

## ORIGINAL ARTICLE

# Increasing participation by National Health Service knowledge and library services staff in patient and public information: The role of *Knowledge for Healthcare*, 2014–2019

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## Abstract

**Background:** The strategy lead for the National Health Service (NHS) knowledge and library services within the NHS in England is held by Health Education England, working with 184 local NHS libraries based predominantly in hospitals. **Objectives:** As part of the strategic framework *Knowledge for Healthcare*, the objective was to increase the role NHS knowledge and library services staff play in both indirect and direct support for evidence-based information for patients and the public.

**Methods:** The study took an integrated multi-level approach: encouraging local staff to share their expertise through Task and Finish groups, developing tools, offering training and reviewing levers available through Health Education England's quality assurance role.

**Results:** Between 2014 and 2019, the percentage of services supporting patient and public information increased from 27% to 78%. Qualitative evidence demonstrates a wide range of roles played by local services, working either indirectly or directly to ensure access to evidence-based health information for patients and the public.

**Discussion:** The study shows the benefits of engaging people with local expertise in developing the skills and resources for system-wide change.

**Conclusion:** Similar system-wide change programmes should also consider an integrated approach, involving people, developing tools, offering training and drawing on incentive structures such as quality assurance measures.

## KEYWORDS

consumer health information; health literacy; librarians, clinical; libraries, health care; libraries, hospital; National Health Service (NHS); patient information

## NHS LIBRARIES AND HEALTH INFORMATION FOR THE PUBLIC

Since the 1970s, an increasing number of librarians and other information specialists have taken on consumer health information roles across the voluntary sector and within healthcare organisations (Gann, 1991). High-quality health information can help patients and the public to make informed health decisions (Coulter, 2002). To support people making informed health choices, information producers have focused on improving the quality of health information materials (Duman, 2003). The quality of the resources is, however, only part of the issue. To improve decision making, health care organisations require assurance of the evidence base, and patient information materials need to be accessible both to health care professionals and to members of the public. Accessibility involves both being able to obtain a copy of a resource and being able to use it.

The National Health Service (NHS) has long-established networks of knowledge and library services across England, Wales, Scotland and Northern Ireland. In England, there are currently 184 NHS knowledge and library services, based predominantly in hospitals. As this paper demonstrates, NHS libraries are taking an increasing role in enabling organisations to offer evidence-based patient information and also training the health care workforce in skills for health literacy. This has been a significant shift for some services. For example, in 2008, a regional study found that most NHS librarians felt that they should not provide services to the public (Brettle & Ormandy, 2008). The barriers identified by NHS librarians in this study were funding, training, confidence and the lack of a clear role (Brettle & Ormandy, 2008). As outlined in the discussion section below, there has been a wider international shift towards roles in patient information and health literacy, of which this initiative forms a part.

Established in 2012, Health Education England holds the strategic lead for NHS-funded knowledge and library services in England. According to the strategic framework, *Knowledge for Healthcare*, 'NHS bodies, their staff, learners, patients and the public will use the right knowledge and evidence, at the right time, in the right place, enabling high-quality decision-making, learning, research and innovation to achieve excellent health care and health improvement' (Health Education England, 2014). To deliver this strategy, Health Education England committed to supporting NHS knowledge and library services to 'work in partnerships with key stakeholders to enrich the information offered to patients and carers, to enable people to better manage their health and wellbeing and make fully informed decisions about their treatment and care' (Health Education England, 2014).

### Key messages

- NHS knowledge and library services staff have increased their role both indirectly and directly in ensuring access for patients and the public to evidence-based information.
- Pioneers in health information are happy to share their expertise to shape tools for patient information and health literacy.
- Incentives, such as quality assurance measures or involvement in project groups, help to leverage change.
- An integrated approach to system-wide change is needed from the outset.

Health Education England's national Knowledge and Library Services team established an advisory group with partner organisations to set the direction for this work. Members of the advisory group included individual specialists and representatives of key organisations in health information, including NHS Digital, the Society of Chief Librarians [later Libraries Connected], the Reading Agency, Public Health England and the King's Fund. Collaborating with partners, Health Education England worked with local NHS knowledge and library services staff to facilitate access to evidence-based patient information and to train the health care workforce in health literacy skills. This paper outlines the approach to system-wide change in NHS libraries in England.

### DRIVERS FOR CHANGE

At the initiation of the activity outlined in this paper, there was an emphasis in public policy on the importance of high-quality, evidence-based information to enable individuals to make informed choices about their health (Department of Health, 2012a). Commissioners were being encouraged to ensure that supported access to information featured in service developments (Department of Health, 2012b). Access to information was seen as part of empowering patients (NHS England, 2014). The first Accessible Information Standard was also in development, placing a responsibility on all NHS-funded services and adult social care to offer information in accessible formats, such as British Sign Language (NHS England & updated, 2017). This policy environment provided an opportunity for NHS knowledge and library staff to play an active role in patient and public information.

System-wide change across NHS knowledge and library services depends upon engaging the commitment of

a highly specialist workforce. NHS knowledge and library staff therefore needed to be both a part of shaping the changes and to be supported to take a more active role in applying their expertise where it could improve access to evidence-based information and support decision making. Partners in the advisory group worked together to agree the primary driver for this activity: To enable the public, patients and carers to use the right information to improve health and well-being, for self-care and shared decision making.

To make this happen, secondary drivers—or factors necessary to achieve the primary driver—were identified:

1. *Increasing confidence and skills*: Increase the confidence and capability of health care knowledge and library services staff to find, signpost and evaluate health and well-being information.
2. *Providing tools for NHS knowledge and library specialists and the wider NHS workforce*: Enable health care staff to find and signpost trusted health and wellbeing information.
3. *Clarifying roles and partnerships*: Enable information providers in the public and third sectors to find and signpost trusted health and well-being information and share guidance on evaluating information; and enable health care organisations to provide high quality information to patients and carers.

The secondary drivers shaped the interventions and the scale of the activity needed to equip NHS knowledge and library services staff to play indirect or direct roles in enabling the public, patients and carers to access and use evidence-based health information to improve health and well-being or for self-care and shared decision making.

## METHODS

As a system-wide approach to change, it was neither possible nor desirable to have specific small-scale interventions created for the purposes of research. The approach taken was one of enabling sharing of ideas and practice using an iterative service improvement method (ACT Academy N.D.). The processes were multi-layered, supporting skills and confidence alongside developing tools and clarifying the roles and partnerships for NHS librarians in patient information within the wider health system.

Nationally gathered data and impact case studies were used to assess the expansion of patient and public information activity. As part of its strategic lead role for NHS knowledge and library services, Health Education England provides the quality assurance for NHS libraries in England. This quality assurance role enables

Health Education England both to monitor quality and to develop levers for change through modifications to the measures put in place. During the period covered by this paper (2014–2019), the quality assurance model was the Library Quality Assurance Framework. Through the Library Quality Assurance Framework, we aimed to demonstrate an increase in the number of NHS knowledge and library services supporting health information for patients and the public. Health Education England also introduced a biennial Development Needs Survey in 2017, providing insights into self-reported professional development needs for staff in all health library roles. Through the first two returns, we would be able to see any shift in reported development needs, indicating whether training opportunities were likely to have made staff more confident in the application of their skills and the proportion of staff members wanting to develop their skills and knowledge further.

To build upon existing expertise amongst NHS knowledge and library specialists, we operated through a series of Task and Finish groups. As the name ‘Task and Finish’ suggests, these were project groups set up to complete a specific task, such as developing a new resource. Task and Finish groups enable participants to deliver a project whilst developing their skills as reflective practitioners (Ayas & Zeniuk, 2001). This approach encouraged the sharing and comparing of current practice, highlighting how patient and public information activity could take place.

Resources were developed through the Task and Finish groups to improve the knowledge, skills and confidence of NHS librarians and knowledge specialists in assessing and using patient and public information materials. The specialists could then equip the wider health care workforce to signpost to high-quality health and well-being information. Early in the process, a series of workshops was held in collaboration with partners, such as the Health Libraries Group, to enhance the skills and confidence of the workforce.

One of the Task and Finish groups looked specifically at different ways in which NHS knowledge and library services staff could apply their expertise. They found in practice there are choices of different types of service that can be offered, some working indirectly through health care colleagues or community-based partner organisations to equip patients and the public to make better decisions, and others working directly with patients and the public. The group compiled details of six service types: health literacy awareness and skills support; helping health care staff, particularly with identifying the evidence base for patient information materials; collaborating with public libraries, such as providing training on health information to public library staff; offering an enquiry service; providing

walk-in access, such as information clinics accompanied by a clinician; and providing a service that was open to the public. For each of these, examples and relevant resources were linked from the Knowledge for Healthcare blog site. Details of existing practice were gathered into an 'ideas bank'. Each of the 'ideas' included background documentation, such as project presentations, and contact details so that library personnel could find out more. The ideas bank was also published on the Knowledge for Healthcare blog site (Health Education England, 2021a).

To ensure that patient and public information was seen as a core part of activity rather than additional, an update to the quality assurance processes in 2016 was used as an opportunity to leverage change. The update to the Library Quality Assurance Framework indicated that by 2017 all NHS knowledge and library services were expected 'to evidence some level of involvement in this work area' (Health Education England, 2016).

Support for partnerships was developed locally and nationally. At a national level, a Memorandum of Understanding was drawn up in 2017 between Health Education England, the Society of Chief Librarians [now Libraries Connected] and the Reading Agency, a charity developing bibliotherapy resources (Health Education England et al., 2017). The national partnership provided a basis for national collaboration and a lever for local partnerships. A Task and Finish group developed local partnership resources to help NHS knowledge and library services to collaborate with public libraries and voluntary sector organisations. An annual Health Information Week that had operated in the West Midlands was broadened into a national event for the first time in 2017 (Health Information Week, 2021). The week-long annual event provides a tangible focus for NHS knowledge and library services staff to engage with local public libraries and voluntary groups. Each year, a cross-sector project group runs the national elements of Health Information Week, such as creating resource materials, daily themes, communications and evaluation. Participation in Health Information Week provides practical opportunities for local partnership development.

In December 2017, Health Education England took the strategic decision to prioritise health literacy within its patient and public information activity (Carlyle, 2017). This extension of the health literacy activity came alongside the launch of a health literacy toolkit in partnership with the Community Health and Learning Foundation, Public Health England and NHS England (Health Education England, 2017).

During 2018 and 2019, a national health literacy training cascade was undertaken in partnership with the Community Health and Learning Foundation. This took a 'train-the-trainer' approach to enable NHS knowledge and library services staff to train their counterparts in

other NHS organisations and also to deliver training to health care colleagues within their own organisations and to partner organisations. A suite of training materials evolved: a two-day 'train the trainer'; a one-day awareness training; a one-hour introduction and a 15-minute induction or taster session. In 2019, Health Education England worked with NHS Education for Scotland on a health literacy e-learning programme that was launched early in 2020.

Enabling access to evidence for evidence-based information for patients and the public is a core strand in applying the expertise of NHS librarians and knowledge specialists to this area of work. To help NHS organisations to appreciate the need for patient and public information to be evidence based, a project was set up as part of a senior leadership development programme for health information and knowledge specialists. The group developed stakeholder tools and resources, including an animation, to promote the importance of evidence-based patient information and the roles that knowledge and library specialists could play. These resources were published on the Knowledge for Healthcare blog site in 2019.

As a multi-layered England-wide approach to change, the core focus on developing skills and confidence, tools and partnerships remained throughout. Whilst learning evolved and the national priority shifted to health literacy in December 2017, the full scope of activity and tools remained in place with a view to organisations selecting the patient and public information opportunities that were the best fit with local resources and partnerships.

## RESULTS

This activity forms part of the *Knowledge for Healthcare* vision that 'NHS bodies, their staff, learners, patients and the public will use the right knowledge and evidence, at the right time, in the right place, enabling high-quality decision-making, learning, research and innovation to achieve excellent health care and health improvement' (Health Education England, 2014). The tools and partnership development were to increase the proportion of services involved in patient and public information activity and the confidence of staff to be involved in patient and public information, either indirectly or directly. The measures therefore relate to service activity and to the confidence of the staff. As the arms-length body providing both quality assurance and professional development support to NHS libraries in England, Health Education England was able to use national data returns to assess any change.

The measures for an increase in activity were both quantitative and qualitative. The quantitative measure



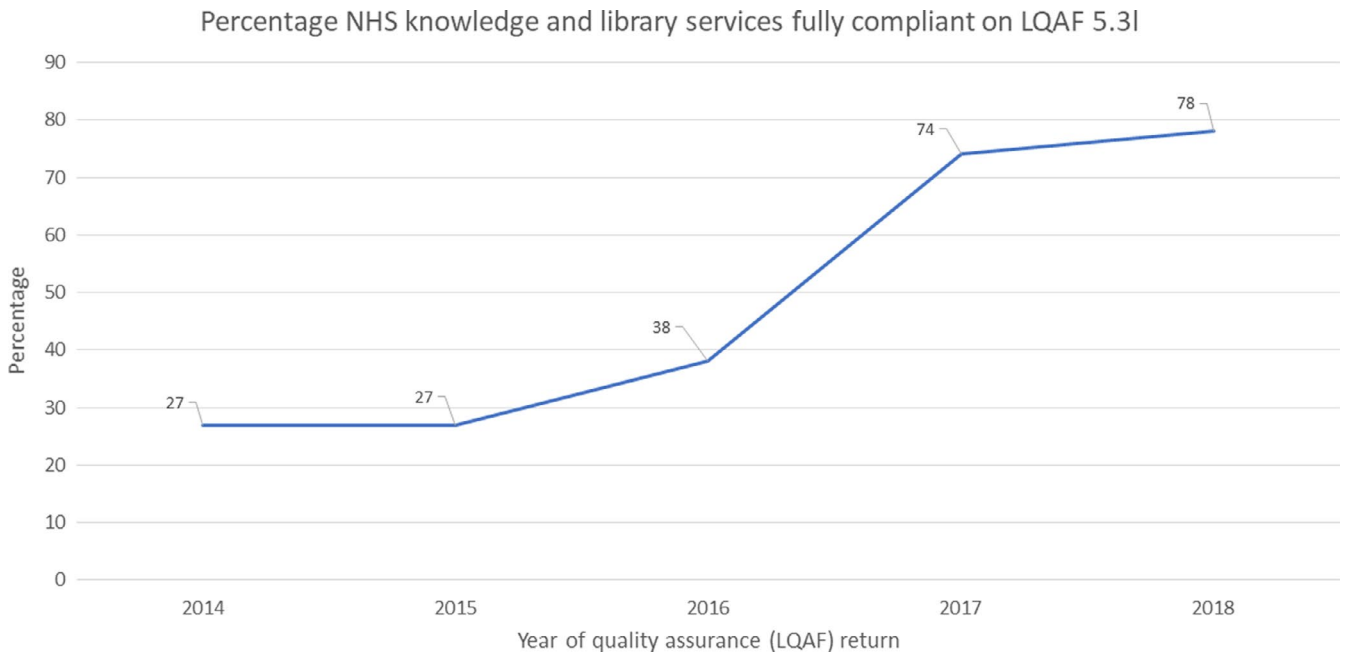


FIGURE 1 Library Quality Assurance Framework returns 2014–2018 on criterion 5.31—‘Library/knowledge services are developed to support information for the patient and/or public’ [Colour figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]

**Improving access to information about Autistic Spectrum Disorder**

In response to NICE Guidance, the library team worked with the community paediatrics service in the development of a website and other resources on autistic spectrum disorder. The resources are provided in a range of formats and are aimed at making information available to children, their families and carers at the time and place they need it.

“This project has enabled the community paediatric service to have access to and confidence in the resources available for our families with a child or young person with autism.”

Dr Victoria Walker, Consultant Paediatrician  
Sherwood Forest Hospitals NHS Foundation Trust

**Librarians and Knowledge Specialists bring the evidence to inform healthcare decisions**

**A MILLION DECISIONS**  
#AMillionDecisions  
[tinyurl.com/nhsheelk](http://tinyurl.com/nhsheelk)

FIGURE 2 Case study—improving access to information about autistic spectrum disorder [Colour figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]

was through the national returns on the Library Quality Assurance Framework; and the qualitative measure was the emergence of high-quality case studies that could be turned into impact case studies for national communications.

From a quantitative perspective, the percentage of NHS knowledge and library services that were fully compliant on the patient and public information criterion for the Library Quality Assurance Framework rose from 27% in 2014 to 78% in 2018 (see Figure 1).

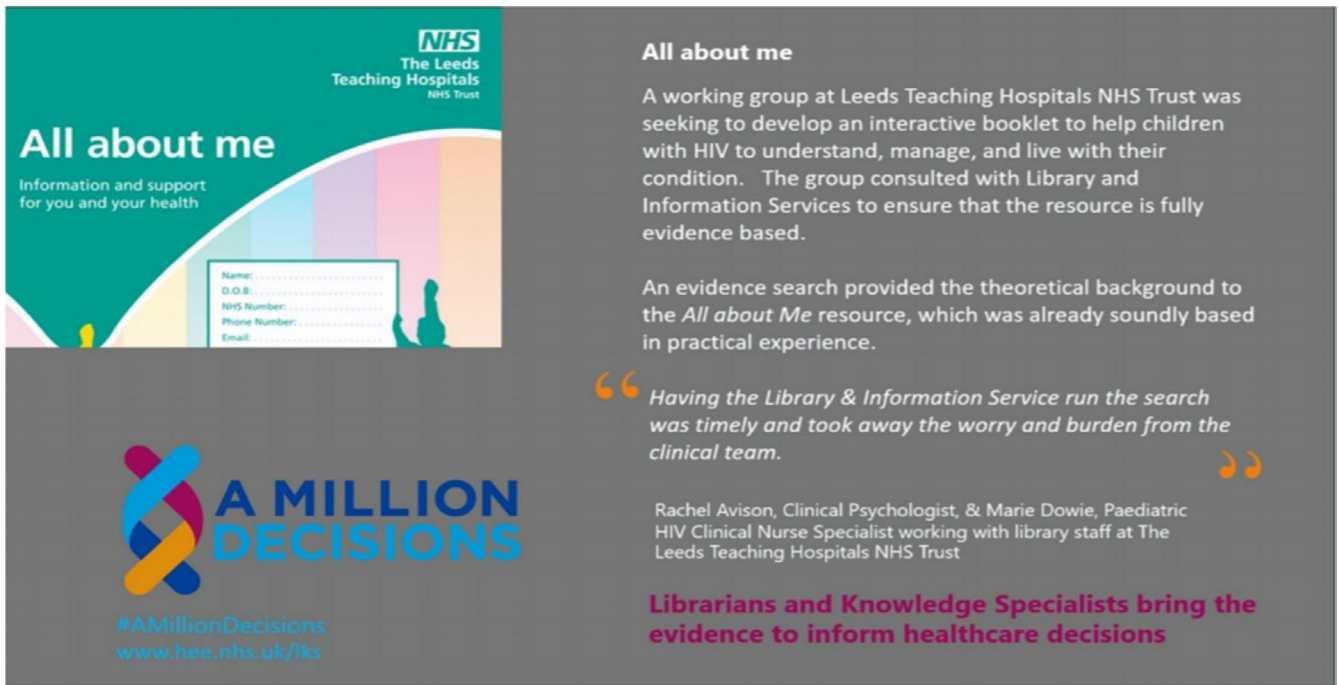


FIGURE 3 Case study—providing published evidence for “All about me” [Colour figure can be viewed at wileyonlinelibrary.com]

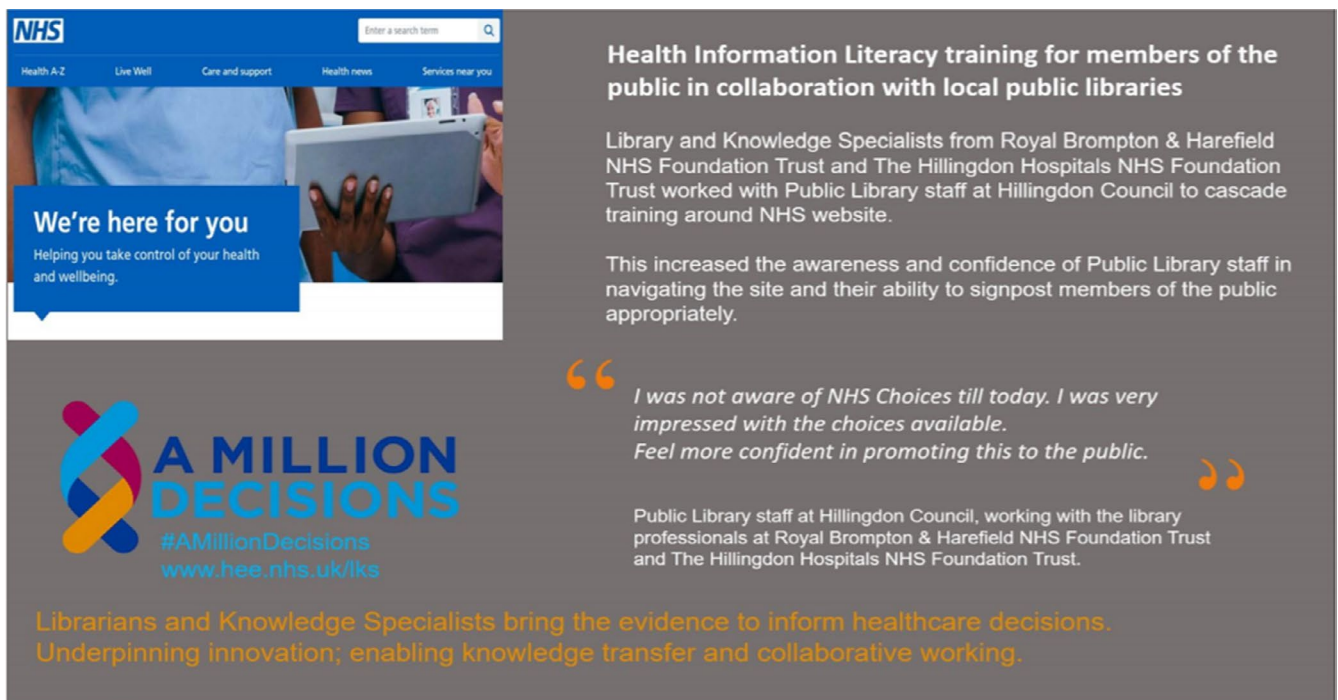


FIGURE 4 Case study—health literacy training in collaboration with public libraries [Colour figure can be viewed at wileyonlinelibrary.com]

The shift between 38% in 2016 and 74% in 2017 will have been influenced by the decision to use the Library Quality Assurance Framework measures as an explicit lever for change, so that from 2017 all NHS knowledge and library services were expected ‘to evidence some

level of involvement in this work area’ (Health Education England, 2016). There had, however, already been an increase from 27% to 38% in services demonstrating full compliance in 2016. To show full compliance, knowledge and library services needed to provide evidence that they

	2017 response	2019 response
<b>Ranking</b>	9 <sup>th</sup> Overall	30 <sup>th</sup> Overall
<b>Number of responses</b>	140	38
<b>Preferred method of learning</b>	Classroom	Classroom/e-learning
<b>Level needed</b>	Mix of Beginner and Intermediate	Intermediate

**FIGURE 5** Health information for patients and carers: responses to Development Needs Analysis completed by health library and knowledge specialists in 2017 and 2019

had undertaken patient and public information activity within the year under review. The leverage exhibited by the change to the Library Quality Assurance Framework was significant, but the approach, with the engagement and resource development through the Task and Finish groups, had already started to have an impact and greater compliance would not have been possible if local NHS knowledge and library services had not had tools in place that could support realistic service change.

Case studies submitted by local NHS knowledge and library services provided qualitative evidence of impactful patient and public information activities. Examples include the creation and compilation of evidence-based sources for the families of children with autism (Figure 2), providing the evidence base for new information resources (Figure 3) and providing health literacy training in collaboration with public libraries (Figure 4).

Self-reported professional development needs of staff working in health libraries were surveyed in 2017 and 2019, with the overwhelming majority of responses coming from people working in NHS libraries. As shown in Figure 5, between 2017 and 2019, there was a significant fall in the number of respondents identifying patient and public information as a development need. The ranking of the development need fell from the 9th highest to the 30th highest, or from 140 responses to 38. This was the greatest change for any topic between the 2017 and 2019 returns. The request also changed from classroom style training to a mix of classroom and e-learning, with intermediate rather than beginner level self-identified as being needed. This shift suggests an increase in confidence and that learning needs had been met through a mixture of resources and training, including health literacy awareness training.

## DISCUSSION

With system-wide change, a range of factors will have had an impact. This *Knowledge for Healthcare* workstream was

intended to equip NHS librarians and knowledge specialists to take an active role in improving patient and public access to evidence-based information, predominantly indirectly through supporting colleagues within the NHS and in partner organisations.

Incentives proved important. The opportunity to get involved in shaping the activity through Task and Finish groups provided professional development and contacts for participants. The change in the Library and Quality Assurance Framework from 2017 onwards meant that NHS knowledge and library services could no longer indicate that this activity was 'not applicable'. With the quality assurance changes, local NHS knowledge and library services needed to provide evidence of either full or partial compliance: in the 2018 returns, 77% were fully compliant and just 4% of services were unable to provide evidence of being either fully or partially compliant on this criterion. Projects developing similar system-wide change will need to consider the incentives that can encourage participation.

Using the Task and Finish group approach meant that NHS knowledge and library services staff shaped resources that would be useful for their peers. Group members also became advocates for a change in the landscape of health librarianship (Case et al., 2017). As a general approach, involvement in the creation of resources is more appealing than involvement in ongoing maintenance of tools, so thought needs to be given to how resources will be maintained after the initial development work has been completed. In this case, maintenance activity has shifted to the Health Education England staff team.

The period 2014–2019 coincided with wider international interest in the growth of consumer health librarianship roles. This will have had an impact on the profession and the perceptions of NHS librarians and knowledge specialists. Studies of role descriptions in Korea demonstrate the need for medical librarians to develop skills in health information for the public (Noh, 2015). In Italy, medical librarians are



increasingly involved in patient education (Truccolo, 2016). Promoting health literacy awareness and skills is becoming a more explicit part of the role of health librarians and knowledge specialists. A study by Callaway on health literacy suggests that members of the public are interested in adding health librarians to their care team to advise on information sources and support health literacy (Callaway, 2019). Work in Iran found that where an information topic is prescribed by a clinician and a clinical librarian ensures that the information supplied is based on current evidence and meets individual needs, the reduction in terms of hospital readmissions and mortality is greater than from a short-term follow up appointment (Kazemi Majd et al., 2021). There are clearly significant future developments that are possible for measuring the impact of work by librarians and knowledge staff on patient and public information.

As one strand of the *Knowledge for Healthcare* implementation, the patient and public information workstream benefitted from being a part of a wider set of initiatives (Lacey Bryant et al., 2018). One example of this is that discussions around access to electronic resources specifically considered public access, resulting in changes to the NHS agreement with the Copyright Licensing Agency. As a consequence, members of the public can now receive an electronic copy of an article rather than a printed copy, increasing the accessibility options for people requiring digital text for read-aloud or large print access (Copyright Licensing Agency, 2019). A national strategic approach with senior leadership also gave local NHS librarians and knowledge specialists the authority to initiate local strategic conversations about their role in patient and public information that that might not otherwise have been possible.

The health literacy aspects of work on patient and public information were prioritised from December 2017 onwards and this trend is reflected internationally, as there has been an expansion of collaborative networks for health literacy (Sørensen et al., 2018). Specific networks have included collaboration across sectors by librarians and information workers (De Brun, 2020). Health literacy has been seen as a means to address digital health inequalities, by considering the needs of the public from a health literacy perspective (Azzopardi-Muscat & Sørensen, 2019). The impact of the global COVID-19 pandemic has demonstrated the importance of digital health literacy as resources have been predominantly online and members of the public need to know which they can trust (Watts, 2020).

This paper covers the changes over five years. As interactions between the NHS and citizens become increasingly digital, more support will be needed from librarians and knowledge specialists across sectors to ensure that patients

and the public have health literacy skills that are underpinned by digital literacy. Over the next five years, Health Education England is committed to developing health and digital literacy partnerships with library and information professionals across public, school, higher education, prison and workplace sectors, as well as information workers in the voluntary sector and community pharmacists (Health Education England, 2021a, 2021b).

## CONCLUSIONS

Involving people who have developed local expertise and applying wider levers for change has increased the indirect and direct roles played by NHS knowledge and library services staff in patient and public information in England. Providing a range of different options for activity makes service change more feasible, particularly given the emphasis on indirect involvement by working with the NHS workforce and other partners on access to evidence and health literacy skills. The expansion of the nationally promoted Health Information Week provided a tangible opportunity for NHS librarians and knowledge specialists to hold events or create information stands, which may have been less daunting for some teams taking their first steps into patient and public information partnerships.

Similar system-wide change programmes should also consider an integrated approach. It is not just about providing tools, but engagement and support to develop skills and confidence alongside the strategic direction and partnerships that facilitate activity. Through this combination of elements, knowledge and library services have adopted new roles in ensuring that the health information needs of patients and the public are met.

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## CONFLICT OF INTEREST

The authors are employees of Health Education England reviewing the impact of the work of colleagues in the NHS.

## DATA AVAILABILITY STATEMENT

Data available on request from the authors.



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## AUTHOR BIOGRAPHIES

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