Practice**

The final speaker was Karen Beggs who gave a lecture on applying research in practice. This talk really brought the different aspects of the day together and she started by getting us brainstorming some of the obstacles that might put us off research. Perceived barriers raised by the group included lack of time and resources, lack of support from employers and concerns about the level of technical expertise required. Karen made us see solutions to these obstacles and stressed the importance of selling ourselves as researchers and believing in our research project. She then gave us a sample research outline form and encouraged us to fill it in with the idea we generated at the very start of the day. Headings to consider included title, aims, stakeholders, funding (always a problem!), methods, timescale and dissemination strategy. This was a very useful exercise that got us all actually thinking like researchers and she explained that this outline makes the best possible starting point when thinking about starting research.

Other tips she gave us were to try and build up networks for support and to expand the expertise available to us and to identify hot or 'sexy' topics within our field as these are the projects that are more likely to attract funding. She finished by getting us all to come up with a strength that we could bring to the field of research, either professionally or personally and I think we all surprised ourselves by actually coming up with a long list of strengths, such as information skills, thoroughness, perseverance, networks, ideas and planning skills. This was a really good way to end the course and left us feeling very motivated.

## **Summary**

In summary, I thought this course was excellent. The speakers were very experienced, informative and inspiring and the lectures were well-prepared and of high quality. Alex Haig organised the course

very well and the structure of the day, content and complexity of the material presented was just right. He also made it clear that NES Knowledge Services are always willing to hear our ideas for future courses, for example a follow-on research day has been suggested. He asked that we get in touch with Dr Ann Wales, Alex Haig or Laura McCaig to discuss any ideas we have for future sessions. Additionally, all slides and handouts from the day will be available on the eLibrary in the future: <http://www.elib.scot.nhs.uk/news/pages/librariannews.asp> but in the meantime, Laura McCaig [Laura.McCaig@nes.scot.nhs.uk] will email the resources to anyone who wants them.

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**Conference Report: CILIPs Branch and Group Day**

**Chloe Stewart**

**9<sup>th</sup> June 2004**  
**Peebles Hotel Hydro**

Mercifully for those of us determined non-drivers CILIPs had sent a bus, and 8am in Glasgow saw it filling with coffee-clutching librarians. 90 minutes later saw us decanted at the Peebles Hydro Hotel, a name to conjure a bygone atmosphere of bath chairs and dressing for dinner, which the reality of gilded columns, bacon rolls with coffee and innumerable sofas matched up to.

The day followed the CILIPs conference theme of 'The power of partnership', with SHINE as a quintessential example of partnership hosting one of the sessions, and the variety of speaker sessions and supplier displays fulfilling the promise of something for everyone. Attendance at the day was also markedly cross-sectoral, although this was not always reflected in the presentations.

The opening presidential address was packed, with late-comers thrust whimpering into the front row, and the introduction by CILIP President Maggie Haines was a skilful definition of partnership, based on her own experiences at King's College London, emphasising the importance of internal and external cooperation and the need for a culture of evidence-based practice and learning, leading in to an introduction of CILIPs President Moira Methven.

Most of the subsequent address was uncontroversial – the need for library and information workers to learn from other professions, the need for an evidence base to lobby for support, the development of online resources and the poor image of libraries. However, some recognition that she was not speaking to an exclusively public library audience would have been welcome, and I felt that many of her recommendations as to tailoring services to user need were already common practice outside public libraries. I also have doubts about the wisdom for taking Tesco as a model for library services, or of advocating the retention of advertising companies for promotion of library services. Although there was acknowledgement of social role of libraries in changing lives and opportunities, I felt that the distinction between book shops and libraries was not adequately made.

I decided to revisit my past as a school librarian by attending the Youth Libraries Group session, and here had the ironic experience of a non-librarian illustrating the role of libraries in partnership. Dvaid Jones of COSLA offered a witty and anecdotal presentation on the Dialogue Youth project, which builds on the Young Scot cards and resources trialled in some local authorities to provide a service for empowering and informing young people. The Young Scot website (see below) has been developed to provide accessible information on issues which young people themselves have suggested, and web and journalism training means that the site is partly developed by under-eighteens. Other project strands are consultation with young people, training them in skills such as discount negotiation in shops in remote areas, and the card – which allows access to school meals, leisure facilities – and libraries.

The project is extending beyond the original pilot areas and is part of a wider Euro26 network (see below). Several issues of interest to health libraries came up – the single biggest health worry and

need for information among teenagers is *cancer*, and at the suggestion of local youngsters confidential health advice from a nurse is available in a public library in East Renfrewshire. A promotional video for the scheme from East Renfrewshire highlighted the public library service as a benefit to card holders, and it was clear from a number of people in the audience that the project has galvanised them into communicating better with their younger users and to providing innovative services which put libraries at the heart of communities.

After an excellent lunch, digested on the terrace overlooking a croquet lawn, and an unexpected meeting with a former colleague last heard of in Birmingham, came SHINE's own session.

The first part of this session, chaired by James Beaton of the Royal College of Physicians and Surgeons of Glasgow, was a talk by the Jackie Lord (chair of the Health Libraries Group) on the CILIP Health Executive Advisory Group, which advises CILIP on health matters. Jackie discussed the HEA's recent report and her own views on the future of health libraries, how to 'future proof' the whole LIS profession, and what other sectors could learn from health.

The report is based on a workshop held last year (see below) and on subsequent interviews. It will be published in September and will look at issues in health, the LIS role and the role of CILIP and HLG. The current issues in health librarianship outlined by Jackie were familiar to most of the audience – the rise of evidence based practice and patient power, the role of politics, IT and the media. A role for LIS professionals in partnership with clinicians is foreseen, in supporting clinical decision making and research.

The example of Jackie's own organisation, the RCN, where the LIS staff have been asked to devise the information strategy for the whole organisation, illustrated how librarians can develop new skills and use their existing ones. Future librarians (not just in health) are expected to need skills in finance, leadership, negotiation and project management, and to need to hone their existing skills to contribute to strategy and policy development. The report also urges CILIPS to take a lead in providing training for these roles, in benchmarking LIS quality against other professional bodies, in regulation and in advocating for LIS in government policy.

Annette Thain then presented the Managed Knowledge Networks project, discussing among other issues the knowledge mapping performed for cancer and mental health, the e-library and MKNs as an example of partnership working, and the role of the new Knowledge Exchanges in pinning down 'tacit knowledge' which tends to be unpublished or difficult to locate.

The final session I attended was chaired by the Information Services Group on the Freedom of Information legislation – this was one of the most well attended sessions, reflecting the anxiety this legislation is causing. Fiona Flett from the Records Management Offices in Stirling presented a detailed summary of requirements under the Freedom of Information Act, but again the tacit assumption was made that the audience consisted solely of those working for local authorities.

Despite the guidance published, and the fact that from 1<sup>st</sup> January 2005 the Act will be fully operational, there seems considerable confusion, partly due to the vague wording of the Act itself. A wide variety of publication schedules have been accepted, and it is unclear what is defined as accessible information – e.g. whether documents held only on a website or in a reference collection are defined as such. There were however salutary reminders that the requirements should be seen as promoting a culture of openness, and as providing an opportunity to audit an organisation's records and management system.

I found the session illustrative to some extent of the difference between library and archive workers, with the latter relatively relaxed about the practical implications of the Act. The point made by an audience member that libraries are often seen as the obvious targets for a query but are not necessarily given access to internal material was not really answered, as was the case with points made about the issue of confidential minutes and the issue of intellectual property. I suspect that as with much other legislation there may be test cases in the courts before definitive requirements are pinned down. In the meantime I am reading the FOI guidance from the Executive and Greater Glasgow Health Board (see below). ...

### **Further reading**

Information Scotland Online

<http://www.slainte.org.uk/publications/serials/infoscot/contents.html>

Dialogue Youth  
<http://www.youngscot.org>  
<http://www.euro26.org/>

Health Executive Advisory Group  
<http://www.cilip.org.uk/advocacy/eags/health.html>

Freedom of Information  
<http://www.scotland.gov.uk/Topics/Government/FOI>

<http://www.show.scot.nhs.uk/ggpct/foi/>

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## **SPHEN-O-GRAM 2: A day in the life of a Health Promotion Library**

**Elspeth Henry**

It seems to be that not too many people are familiar with what exactly goes on within the walls of a health promotion library, and it has fallen to me to try to enlighten people. Well, hopefully what goes on here is similar to what goes on elsewhere in the country. I was told last year by a rep that I was “not a normal librarian”, so perhaps I’m not the best person for the job. If not I’m sure you’ll be quick to respond.

The subject of health promotion has been around for some time, with theory often referring back to the World Health Organisation’s Ottawa Charter of 1986 <sup>(1)</sup> as the start of the subject as it is today. Recent Government White Papers have emphasised a move to improving the public’s health, in part by encouraging people to take more responsibility for their own health <sup>(2,3,4)</sup>. As part of the Directorate of Public Health, our department sees the provision of the library and resource service as contributing to this, sometimes along with hands on training.



The major difference I see between the service here and in other health libraries is our resource lending and leaflet and poster supply services. We provide these materials for any user at all in the region, whether NHS, student or member of the public. The resources might be a visual aid, CD-ROM, materials for a display, a teaching pack, a book or a video. The topic areas covered by resources and leaflets include things such as smoking cessation, healthy eating, men’s health, women’s health, self-examination for cancer prevention and sexual health. I think the current most popular resources are the “Smoker’s tar in a jar” which contains half a litre of brown gunge (the equivalent tar for smoking 20 cigarettes a day over one year) a crushed cigarette packet and some “dog ends”, and the replica food pack and plate floor mat. I’ve never seen such realistic plastic doughnuts and chips. The most popular leaflets include nutrition, smoking cessation, more so recently in supporting the Smoking Policy introduced across NHS Tayside, and mental health.

The library is still of course involved in the usual things, interlibrary loans, managing a journal collection, producing an awareness bulletin and of course the old favourite – stamping books! We are involved in developing the local strategy for NES, and look forward to the raised profile of the service and profession which should come from this.

With the current government emphasis on health improvement I think there is the prospect of a good future for those of us in health promotion libraries.

1. Ottawa Charter. World Health Organisation  
Available at [http://www.euro.who.int/AboutWHO/Policy/20010827\\_2](http://www.euro.who.int/AboutWHO/Policy/20010827_2)
2. Towards a healthier Scotland. Scottish Office.  
Available at <http://www.scotland.gov.uk/library/documents-w7/tahs-00.htm>
3. Our national health. A plan for action, a plan for change. Scottish Executive. Available at <http://www.scotland.gov.uk/library3/health/onh-00.asp>
4. Partnership for care. Scotland's health white paper. Available at <http://www.scotland.gov.uk/library5/health/pfcs-00.asp>

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## News



Congratulations to Dorothy and Alan Woolley who married at Auchtermuchty Parish Church on Saturday 31<sup>st</sup> January. The reception was held at the Lomond Hills Hotel in Freuchie. They haven't had honeymoon yet since they moved to their new house 2 days after the wedding. To make up for that they are planning a trip to New Zealand in October to visit Alan's father.

Alan ran the Fife Council social work library (F/ED) for seven years or so, but was made redundant on the 13<sup>th</sup> of June. Dorothy manages the Postgraduate Library, at the Victoria Hospital in Kirkcaldy (F/V); the Medical Library, Stratheden Hospital, Cupar (F/S); and the Medical Library, Lynebank Hospital, Dunfermline (F/L). Dorothy and Alan, although acquainted previously, met properly at a meeting of their local health service librarians group, which includes social work and University of Dundee Fife Campus, on 11th October 2002.

### Length

Abstracts: Every article will have an abstract of approximately 100 words.

Articles: All main articles should be between 1000-1500 words

Reports: Reports on conferences, study days etc should be no longer than 1000, if it is an article based on a conference or study day then it should conform to the word count of an article, see above.

### Topic

If you are unsure whether a topic is suitable for inclusion in Interim please contact the editor or Publication Advisor.

### Format (Size and Spacing)

All abstracts and articles should conform to the following format:

Title: Comic Sans, font size 13

Sub title/Paragraph Titles: Arial, font size 11, bold, centred, one single paragraph space before and after.

Body Text: Arial, font size 10, single spacing, and one single paragraph space between paragraphs. No indents at the beginning of paragraphs. Paragraphs should be justified, however if you wish to draw attention to a specific paragraph it should be centred. If justifying a paragraph breaks up the text to a point where it is rendered unreadable use left align.

Author Details: Arial, Font 10, Bold, Right aligned.

### References

The Vancouver system should be used, an excellent guide to the Vancouver system can be found on University of Leicester website at: <http://www.le.ac.uk/li/sources/subject3/biol/ist/vancouver.html>

### Author Details

Every article or report will have the following Author details:

- o Name
- o Position held
- o Place of employment
- o Address
- o Telephone
- o Email

### Submissions

Contributions can be submitted as attachments (.doc or .rtf) by email, or by post to the Interim Editor. If the submission is by post please include disc or CD.

### News and People Sections

These can be in the form of short paragraphs or whole articles, if a short paragraph it can be submitted in the body of an email to the editor or if an article then it must conform to the article requirements as provided above.

### Submission & Copy Dates

Number 46: October 2004, Submissions by 17<sup>th</sup> September 2004.

Number 47: January 2005, Special Issue: History of Interim and SHINe, Submissions by 17<sup>th</sup> December 2004.

