

Catalyst Event Report on

How do we ensure the future of Health Libraries

***An opportunity to discuss how we can create an evidence base for the library
and knowledge services Funded by Health Libraries Unit North***

Cloth Hall Court, Leeds, Friday 5th October 2018

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library and knowledge services*

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Purpose

Healthcare library and knowledge services underpin education, lifelong learning, research and evidence-based practice across the health and social care sector and the ambition is to extend the role of health libraries and librarians so that healthcare knowledge services become the integral part of informed decision-making and innovation. The purpose of this event was to enable the healthcare library community to come together and explore how they can create an evidence base for library and knowledge services and how they can ensure the future of health care libraries.

The event was designed to help:-

- Identify research questions of importance to researchers, clinicians, policy makers, commissioners and service providers and patients and the public.
- Create new, exciting and innovative collaborations to develop health care libraries research funding.
- Improve links between the NHS and other organisations to facilitate research and support changes in practice.
- Give colleagues an idea of strengths and potential gaps in the evidence base for health library research.



Presentation - David Stewart

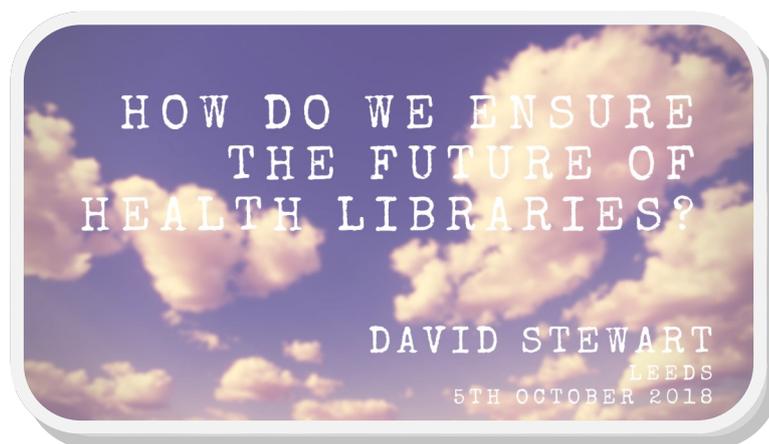
A room with books is not a library, even a beautiful room like the one on my slide. I do believe library services have a great future, but those services are built and delivered by librarians. Libraries don't *do* anything. The doing is done by librarians – and librarians have a great future.

We have to be able to demonstrate what difference librarians make, not just by getting great customer feedback but by getting data, case studies and stories about our impact. What difference have librarians made to the organisation, to the bottom line, to patient care and safety?

We need to ensure everything we do is evidence based; we need the research to underpin our work and to help us demonstrate our impact.

The British Library used to fund library and knowledge research and while that was great we do need to be wary about waiting for everything to be done for us, to be "top down". The recent key note address at the EAHIL Conference by Cormac Russell demonstrated the enormous power of "association" and some of the risk of stalling local developments by "top down" interventions.

Evidence-based librarianship (EBL) has been championed by many people but it owes its origins to health librarians like Alison Brettell and Andrew Booth. They are part of the foundations of EBL and are clear that by developing ground up approaches we can build a practice-based research base for our work.



Convenor reports

Convenor Name: Andrew Cheney

Group 1 Topic of debate: Health libraries, our days are numbered?

Participants: Dan Livesey, Michelle Dutton, Debra Thornton, Julie Oldham, Katie Nichols

Key points from discussion:

- There is a demand for the skills of health librarians
- New graduates don't know what health libraries do
- Recruitment is a problem – we need a clear career pathway



Next steps: None Recorded

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Convenor Name: Helen Curtis

Group 2 Topic of debate: How do we communicate what we do to demonstrate our value to senior executives and create understanding of the full range of library services/ impact?

Participants: None recorded

Key points from discussion:

- How do we make staff understand what we do and the value of that activity?
- Have passion and persistence
- Go to meetings and get yourself known (increased visibility via twitter)
- Continuously identify champions
- Relate LIS outcomes to board priorities / organisation aims (CQC quality improvement)
- Communicate in a way that is meaningful to your specific audience
- Gather and disseminate tangible /measureable outcomes that impact on the organisation or individual



Next steps:

- Identify the key outcomes the organisation wants
- Strategically communicate through multiple streams to demonstrate impact and value
- Be a super busy service inundated with service users who appreciate all we do

Email addresses: None recorded



Convenor Name: Alison and Samantha

Group 3 Topic of debate: Embedding research and value of libraries

Participants: Peter Van der Graaf, Gill, Becky, Paul, Melanie

Key points from discussion:

- Relationship building, outreach/ signposting
- Acorn Bradford – building research project
- Research in peoples job description – clinical academic staff
- Institutional support

Next steps:

- Talk to people
- Leave the library
- Inductions
- Look at past research and check previous impact

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Convenor Name: Geoff Walton

Group 4 Topic of debate: Tackling health misinformation

Participants: Julie Griffiths, Lisa Jeskins, Hannah Spring, Mike Raynor, Gil Young, Rebecca Vaananen, Helen Outhwaite, Becky Williams, Emily Hopkins, Ruth Carlyle, David Stewart

Key points from discussion:

- Fake news gets out because people understand it – it is absolute and definite communication
- Information that makes people realise they can control
- Making every contact count – nudging information, using community networks
- Peer navigators and understanding what information and when people can cope with it.
- Role of social media influencers – working with them? Validating their claims
- Role of marketing/ communications – how NHS choices looks and how accessible.
- How do we develop trust – the power of the false intimacy of social media is incredible
- Do we just need money and a celebrity endorsed marketing campaign?
- Need to decide what the news is – not wait and counteract claims

Next steps:

- The role of participatory research, starting small, talking to people
- Exploring a tiered approach to health information – headlines that stick
- Capitalise on wellness – use health information week to start conversations
- Tiered approach, easy 'sticky' message, medium, evidence based.



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Convenor Name: Emily Hurt

Group 5 Topic of debate: How can we deliver services directly to patients/public/ people to help them manage their health

Participants: Emily Hurt, Dominic Gilroy, Paula Elliot, Karen Sutcliffe, Deena Maggs, Mary Hill, Sue Steele, Joanne Naughton



Key points from discussion:

- Libraries as spaces for people to use
- Work with other organisations locally to signpost – Bolton Health Information partnership
- There are patient information roles already, we need to share their experiences and impact to help build an evidence base
- These libraries with spaces that can be used by patients/ people should try it out and share results
- We need 'proper' research that demonstrates an effect to help build the evidence base.
- Patient information involvement across services is very varied
- Involvement of library services depends on the infrastructure, find that key person to get in.

Next steps:

- Learn from the Bolton Health Partnership example
- Bring together experiences from current patient information roles – see what works and what doesn't, create an evidence base to help organisations develop similar roles
- Current initiatives for providing information to patients need to be shared



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Convenor Name: Victoria Treaway

Group 6 Topic of debate: What networks exist in libraries, research and academia to grow the evidence base and what works?

Participants: Heather Steele, Janet Reed, Alison Brettle, Linda Ferguson, Katherine France, Caroline Storer, Michelle Maden, Emily Hopkins, Maria Grant

Key points from discussion:

- Right people having the right conversations and developing their skills.
- Evidence synthesis network (Manchester, similar in Liverpool) building links with academia.
- NHS R&D Website – list of research networks
- CHAIN
- Events – useful to go to and meet people to discuss networks and research
- Do we need a network for health libraries too? Yes, bring in non librarians too!
- Network to discuss potential research ideas, pin them down, develop projects, peer support and advice
- A PDR objective featuring research could help with permission from organisations
- Network could help with research capacity – share the load
- Networks can help with accountability at achieving research goals and supporting throughout the research journey
- Networks can be informal – coffees etc.
- Include non librarians to work together to create different ideas
- Conclusion – Community of practice not a network!



Next steps:

- #UKMedLibs or #UKLibChat
- Creating a community of practice to grow our evidence base
- Tools to support the network (private Facebook groups, Twitter, WhatsApp)

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Convenor Name: Ruth Carlyle

Group 7 Topic of debate: How do we cost our role and skills?

Participants: Tracey Owen, Debra Thornton, Paul Stevenson, Vicky Bramwell, Gill Kaye, Paul Twiddy

Key points from discussion:

- Needs qualitative and quantitative mix
- Risk v cost v impact – will Trust go for cheap rather than 'effective'
- What services give greatest return on investment
- Different levels of service (cost for specific aspects)
- How do we show value?
 - a. Cost as proxy for time saved in clinical time
 - b. Social return on investment
 - c. What do we do if we have a financial value on a service?
 - d. Reduction in waiting lists through self management literature
 - e. Risk Analysis
 - f. Costs – above and below the line
 - g. Costing to identify/inform service development
 - h. Cost is appropriate/relevant for the audience
 - i. Return on invest



Next steps:

- Any evaluation we need to know how we will use it and apply
- Relate costings to clinical/patient care not just business function
- Framed on benefits and risks
- Identify the key elements of service that has the highest value to wider organization
- Learning from other 'soft' areas such as quality improvement where we may identify models and methods we can adopt.

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Convenor Name: Mary Hill

Group 8 Topic of debate: How relevant is the archive?

Participants: Dom Gilroy, Janet Reed, Paula Elliot

Key points from discussion:

- Something being old doesn't make it redundant e.g. use of electric shock treatment
- We need to find the evidence base for why we should keep archive material such as journals. This is a joint research project for all libraries
- Assuming the positive, we need a coordinated approach to ensure the survival of archive material in NHS England
- Whole other question around electronic archives of non journal material

Next steps:

None recorded

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Convenor Name: Emily Hopkins

Group 9 Topic of debate: How do we develop our skills to further support evidence based practice?

Participants: Samantha, Joanne N, Helen Outhwaite, Michelle Maden, Caroline Storer, Gil Young, Katie Nicholas, Geoff Walton, Anna Greg, Hannah S

Key points from discussion:

- Hierarchy of evidence can be biased – open minds to quality of evidence.
- 'Webscrapping' NESTA framework rating option
- Now have to understand content/subject matter previously relied on searches changing requests
- Thesaurus headings – can only work with what we have got – cant always rely on free text e.g. HDAS works with Allied Health Professionals, doesn't break down in professions
- Confidence in your search results courage on your conviction
- Google v database for searches – do you check your results elsewhere?
- Research hierarchy rather than on evidence hierarchy
- Depends on questions – the more you read – why is there a reliance on that evidence base, can you get full text access
- Look at the work Andrew Booth has done
- Can clinicians prove they are using the best evidence
- Is the search relevant and flexible for the needs
- Systematic as we can be?!



Next steps:

- What do we use? A how to guide for librarians with useful examples of questions
- LIHNN Northern website for people to share searches
- Community of practice/email list to ask for help
- How to record search strategies on what is useful/what works in HDAS etc so you can return the search and get updated information
- Teach people how to search Google correctly 'the tiny clues' search getting evidence from press release

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Convenor Name: Maria Grant

Group 10 Topic of debate: We're already doing important research but we need to recognize its value and be confident about communicating it

Participants: Andrew Cheney, Lisa Jeskins, Tracey Pratchett, Rebecca Roylance, Helen Swales, Anthea Sutton, Mike Raynor, Emily Hurt

Key points from discussion:

Recognising value

- We forget that our everyday might be revolutionary for others
- Need to do stories within own organization
- Share lessons learned, failures as well as successes, and encourage others to do the same
- Better regionally at sharing but not necessarily outside of that
- Pick up ideas from talking to people/meeting rather than just reading literature

Confidence about communicating

- Where should we put this information? Blogs, newsletters?
- We are experts in what we do but don't always feel an expert at writing
- Writing up – is it confidence? we're happy to present and speak at conferences. priorities? justifying time?
- Publish up research – to get on equal footing with academics
- What would make us write up? Time – build it into the project plan, dissemination needs to be built in
- Set up writing club at work – good for collaborations and opens other doors – gains recognition
- Try 'shut up and write' sessions – gives you permission
- Buddy system – community of practice
- More practical guidelines
- Referees workshops with authors
- Being brave!



Next steps:

- To encourage us to write:
 - ⇒ Start small: blogs/practical case studies – doesn't have to be academic journal articles
 - ⇒ Find buddy system
 - ⇒ Being prodded – get involved in peer reviews
 - ⇒ Practical guidance



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Convenor Name: Karen Sutcliffe

Group 11 Topic of debate: How can health libraries improve mortality and morbidity and how can we provide evidence?

Participants: Sarah Massey, Alison Gulvag, Heather Steele, Paul Tickner, Janet Reed, Mary Hill, Michelle Maden

Key points from discussion:

- Health libraries provide support to improve mortality and morbidity, by for example,
 - literature searches to support decision making
 - Information skills training
 - Providing the evidence base
 - Knowledge management to disseminate the lessons learned from M&M meetings and also collating and storing internal reports, audits and research so that the results can be shared.

However, the support given needs to be acknowledged e.g. referencing the literature search that contributes to service change.

- Health libraries need to be embedded at the start of projects/audits and their contribution recognised and cited.
- Evidence – a direct link can't be shown but an indirect link may be inferred

Next steps:

- Get embedded at the start of projects/ audits etc.
- Be proactive
- Attend M&M meetings and disseminate the lessons learned

Email addresses: None recorded

Convenor Name: Deena Mags

Group 12 Topic of debate: If the health system is moving towards integration, should health libraries have a role in supporting social care information?

Participants: Helen Curtis, Melanie Dawson, Peta Jones, Heather Steele, Sue Steele

Key points from discussion:

- Difficult to know who is the social care workforce – all working in same health economy but cant get in the building or log into resources.
- Need to understand better the needs of social workers and resources – what do they do at university?
- Librarians need to be relevant and stay ahead of the game
- What is the evidence base for social care?

Next steps:

- Should we set up a group to explore further for the next KFOHC strategy?

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Convenor Name: Rebecca Vaananen

Group 13 Topic of debate: Public health resource centres are needed- how to enhance the knowledge and mobilization skill within the staff

Participants: Peter Van de Graaf, Dan Livesey, Becky Williams, Victoria Treadway, Dom Gilroy, Heather Steele, Paula Elliot, David Stewart

Key points from discussion:

- How do we increase capacity of health librarians to mobilise knowledge for public health/local authority
- There are rules about accessing library knowledge support that our users don't appreciate e.g. membership eligibility, funding
- Where are the gaps in the health system without library/ knowledge support (social care/public health/ local authority) and how do we plug them?
- What kind of knowledge is useful to public health? Evidence might mean something different than what is in the literature – how can that knowledge be shared before it is formally published and included in the decision making process?
- Applied research centres (ARCS) may have resources/ networks we can tap into
- How can we track how our resources/ services are being used once they've gone off our radar (e.g. public health leaflets)
- Effective knowledge mobilization is about relationships and often those softer skills are difficult to measure.



Next steps:

- More health libraries please!
- We need to collect learning insight and be reflective about our professional skills
- Join the community of practice that we will be creating after this event
- Possibly a research question – a qualitative study about impact of library/knowledge support to public health from different settings (e.g. NHS trust, local authority)

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Convenor Name: Ruth Carlyle

Group 14 Topic of debate: Impact of health libraries

Participants: Emily Hurt, Joanne Naughton, Paula Elliot, Debra Thornton, Tracey Owen, Geoff Walton

Key points from discussion:

- 43% of people cant follow medical information leaflets how can we help?
- Working with health professionals
- Bottom up approach – working with communities, health literacy – partnerships with schools to raise Health Library standards for health information production.
- Information standard not mandatory.
- How do we engage in areas with PAMS – can we demonstrate the impact of our work?
- Can we use Health Library to demonstrate the difference we can make – Rowlands
- Role of pharmacy staff in supporting Health Libraries
- Working with Public Health England
- Librarians can influence the patient information leaflet production if involved
- Slot at members meeting for the public informing people that they have a right to accessible information
- Partnerships with public libraries could be key also possible academic libraries partnership

Next steps:

- Define options for roles and resources

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Convenor Name: Vicky Bramwell

Group 15 Topic of debate: How to make links between departments to broaden understanding of our multifaceted contribution to health priorities

Participants: Karen Sutcliffe, Gill Kaye, Sarah Massey, Katherine France, Rebecca Van, Mike Raynor

Key points from discussion:

- Terminology – speak the language
- Go to each department and showcase your work, link to health workforce priorities , do the work and show it to their departments
- LQAF state need to support clinical and management decision-making
- Strength of argument and back it up
- Fight your corner
- Valuing yourself
- Know you are a service for the Trust — not just the division you fall under
- Grow membership
- Buddy up— with external library colleagues
- Get involved in non library activities
- Shadowing
- Don't be defeated

Next steps:

- Encourage mentorship
- Buddy up

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Convenor Name: Hannah Spring and Lisa Jeskins

Group 16 Topic of debate: How do we give health libraries confidence to see themselves as researcher and what research questions do we need to ask to support our evidence base?

Participants: Anthea Sutton, Katies Nicholas, Gil Young, Rebecca Roylance, Michelle Maden, Maria Grant, Tracey Pratchett, Paul Stevenson, Caroline Storer, Paul Twiddy, Helen Outhwaite, Emily Hopkins, Peter Van de Graaf, Victoria Treadway

Key points from discussion:

- Need to support – how, help coordinating and sharing
- Pathway for development and need to include 'doing research' as part of professional standards
- What are the research topics?
- Do we have the skills and confidence?
- Are we focused on supporting others to do research rather than doing our own or is it they are doing research but limited dissemination? Is there lots of small scale things going on in organisations?
- Standards – compared to medical research? Are practitioner expectations too high?
- Lots happening but not disseminated! (evaluation and assessment) Audit.
- Time is a barrier, as well as lack of funding
- Is there opportunity for combining research which is occurring at a local level – small scale to large scale, collaboration and coordination between researchers
- Would be useful for there to be a source of support and guidance for people
- Change mindset: move from 'we support' to 'we are collaborating'
- Embed a culture of research.

Next steps:

- Need to set up a system for communication and coordinating who is interested in specific topics
- A library research support/ design group (IDS – NIHR project)
- Network and work with our NHS Research departments
- Set up small funding pots
- Establish 'doing research' as part of CILIP validation

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Convenor Name: Hannah Spring

Group 17 Topic of debate: Barriers to health librarianship – how do we develop the evidence base?

Participants: Samantha Gavaghan, Emily, Victoria Treadway, Becky, Tracey Pratchett, Maria Grant, Michelle Dutton, Helen Outhwaite

Key points from discussion:

- FAB Academy for librarians, snippets of learning – what worked and what didn't work, why it didn't work and lessons learned.
- Innovation – gradual improvements
- CILIP knowledge base for the profession
- What information sources do we already have and how do we rank it
- How robust is our evidence in health librarianship – where are the gaps
- What works and what doesn't work in some trusts might not work in others
- Evidence based medicine didn't happen overnight – so its now changing in librarianship
- Andrew Booth is our systematic review ID expert – they give an update in their field
- Professional interests and experts 2004 – community of practice content analysis
- DUETS – database uncertainty – effects of treatments – not everything is in a database
- Priority questions from librarians

Next steps:

- Case studies on librarians
- KFH providing questions for this now – what are the age gaps/ emerging ways of delivering services
- 2004 content analysis of librarianship research – read and update
- No WAL North West Academic libraries – is this up to date?

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Convenor Name: David Stewart

Group 18 Topic of debate: What impact have 'regional' librarians had since 1967?

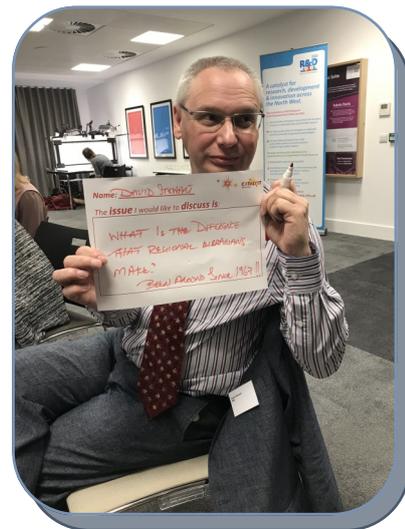
Participants: Mary Hill, Linda Ferguson, Dom Gilroy, Melanie Dawson, Helen Swales, Linda Khalinda, Deena Mags, Anne Greig, Michelle Dutton, Helen Curtis, Janet Reed, Sue Steele, Heather Steele,

Key points from discussion:

- Economies of scale
- Spotting the national stuff
- Events in the regional networks – on behalf of everyone
- Yorkshire and Humber 'could feel' when there wasn't anyone, just wanted to do their day job.
- Repeating views of people on the ground
- Provision of training is a valuable impact of the regional unit. Free and at point of value
- Leadership programme has made real impact on individuals
- LQAF results and whole process. Recognised by the Trust
- Risk of silos. Is a national solution worth considering?
- Back to the floor. Rusty – but can get "back on the bike"
- "Quality stories" from retired staff
- Research will be valid for limited time.
- Review (e.g. 10/20 years). Needs to be "now"

Next steps:

- Does it really need doing?
- Let's create the evidence – just in case
- It's a proactive process
- Feedback is important – i.e. qualitative case study
- Lets get some case studies to secure the future



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Summary of the day

This summary is to make notes of the dialogue and to circulate this to the participants as a reminder of discussions and to encourage individuals who were involved to continue to have conversations and connect with other people who have an interest in health care library and knowledge services.

Next steps

The event report will be circulated to participants and other interested parties. It will also be available to the general public on the NHS Research and Development website. NHS R&D NW may contact discussion convenors to ascertain what additional support is required to maintain momentum and track progress of ideas.

NHS R&D North West would appreciate on going feedback with regards to the progress of any of the issues raised on the day from any of the people who attended the event even if they were not a convenor.

Thank you to everyone who attended on the day and contributed to all the discussions detailed in this report and a big thank you too all convenors for raising their question.

Link to animation

To view the animation that was produced on the day, please click below:

https://youtu.be/xF0e_wbisbc



Postcard Feedback

***Loved how
Interactive the day
was!***

***Inspiring – its not often an
'away day' flies by so fast!***

***Enjoyed the freedom
and the DIY
approach to the day,
choosing the areas
that I was most
interested in***

***I liked being able to
set our own agenda for
the day***

***An energising
and inspiring
conversation***

***The format was
refreshing and
inspiring***

***It was different and we
did the talking instead
of being talked to. It felt
like we had permission
to say anything on the
topics and the day had
plenty of energy***

***Loved the opportunity to
discuss and explore ideas and
think about new approaches***

***It was great to see
how well we worked
together as a group***

***A great way to hear and share in-
spiring ideas to help motivate us to
move forwards***

***The commitment in
the room was
great***

***The whole day worked really
well and I liked the innova-
tive format of open space***

