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Evaluating SWICE-R (South West Information for Clinical Effectiveness - Rural). Final report for South West Workforce Development Confederations (Knowledge Resources Development Unit)

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Evaluating SWICE-R

FINAL REPORT

FOR

SOUTH WEST WORKFORCE DEVELOPMENT CONFEDERATIONS

KNOWLEDGE RESOURCES DEVELOPMENT UNIT

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FEBRUARY 2004

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Executive summary

The thrust of recent government policies for health and social care stress the importance of workplace learning, better training for social care staff, and clinical governance. To help NHS and social services organisations meet government targets, support services need to be put into place. This evaluation of SWICE-R (and SWICE) aimed to assess whether the electronic information resources provided met the needs of the staff and whether the services were starting to have an impact on patient care and professional practice. To use these specialised information services, training is required by most staff, and the evaluation also assessed whether the training and support services were effective.

The objectives of the evaluation were to:

- determine the acceptability of access to the e-library
- assess the usefulness of the content of the e-library to various professional groups
- assess the alignment of the training programme to national and local policy objectives
- identify the existing barriers to training and how these might be overcome
- assess the acceptability and effectiveness of the training programme
- identify whether use of the resources was having an impact on formal and informal CPD
- identify the impact on clinical practice

Key messages and recommendations

Access

This seems to be improving but usage patterns suggest that usage levels are not yet near the maximum that might be expected, particularly in community and social care environments. Demand is for 'anytime, anywhere'.

Evidence: Users access from home and work, and in work the computer is often shared (3.1.2), making access for practice more difficult (3.2.4)

Comparative usage statistics indicate that Dialog and online textbook use (per nurse) is lower in PCTs, and social care organisations than in acute Trusts (3.1.7)

Recommendations

The sectors outside the acute sector continue to need investment in hardware that will make access to SWICE and SWICE-R easier for them.

Web site design

Compared to other health e-libraries, both SWICE and SWICE-R designs are clear, and simple to navigate. They lack (as do many of the comparable health e-libraries) good help and feedback facilities. Some use of commercial site design features might help infrequent users. Compared to the National electronic Library for Health site, and some other commercial sites, many of the health e-libraries, including SWICE and SWICE-R are very static. There is little to attract the user to revisit to see 'what's new'.

Evidence The approach to help and feedback seems inconsistent, but design clear and simple, and there are descriptions of the resources available, which helps users select how they navigate. The circular design of SWICE works well and avoids any impression that some resources are better than others.(3.1.5). Trust newsletters often feature innovative projects of clinical best practice, which could be featured on the SWICE/SWICE-R Web site to encourage people to visit the site more frequently (3.2.1, p.40, 3.3.4)

More use might be made of tests to evaluate what users think of the interface and the terminology used (3.1.6)

Recommendations

SWICE-R was set up with special funding, and hence has a different Web site from SWICE. It would seem sensible to merge the two Web sites, integrating the best features of both as far as possible. The help and feedback needs to be improved. A 'what's new' feature promoting local best practice in health and social care, would promote clinical governance and make the site more attractive for the casual visitor.

Think-aloud and card sorting tests should be used to help in design of the SWICE sites.

Promotion

Library services play a key role in promoting SWICE and SWICE-R, both through publicity and more indirectly through the training programme. Libraries, together with trainers, need to target senior managers in their area, as personal contact may be necessary to promote services to PCTs, community health services and social care.

Evidence Library publicity and training sessions work hand in hand to promote SWICE and SWICE-R (3.1.1)

Recommendations

Several routes for promotion are necessary, and it is important to remember that promotion needs to be sustained, to include new members of staff. The promotion, help-desk and training strategy need to be co-ordinated locally so that users perceive a

seamless service. Libraries and the trainers for their area need to work together to provide this.

Content of the e-library

Several resources appear complementary to the core resources of MEDLINE, CINAHL and BNI on SWICE. Few resources are considered 'never useful'. The low usage for some resources is more likely to be attributed to lack of promotion, and those SWICE-R users who had tried the more novel resources such as Internurse could perceive many applications.

Evidence MEDLINE had been used four or more times in the past three months by 92 online SWICE respondents (subjective estimate), whereas only 14 respondents had used Oxford Textbooks four or more times. SWICE-R usage much lower on average – usage was more likely to be less than once a month for use of Internurse, Oxford Textbooks and Martindale, but SWICE-R users claimed that the resources were always or sometimes useful to them (3.1.7, 3.1.8)

Recommendations

Promotion of the complementary and niche specialist resources needs to focus on the added value of such resources to particular professional groups.

Information skills training programme

The information skills training programme has succeeded in giving more confidence to many of the potential users, and the Somerset programme (the main focus of the evaluation work) is widely praised by the social care staff interviewed. Although there has been a policy emphasis on e-learning, and the ECDL, for example, may be supported by learning packages, an e-learning approach does not seem appropriate for promoting, supporting and training for the SWICE and SWICE-R resources, as the users need (and appreciate) personal support to help them realise how the resources might help their education and practice.

General comparisons of performance against government targets for clinical governance suggest that the training programme should concentrate more on community and social care, as the need is greatest there.

Trainers cannot easily conduct outreach training *and* offer informal top-up support, reliably and consistently, at a later date. The libraries need to be viewed as the learning hub, and provide administrative support for the trainers, for a training diary that can have some block bookings pre-arranged. A training strategy for users outside the acute NHS Trusts needs to take account of the greater difficulties of outreach work there.

Trainees need to be persuaded that the libraries can continue to offer the personal support initiated by the trainers.

Evidence Trainers emphasise the importance of the group and personal approach (3.2.2) and interviewees (3.2.2. p.46) stress the uphill task for the social care sector to catch up with the acute sector, particularly when resources (and resourcing) have traditionally favoured the medical side. Interviewees were very positive about the training and would like ongoing support (3.2.3). Administration of the training is difficult, particularly in social care, where much of this is completely new. (3.2.4), and the cultural barriers rather greater (3.2.5). There was a demand for more advanced skills training, as well as refresher sessions (3.2.6). Some clinical or social care champions might help, and the training gap still seems large (unsurprisingly). (3.2.5, 3.2.7)

Recommendations

Trainers (and their base libraries) need to continue to develop an outreach strategy for targeting primary, community and social care units.

On a more regional basis, feasible performance targets for outreach training sessions might be effective in ensuring that trainers do focus on their outreach work, particularly in social care. (Measuring performance merely by counting heads at training sessions would encourage trainers to focus on the acute sector.)

The library as learning hub needs to develop a seamless training and support strategy, and should be actively involved in the follow-up to any training session.

Workforce development and patient care

There is evidence that SWICE/SWICE-R resources are supporting changes in practice. Sometimes the change is more at individual level (often through continuing professional development activities) but there is also evidence that clinical teams are using the resources to support organisational changes in practice. Some information is passed on to patients, but there is some uncertainty about the procedures and policies on this.

There is a policy imperative in the social care sector for minimum NVQ standards for care staff, but progress is hampered by recruitment problems. Care home managers have to juggle many competing priorities, and this may make interest in SWICE-R training more difficult to achieve initially.

Attendance at training programmes needs to be seen to count for something.

The resources are used by staff acting as mentors for undergraduate students, but the mismatch in resources provided, through the different NHS and HE Athens password authorisations, continues to cause some local difficulties.

Among regular users, satisfaction is high.

Evidence Staff are looking for evidence for CPD portfolios, and SWICE/SWICE-R training increasingly seem to fill a gap in educational activities supporting evidence-based practice (3.3.1)

Acting as a mentor encourages use of SWICE/SWICE-R resources, but students can't always access the resources staff can (and vice versa) (3.3.2). Satisfaction with SWICE and SWICE-R is high among the regular users (3.3.3), and there is some evidence of changes in practice being supported more easily through SWICE and SWICE-R (3.3.4)

Recommendations

The SWICE/SWICE-R Web site(s) need to advertise how clinical practice changes are being supported through use of the resources featured on the site.

Workforce development confederations need to ensure that attendance at training sessions can be formally recognised as evidence of CPD, and trainees need to be encouraged that reflection on information skills is a part of reflective professional practice.

The NHS needs to ensure that further education colleges are included in any deliberations on joint purchasing, given the increasing concentration of HE courses in FE colleges, and the greater emphasis on social care training (which is largely supported through FE).

Methods used

The methods used were those described in the proposal:

- Document analysis
- Interviews with
 - Training programme participants
 - Users
 - Stakeholders involved at a strategic level
 - Information skills trainers (focus group)
- Postal/online questionnaires for participants in training programmes/users

In addition, the researcher was invited to observe a training session carried out by one of the Information Skills trainers.

A total of 40 face-to-face/telephone interviews were conducted (of which 31 were with training programme participants; 2 with social care expert informants, 1 with a member of the SWICE-R board, 1 brief interview was with an education informant, and 5 trainers were interviewed together as a focus group).

Ninety-three postal questionnaires were despatched with a response rate of 43% (40 replies). The online questionnaires received 382 responses although the vast majority (375) were from the SWICE Web site.

Acknowledgements

The research staff are grateful to all those who willingly gave up their time to be interviewed, or to respond to postal/online questionnaires. The research team is grateful for the advice and guidance provided by Sally Hernando and Hayley Abbiss in the Knowledge Resources Development Unit and for the technical help of Phil Vaughan of the NeLH.

We would also wish to thank Alison Bravington and Janet Cooper for their help in transcribing the interviews.

Abbreviations

CeBSS	Centre for Evidence Based Social Services
CPD	Continuing Professional Development
ECDL	European Computer Driving Licence
ELSC	electronic Library for Social Care
NHSU	National Health Service University
NVQ	National Vocational Qualification
PAM	Professions Allied to Medicine
PDA	Personal Digital Assistant
RGF	Research Governance Framework
SHA	Strategic Health Authorities
SWICE	South West Information for Clinical Effectiveness
SWICE-R	South West Information for Clinical Effectiveness - Rural
Topss	Training Organisation for the Personal Social Services
WDC	Workforce Development Confederations

1 Introduction

1.1 Aims and objectives

The aims and objectives as stated in the original proposal focussed on a summative and formative evaluation of the SWICE-R project. After discussion with Sally Hernando, Head of Knowledge Resources Development Unit, it was decided to broaden the aims and objectives to include the SWICE service and related training programmes. As SWICE is a more established service, usage patterns for SWICE might help predict how SWICE-R should develop. Individual trainers had taken different approaches to respond to the training needs of their communities and had covered individual resources as part of generic 'Information Skills' training sessions. This meant that SWICE and SWICE-R resources might be considered one and the same by trainees.

Although the scope of the evaluation was therefore expanded the aims, objectives and methods used remained the same in principle – they were simply amended to encompass both SWICE-R and SWICE.

1.1.1 Aims

- To provide an evaluation that would assess the immediate impact of training and support on CPD and patient care.
- To inform planning for the future by providing a deeper understanding of the way SWICE-R, with the later inclusion of SWICE, are being used and how the services relate to wider policy initiatives.

If SWICE-R is to be funded as a mainstream service it is clear that likely benefits must be apparent, and the support services identified.

1.1.2 Objectives

The objectives, as set out in the tender were to answer the following questions:

Work package 1: Evaluation of the e-library

Accessing SWICE/SWICE-R:

- How did the user find out about SWICE/SWICE-R?
- How/where is the user accessing SWICE/SWICE-R?
- Are access arrangements easy to understand?
- How could access arrangements be improved?
- Are the SWICE/SWICE-R Web pages clearly presented?
- How could the presentation be improved?

SWICE/SWICE-R content:

- How often is each resource used?
- How useful does the user find each resource?
- For what purpose is it used?
- When is the resource used?
- Which professional groups use the resource?

Work package 2: Evaluation and development of the SWICE/SWICE-R Information Skills training programme

- How closely aligned is the training programme to NHS key strategic initiatives (NHS Plan and subsequent planning documents)?
- How closely aligned is the training programme to the aims and objectives of the organisations participating in the study?

- Do the courses on offer meet the aims and objectives of individual participants?
- What are the operational barriers to the effective delivery of information skills training, and putting the learning into practice?
- What are the cultural barriers to participating in information skills training, and putting the learning into practice?
- Should the training programme be extended and developed, and, if so, how?
- Should the NHS increase resourcing in delivering information skills training, and, if so, how?

Work package 3: Impact of the e-library and training programme on workforce development and patient care

- How effective are SWICE/SWICE-R in supporting formal and informal CPD?
- How effective are SWICE/SWICE-R in supporting undergraduate education for students on placement?
- Does access to the resources have an impact on staff satisfaction, either positive or negative?
- Has access to any of the resources changed clinical actions?
- Has any of the information from SWICE/SWICE-R been passed on to patients?

Again, the expanded scope of the evaluation meant that the e-library encompassed both the SWICE-R and SWICE services.

2 Methods

Although the scope of the evaluation was expanded to encompass the SWICE service, the methods remained as described in the proposal:

- Document analysis
- Interviews with:
 - Training programme participants
 - Users
 - Stakeholders involved at a strategic level
 - Information skills trainers (focus group)
- Questionnaires to participants in training programmes/users

In addition to these methods, the researcher was able to observe a training session.

The approach used for each, and the sampling are described in the following sections (Section 2.1 to 2.3). Limitations are considered in Section 2.4

2.1 Document analysis

Key strategic documents have been examined, particularly policy documents which have an impact on education and training, research governance and modernisation programmes. The coverage of local policy documents focused on Somerset, as most of the interviewee sample was drawn from Trusts in this area. The researcher was also supplied with a pack containing information sheets etc. given to trainees at sessions.

2.2 Interviews

The interview sample was drawn from lists of attendees at training programmes provided by trainers from Somerset and North Devon. The selection of interviewees was randomised but stratified to take account of the following:

- Timing of training received: the sample was taken from trainees who had attended courses held between March and July 2003. Experience from previous

evaluations and evidence from the literature¹ shows that conducting interviews or questionnaires too soon after training is counterproductive as participants have not found an opportunity to use the resources. Equally, too long an elapsed period means that participants have forgotten a lot about the experience of the training session itself.

- Professional groups: since a key theme of the evaluation was to look at use of the resources and implementation of training programmes in social care and community settings (especially community mental health) the interview sample was stratified to ensure representation by these groups.

To further explore the social care field, two additional interviews were carried out with staff in a residential care home for the elderly in another part of the country. Although these interviewees are not based in the South West it was felt that they could shed further light on the issues concerning social care staff and on the national agenda. Attempts were also made to contact (by telephone/email) two members of the SWICE-R board and one educator providing distance-learning NVQ courses for social care staff from a college. A full interview was conducted with one of the SWICE-R board members and brief telephone contact was made with the educator.

The interview sample (of users) was 54. Of these, a total of 31 interviews were conducted (17 of which were face-to-face and 14 by telephone). The interviews were tape-recorded where possible and transcriptions of the recordings were analysed using QSR N6 qualitative data analysis software.

Professional group	Number of interviewees
Hospital-based scientific, therapeutic and technical staff	8
Care home staff	4
Community-based scientific, therapeutic and technical staff	3
Community mental health staff	3
Research staff	3
Social work	2
Service/team management	2
Hospital-based nursing/midwifery/health visitors	2
Community nursing/midwifery/health visitors	2
Medical (not GPs)	1
Administration/clerical	1
Sub-total	(31)
Social care expert informants (outside SWICE area)	2
Focus group participants	5
SWICE/SWICE-R stakeholders (strategic)	1
Education informant	1 (brief)
TOTAL number of interviewees	40

Table 1 Interviewees by professional group

Five potential interviewees had left their posts since the training and forwarding addresses were not available. The remaining 18 individuals from the sample were unable

¹ Yeoman, A.J., Cooper, J.M., Urquhart, C.J. and Tyler, A. (2003) The management of health library outreach services: evaluation and reflection on lessons learned on the VIVOS project. *Journal of the Medical Library Association*. 91(4) 426-433.

to be interviewed for a variety of reasons (e.g. one refused to be interviewed and several were away for long periods or, due to the nature of their community-based roles, were out of the office most of the time) and were sent postal questionnaires instead.

A focus group was held with five of the Information Skills trainers. The researcher attended a team meeting and was given the opportunity to explain the research and hold a short focus group.

2.3 Questionnaires

2.3.1 Postal questionnaires

The list supplied by the trainer from Somerset was used to select a sample for postal questionnaires. All trainees who attended sessions between March and July 2003 but who had not been selected for interview received a postal questionnaire. Furthermore, as indicated above, 18 members of the interview sample were also sent postal questionnaires once it became clear that it would not be possible to arrange interviews with them.

From a total sample of 93 postal questionnaires were sent out, 40 responses had been received by 11 December 2003. This gave a total response rate of 43%.

2.3.2 Online questionnaires

Short online questionnaires were placed on the SWICE and SWICE-R Web sites for four weeks (19 November to 16 December) to capture the views of users. In all 375 responses were received for the SWICE survey but since five were spoiled/corrupted only 370 were analysed. Seven responses were received for the SWICE-R survey.

Of the SWICE online survey respondents 346 of the 370 respondents analysed indicated that they were NHS staff . When asked which job title relates most closely to their job:

SWICE Online survey, NHS respondents (n=346, plus n=4, presumed NHS staff)	
Hospital-based nurse	98
PAM/ Allied health	71
Hospital-based clinician	63
Community nursing/midwifery staff	50
Administrative & clerical	23
GP	21
Health services management	13
Health services research	10
None of above	1
SWICE Online survey, non-NHS respondents (n=20)	
Nursing/medical/PAM student	5
Academic/research staff	4
Private health care staff	1
None of the above	10
SWICE-R Online survey	
NHS staff	4
Non-NHS staff (including 2 private care home staff)	3
Postal survey	
PAM/Allied health	18
Nurses, midwives, health visitors	11
Medical (not GP)	5
Administrative & clerical	2
GP	2
Management	1
Social worker	1
TOTAL	417

Table 2 Response to the questionnaire surveys

Of the twenty respondents who indicated that they were not NHS staff, ten indicated that they did not belong to any of the given categories (i.e. that they were not research staff, private health care/care home staff, students or social care staff)

Four respondents omitted to indicate whether they worked for the NHS or not. They did however indicate that their job roles were PAM (2), Administrative & Clerical (1) and Hospital-based clinician (1). For ease of analysis, these respondents have been included in the figures given above for NHS staff.

Of the seven respondents to the SWICE-R online survey, four said they were NHS staff (one GP, one PAM, one Health Services Manager and one Hospital-based nurse) and three were non-NHS (one Nursing/medical/PAM student and two members of private care home staff).

The results from the postal and online questionnaires were fed into Excel spreadsheets for analysis.

2.4 Limitations

This evaluation has taken place over three months. A longer timescale may have increased the responses to the postal questionnaire and the interview numbers since

non-respondents to the questionnaire could have been chased and staff who were out of the office for long periods may have been available for interview at a later date.

It will be shown in the discussion (Section 3.1.7) that many of the interviewees have not had the opportunity to put the skills learned in training into practice. An interview sample drawn from identified regular users of SWICE and/or SWICE-R would have given more information about how these actual resources are used and what users think of them. However the agreed approach was to draw the sample from the list of trainees and this has enabled the researchers to identify the barriers to getting skills acquired in training into practice.

It was hoped that the views of regular users of the SWICE and SWICE-R services would be gathered from the responses to the online questionnaires. The very low response-rate to the SWICE-R survey may indicate relatively low use of the service or it may be due to the fact that users did not want to complete the questionnaire or that they had already completed the SWICE questionnaire and did not want to answer another, very similar, questionnaire shortly afterward.

The results from the online questionnaires should be treated with caution. This is partly because it is not possible to tell whether respondents have replied more than once to the same questionnaire nor whether they have participated in other aspects of the study (by agreeing to be interviewed or returning a postal questionnaire).

Furthermore, the online set-up of the questionnaire – with default radio buttons in place and, in some questions, no possibility for deleting these buttons – meant that many of the early results were unreliable for several important questions. The presentation of the results from these surveys will reflect that concern (Section 3.1). The Web designer was contacted and as of 6pm on 28 November the default radio buttons were removed. Data from online surveys collected after that time was therefore considered more reliable.

3 Results and discussion

The results are integrated with the discussion in response to the questions posed in the three work packages of the original tender.

In analysing the online questionnaire results any replies that showed only the default responses (n=2) were regarded as being especially unreliable and were discounted. Two further responses were discounted because the data were corrupted. This means that 370 responses have been analysed for this report. None of the seven SWICE-R responses met the criteria for being discounted, however three of the seven respondents indicated that they were accessing the Web site for the first time so the results from these three questionnaires are limited to the first three questions only.

3.1 Evaluation of the e-library

3.1.1 How did the user find out about SWICE/SWICE-R?

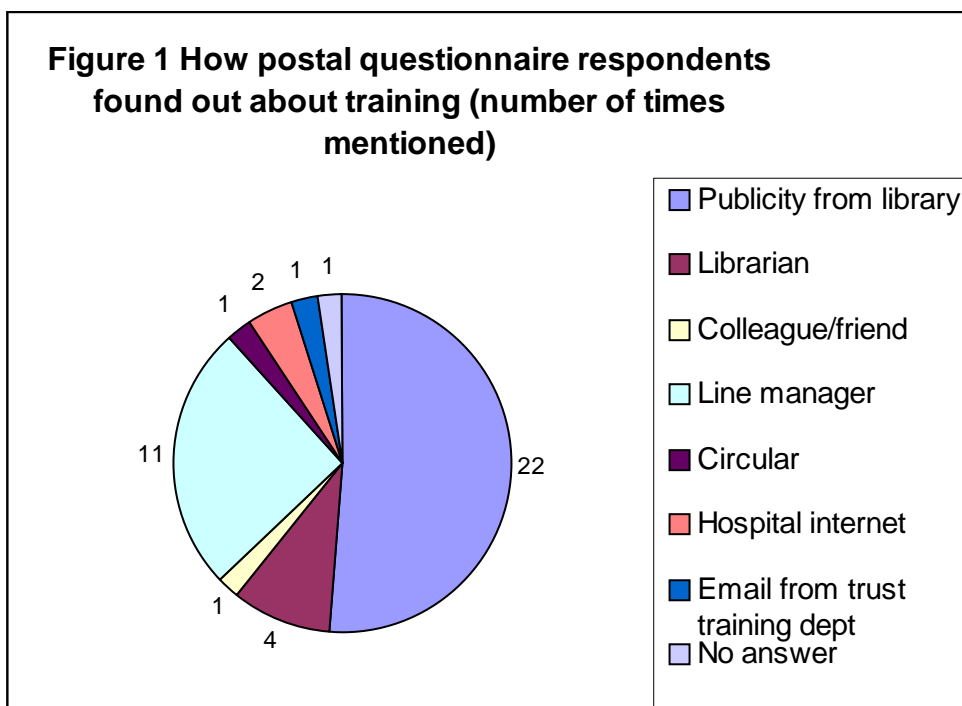
For the 370 SWICE online survey respondents, library publicity or training appears to be the main way they had found out about SWICE (Table 3). It is disappointing that a more reliable figure cannot be found for the training session frequency, but it seems clear that the local libraries play a key role in promoting the service.

Promotional route	Frequency	Percentage frequency (post correction responses only) n=165
Library training session	164 (unreliable as for first 10 days this was set as the default)	35.8%
Library publicity	109	37.0%
From a colleague/friend	40	9.1%
By chance (e.g. browsing)	16	3.6%
Link from SWICE-R Web site n = 15	15	4.2%
Other n = 24	24	9.1%
No response to question	2	1.2%

Table 3 Promotion of SWICE: online survey responses

This is confirmed by responses to the SWICE-R online survey, and the postal questionnaire. Of the seven respondents to the SWICE-R online survey, four said they had heard about it from a library training session, one from a colleague/friend, one had followed the link from the SWICE Web site and the other had found out about it by 'other' means. The comparatively large number of 'other' responses (n=24) suggests that some respondents were unclear how they learnt about SWICE.

In the postal questionnaires respondents were asked how they had found out about the Information Skills training session and whether they had accessed electronic information resources before attending the session.



53% had used electronic information sources before attending the session (47% had not).

The interviewees were asked how they had found out about the Information Skills training session(s) and whether they had used SWICE, SWICE-R or other electronic information resources before attending the session.

Three interviewees said they had heard about training through word of mouth, two from colleagues and the other while attending a 'computer acclimatisation' course. The majority had heard about the training from library publicity materials: on the Trust Intranet, by email, or from regular bulletins originating directly from the library or from other Trust sources such as the Head of IT. The libraries may need to tailor their approaches depending on the type of bulletins used by the Trusts.

Few of the interviewees were aware of SWICE or SWICE-R before attending the training or said they had heard of them but didn't know much about them. One interviewee, a pharmacist, said she thought she had probably tried to use it because she was doing a diploma but couldn't remember for sure and another pharmacist had used SWICE regularly having been on a previous training course but had been back to one of the roadshows run when the supplier was changed.

Conclusions

Library training and library publicity materials work hand in hand. Publicity for the service, plus the training, leads to recruitment on to the training courses. Trained users then help to spread the word among their colleagues. Targeting managers personally can be a very effective way of publicising services to teams. Continued publicity, using a variety of appropriate formats for the organisations, seems essential, as there is little awareness of the benefits of SWICE and SWICE-R resources prior to training.

3.1.2 How/where is the user accessing SWICE/SWICE-R?

Since the majority of the interviewees had not had the opportunity to use SWICE/SWICE-R since their training, the researcher asked them about their usual patterns of information-seeking and use. Compared to the researcher's experience on earlier studies (e.g. the VIVOS project²) most interviewees appeared satisfied with levels of access to computers at work. This did not mean that they were able to use the computers as much as they would like because time was still a major barrier but most did have access to a PC even if it was shared with colleagues.

Use of home computers was mentioned by several interviewees – mainly in the context of feeling pressured by time constraints when at work. CPD was cited as a common reason for carrying out searches and this activity was often pushed into interviewees' personal time. Two interviewees gave specific examples of using the services from home, one (a member of care home staff) had used SWICE-R to print off articles on wound dressing for a colleague and the other (a pharmacist) said that she has SWICE set up as one of her favourites at home because she is regularly on-call and can need to look things up.

Online survey respondents were asked from which locations they had accessed SWICE (they could give more than one answer). The most popular response was Own office (n = 271). However, in the first ten days of the survey this was set as a default which could not be removed. After the fault was corrected 66 out of the 165 post-November 28th respondents indicating that they had accessed SWICE from their own office. The rest of the responses to this question are more reliable because respondents would have had to actively select them at all stages:

² Yeoman, A., Cooper, J., Urquhart, C., and Tyler, A. (2001). The value and impact of virtual outreach services: report of the VIVOS project (No. LIC 111). London : Resource: The Council for Museums, Archives and Libraries.

Location where SWICE accessed	Total frequency (n=370)	Percentage frequency (post correction responses only) n=165
At home	178	48.5%
Own office	271	40.0%
In library	147	40.0%
Shared computer at work	141	38.2%
Other n = 8 (4 post-correction responses)	8	2.4%

Table 4 Accessing SWICE

Similarly for the SWICE-R respondents option 1 (own office) should be treated with caution. However, since three respondents said it was their first visit and all three indicated another access point the following can be assumed:

Own office n = 2 (from responses received post-28 November)
 Shared computer at work n = 4
 At home n = 4
 In library n = 3

Conclusions

The ability to access SWICE from home is highly desirable, though several respondents noted that time pressures at work, rather than lack of access to computers, are the main reason. Nevertheless, a high proportion of staff (just under 40%) are using computers shared with other staff.

3.1.3 Are access arrangements easy to understand?

On the whole interviewees were unclear about how they accessed resources and it was difficult for the researcher to establish the routes taken to different databases.

'RESEARCHER: ...when you access the databases like CINAHL though, that's not through to SWICE-R then, that's...?'

INTERVIEWEE: No. That's through our, uhm, link with the library.' [INT 46: 340-343]

Interviewees would talk about SWICE/SWICE-R and about information they had found using the services only for it to become clear later that they had actually carried out the search on a search engine like Google. Interviewees found it hard to differentiate between different resources, they seem to see everything as one giant resource.

By the nature of the sample, many interviewees worked out of more than one base and had to cope with different access arrangements at different locations:

'No, because the way we do it on that system is different to the way we do it in the health centre, and...I don't always do it from the library.' [INT 6: 75-77]

Others had problems with passwords, either forgetting or losing them or because they had been refused access at some point and had given up trying. One interviewee's contract hours had changed leaving her little time for research at work and was unsure whether she would be able to access the services from her local public library using the 'pin number'.

Many interviewees were keen to say that they had found the trainer very approachable and that they knew he/she could be contacted for advice about access/passwords if

necessary. The trainer whose session was observed by the researcher provides attendees with a pack of information sheets to take away. These sheets provide a quick guide to the resources covered in the session (with screen shots to aid recognition); tips on using the Internet, printing Web pages, etc.; guides to general library services (including how to register for Athens); and worksheets to be used in conjunction with the information sheets. Several interviewees mentioned that they had referred to the handouts after the initial training session.

Conclusions

Training and support seem essential in showing staff how to access and use SWICE and SWICE-R. Given possible time lags between training and use, information sheets can provide a quick answer to simple problems and can remind trainees of the range of resources available. Instructions for dealing with the loss of passwords need to be advertised clearly on a Web site. As almost half the respondents to the postal questionnaire of training respondents had used electronic resources (the Internet) before, the design of commonly used sites (such as online banks) could be used as a model for the administrative functions. It is also essential that staff can get back online as soon as possible, as it seems that some just give up very easily.

3.1.4 How could access arrangements be improved?

When postal questionnaire respondents were asked whether they had experienced any problems getting access to or using SWICE/SWICE-R 31 of the 40 respondents said that they had not experienced any problems. Of the eight (20%) who had experienced problems, two had received security messages or repeated password requests, a further three also mentioned difficulty with authentication, one had found the service unavailable on one occasion, one found it 'very slow' and the last one said that they were unable to find the time to browse (more of a cultural barrier than an access issue).

Although interviewees tended to be unclear about the routes they took to access resources they seemed content with current arrangements – they knew where to click on the screen and that was fine. Authentication is always going to be tricky because people do find passwords hard to remember especially if use is sporadic but it's difficult to see how to avoid this, unless IP addresses are used within the Trust. That still means that staff need to remember Athens passwords for home use. Time is another key factor which is really beyond the control of library staff – if users had more time they would access resources more regularly and remain familiar with access arrangements.

Conclusions

Access arrangements are acceptable, but making authentication easier or more transparent would be helpful. However, from the service provider perspective, it is also useful to track easily and reliably, who is using which resources.

3.1.5 Are the SWICE/SWICE-R Web pages clearly presented?

Again, since use of SWICE/SWICE-R among the interviewees was limited, it was difficult to tease out opinions about the presentation of the Web pages. When asked, some interviewees would give an answer which turned out to be about a specific resource (e.g. Internurse) rather than about the main SWICE/SWICE-R pages and persistent probing was required.

Those who did give an opinion gave favourable answers, for example:

'It's very, it's, it's clear, it's nothing complicated. It's not... it's not one of those sites that you see sometimes on a Web site and you think "Oh my goodness, it's just absolutely bamboozling!" This is not, this is just clear and concise and...you

can just find what you want...this is really nice and, and very user-friendly.' [INT 42: 209-221]

'I have found it really easy to use.' [INT 9: 86]

'I haven't had any problems really, it's been, yeah, it's been good.' [INT 14: 73-74]

Given the limited evidence from interviews it was decided to compare the SWICE and SWICE-R Web sites with similar health information services provided by a range of organisations. The services selected for comparison were:

Aditus (<http://www.aditus.nhs.uk/aditus/default.htm>) provided by the North West and Social Care Knowledge Centre. This Web site has a broader remit than SWICE and SWICE-R but much of it is still under development. It has several zones including a learning zone and the intention is clearly to support embryonic communities of practice. The home page indicates that two types of user are envisaged: NHS & Social Care Staff (who have the option to register for an Athens Password) and Patients & Members of the Public. Both types of user have access to the Information Centre which contains links to sites such as NHS Direct, NHS Cochrane and Find Local NHS Services) but Athens-registered staff also have access to a range of databases, e-journals and e-books. A Patient and Public Information section is under development but aims to provide access to high-quality health information on a range of conditions organised by A-Z list or health category.

Health Information for London Online HILO (<http://www.hilo.nhs.uk/>). The HILO Web site states that it has been produced as part of the Electronic Resources Development Project which aims to co-ordinate the accessibility of electronic information resources for all health and social care workers across London. The presentation and branding reflect that of the NeLH with resources grouped into three categories (Library Resources, Information Resources, Quality Links) and all accessible from the homepage. The service is aimed at health and social care staff in the London Region and those registered to use KA24 via Athens can access it through HILO. Those not yet registered can download an application form that can be sent or taken to their local health library.

HOWIS (<http://www.wales.nhs.uk/>) is 'the official Web site of NHS Wales' and provides a 'gateway' for both healthcare staff and consumers of healthcare. The Personal Healthcare section gives consumers access to NHS Direct Wales and to the Health and Social Care Guide for Wales. The site provides access to evidence-based resources, including a section of resources available to staff via the Athens authentication system, along with links to strategy documents, other relevant Web sites, news and job vacancy information, etc.

NHSS e-Library (<http://www.elib.scot.nhs.uk/>) has been set up by NHS Education for Scotland 'to provide equitable access knowledge support for **all** NHS staff regardless of geographic location, staff category or discipline'. The site provides access to health Web sites, journals, books, databases, guidelines and allows the user to browse the records of the e-Library catalogue. There is a section for patients containing links to useful organisations etc. There is also a Keeping up-to-date section for health professionals and links to 'hitting the headlines' news items. The Online Librarian Service allows users to register for an Athens password and there are links to other Scottish library Web sites, to the Centre for Change and Innovation, and to SHOW (Scotland's Health on the Web). There is a statement at the foot of the site saying that it is due for full-scale development during 2003.

The framework used for comparing the Web sites was adapted from Nielsen's Ten Usability Heuristics³ :

1. *Visibility of system status*: keeping users informed of 'what's going on' through appropriate feedback within a reasonable time.
2. *Match between system and the real world*: speaking the users' language, using familiar terms and concepts, making information appear in a natural and logical order.
3. *User control and freedom*: providing a clearly marked 'emergency exit' and supporting undo and redo functions for when users make mistakes.
4. *Consistency and standards*: users should not have to wonder whether different words, situations or actions mean the same thing.
5. *Error prevention*: even better than good error messages is design to prevent them.
6. *Recognition rather than recall*: ensuring that instructions, objects, options etc. are visible or easily retrievable, users should not have to remember information from one part of the dialogue to another.
7. *Flexibility and efficiency of use*: allowing users to tailor frequent actions – should cater for experienced and inexperienced users.
8. *Aesthetic and minimalist design*: don't clutter the design with irrelevant or rarely-needed information.
9. *Help users recognise, diagnose, and recover from errors*: error messages should use plain language and suggest solutions.
10. *Help and documentation*: should be kept to a minimum and be easy to search and focussed on user's task.

Since several of the Web sites (including SWICE-R) are in pilot or developmental phases it was decided to simplify the process by consolidating the list of framework criteria, grouping them into more generic categories to answer specific questions. The questions also reflect elements of the Web site appraisal framework used during the evaluation of the NeLH Virtual Branch Libraries⁴.

1. Are the purpose, aim and identity clear? (is it clear what's going on, who is behind the service and who it is aimed at?)
2. Does the site reflect the users' world? (does it use appropriate language and present information in a natural way for all types of user?)
3. How easy is it to find one's way around? (what functions support inexperienced users, is it clear, consistent and logical?)
4. Can users provide feedback? (if so is this process transparent – is it clear what happens to feedback and whether to expect a response?)
5. Is the design clear and simple?
6. What happens when things go wrong? (is there a Help facility and, if so, is it easy to understand?)

Are the purpose, aim and identity clear?

Aditus: There is no description of what Aditus is on the homepage. If you click on 'About' this page is not yet completed although by placing cursor over the 'About' button and selecting it is possible to find information about the North West Health Care Libraries Unit and the WDC. The user would need to scroll down to the foot of the page to establish that the North West Health Care Libraries Unit are the providers of the service. The home page does make it clear that both NHS/Social Care staff and Patients/Members of the

³ Available at http://www.useit.com/papers/heuristic/heuristic_list.html

⁴ Urquhart, C., Yeoman, A., and Sharp, S. (2002). NeLH communities of practice evaluation report. Aberystwyth: Department of Information and Library Studies, UWA.

Public are the intended users of the site but the user would have to explore beyond the homepage to find out what the site is really about.

HILO: There is a clear statement at the top of the homepage explaining who the service is intended for and what the user can expect to find on the site. The user would have to scroll to the foot of the page to establish who is responsible for the service but contact details for team members are provided with email links.

HOWIS: There is a clear statement of the aim of the service and the advantages of using the service, 'a one-stop shop to health information', are indicated. The intended users of the site are not stated and, since the consumer-health area is given the title 'Personal Healthcare' it may not be immediately obvious to all members of the public that the site is intended for their use as well as that of professionals. NHS Wales is identified as the provider of the Web site but there are no details of the team behind the service.

NHSS e-Library: It's fairly clear who the site is aimed at. There is a clear link to the section 'For Patients' with an explanation that it contains essential resources for patients. The NES NHS Education for Scotland logo appears on the banner but the Who We Are page giving details of the e-Library team is not easy to find (the user has to go via the Contact Us link at the foot of the page). The What is the e-Library link leads to information about why the library has been developed, provides a mission statement and makes it clear that the main anticipated audience of the library is health professionals. The user can also click on Aims at the foot of the homepage for a brief summary.

SWICE: The purpose, aim and identity are clear. The South West WDC Knowledge Resources Development Unit is identified at the top of the page and the title 'Knowledge Resources for Healthcare' along with the expansion of the SWICE name itself indicate the purpose of the site. The user can click on About SWICE for a brief introduction to the aim and content of the site. If users click on the WDC they are given the option to access the Web sites of the three participating organisations (Avon, Gloucestershire and Wiltshire WDC, Devon and Cornwall WDC and Dorset and Somerset SHA). There is no information about actual SWICE team members.

SWICE-R: The purpose, aim and identity are clear. Dorset and Somerset WDC are identified at the top of the page and, as for SWICE, the expanded name and title explain the aim of the site. Some users may wonder what the 'Rural' means but if they click on About SWICE-R they find a brief description of who the site is provided for, what will be available, an indication of where to apply for a password and a link to the page giving details of local health libraries. There is no information about SWICE team members though. It is clearly stated that access to the resources requires a password and users can easily download an application form. The user is also informed that the site is supported by the PPP Foundation with a link to the Foundation Web site.

Conclusions

SWICE and SWICE-R compare favourably with other national or regional (WDC) health information Web sites. Desirable improvements would be more details about the team members providing the sites. Using the term 'knowledge resources' ties in with NeLH terminology, and avoids the problems of the word 'information' for health staff which tends to be associated with administrative and management information from patient data. Resources is probably a better term to use than databases, for the same reason.

Does the site reflect the users' world?

Aditus: The Patient and Public Information section does use lay language (e.g. 'heart attack') and there is a current-awareness/news element for professionals. No last-updated information.

HILO: The NeLH-style branding reflects other resources that health professionals may have used and gives a feeling of authority to the site. However there appears to be no intention to provide other services such as news or community of practice elements. There is a last-updated date at the foot of the page to indicate currency of information.

HOWIS: The site is available in both an English and Welsh language version and provides a range of services beyond access to resources, e.g. news items, lists of upcoming events, job vacancies. There is a feedback facility but no attempt to engage the user in a dialogue along the lines of a community of practice. There is no last-updated information but the Latest News items show the date and have a link to more detailed coverage in the News section.

NHSS e-Library: The information for patients is basically links to other organisations. Each link has a short paragraph explaining what the organisation does and the links are categorised by theme (e.g. Scottish organisations, Mental Health, Patient Information for Specific Conditions). There is a quick jump-to facility to take users to the categories of interest and the explanatory paragraphs are written using lay terms. There are current-awareness/news facilities for health/library professionals. The Contribute button and the Online Librarian Service give users the opportunity to send a link or suggestion to the site. This section also allows users to access online guides and virtual training suites/tutorials. Last-updated information is supplied at the foot of the page. The user has the option to make the NHSS e-Library their homepage or add it to their list of favourites. There is also a page giving details of the selection criteria for Web sites accessible through the e-Library.

SWICE: The Web site is aimed at professionals but, as the title indicates, is a portal to knowledge resources rather than a forum for community of practice activities. There are therefore no current awareness or news facilities. There is no 'last-updated' information. The front page may therefore appear static. In comparison, the NeLH page has 'Hitting the headlines' and other news items which are new (and many users click through to these)⁵.

SWICE-R: This is also a portal to resources and does not provide any news or current awareness items. Users with handheld PDAs are given a link to 'handheld friendly' pages. The Other Health and Library resources section provides links to resources that would be of particular interest to the intended users of the site (e.g. e-Library for Social Care). There is no last-updated information. If users are looking for training on accessing the SWICE-R resources the Libraries/Feedback page explains that local librarians should be approached.

Conclusions

Both SWICE and SWICE-R pages might wish to consider a 'what's new' link or feature to attract and maintain interest in the site. For example, someone browsing might go into the site to see 'what's new in their area' and might also notice that more resources had been added. Without a reason to browse in the first place, they are unlikely to find this out.

How easy is it to find one's way around?

Aditus: It is not easy to judge this when a lot of the site is still under construction because there are many dead-ends. Although the novice user would benefit from a brief description of what the site is about it is quite easy to find one's way around. Some of the labelling is potentially confusing – is 'resources' the same as 'information centre'? Perhaps the buttons would benefit from brief descriptions when the cursor is passed over them as on the SWICE site. It is confusing that if the button is clicked immediately it takes

⁵ Observation from pilot evaluation of the NeLH. Personal communication.

the user to a different page from those available if the user pauses over the button to bring down a pull-box with list.

HILO: Since the approach taken by HILO is to make everything available from the homepage it is easy to find one's way around the site. There are buttons below the lists of individual resources linking to Athens registration directions, KA24, the BMJ collection of journals and to the Help facility. Resources requiring Athens authentication are asterisked with an explanation containing links to the online registration form and the addresses of local health libraries. There are links to KA24 but an explanation (e.g. when cursor is passed over) of KA24 would be useful – what is the difference between HILO and KA24?

HOWIS: The site is presented clearly with descriptions of what lies behind some, though not all, of the buttons. The information resources are separated into two sections: Evidence Based Resource which is available to all users and NHS Staff Resources which requires Athens authentication.

NHSS e-Library: The homepage is compact with brief descriptions of what lies behind the links. The layout (in a circular format similar to SWICE) possibly aims to place searchable sections on one side of the circle and browsable sections on the other. It has not been possible for the designer to apply this consistently (e.g. the Books section is on the Search side but is browsable as well). This is potentially confusing for a new user but the short explanations under each section are enough to alert the user to what lies behind. Qualifying users are able to register for an Athens password and clicking on this link leads to information about the Athens system and what it can give access to.

SWICE: It is very easy to negotiate the site. If the user holds the cursor over the labels of the main resources they are given a very brief description of what lies behind the button. The only thing that is potentially frustrating/confusing for users is that if they click on any of the main resources they are taken to the same Thomson Dialog page and have to go through the process of logging into Athens before being presented with the same list of resources to choose from again. Users may expect to go straight to an individual resource when they click on it from the homepage. The My Athens link appears twice.

SWICE-R: Again it is very easy to negotiate this site. Each of the three sets of resources has a Description button which when clicked gives a short explanation of what is available through the resource (e.g. list of the databases available, an indication of whether articles are peer-reviewed, etc.). The Other Health and Library resources section again gives short descriptions of what lies behind links.

Conclusions

Both SWICE and SWICE-R appear easy to navigate. The circular format for SWICE works well, and avoids any impression that some resources are better than others. The explanations of the resources should, as far as possible, be grounded in the users' likely needs, rather than providing details from the library provider perspective.

Can users provide feedback?

Aditus: Feedback is encouraged but the procedures for submitting it are limited at present. There is no information about what would happen to feedback and whether/when a response could be expected. The feedback form mentioned is not yet in place and the Feedback page gives only the postal address of the Libraries Unit.

HILO: The word 'feedback' is not actually mentioned on the site but addresses of (and email links for) team members are supplied with an invitation to contact them.

HOWIS: There is a feedback form and the team ask for contact details so that they can get in touch with users 'if necessary'.

NHSS e-Library: As mentioned above, users have the opportunity to contribute a link or suggestion. There is also a Contact Us facility although the word 'feedback' is not actually mentioned. There may be information about whether/when a response could be expected but the user would need to submit a suggestion/enquiry to test this out.

SWICE: There is no facility for inviting users to provide feedback directly from the Web site. In the About SWICE section users are encouraged to contact their local health librarian if they need further information.

SWICE-R: There is a feedback button on this site. There is no actual feedback form but users are provided with the contact details of their local health libraries. There is no information about whether/when a response could be expected.

Conclusion

Both SWICE and SWICE-R would benefit from a more consistent approach to gaining feedback from their users, and showing how feedback, whether gained directly from the Web site or via health librarians) has been acted on. This would give more confidence in the feedback mechanism, particularly for those users who have had little contact with a local health library.

Is the design clear and simple?

Aditus: The design probably will be clear and simple once teething troubles are sorted out. At the moment the buttons in the box on the left do not reflect those at the top of the page even though they link to the same features. The search box is clear and simple and so is the Athens login box although the homepage instructions to NHS/Social Care staff do not explain that the registration they need to carry out is for Athens.

HILO: The design is clear and simple. The design reflects that of the NeLH which some users have found too cluttered⁶, however since HILO is not attempting to provide as many services it is less crowded than the NeLH homepage.

HOWIS: The design is clear and simple, the page is long and the user has to scroll down to view the full range of services available but there is a strong identity.

NHSS e-Library: The design is clear and simple without the need to scroll down on the homepage.

SWICE: The design is clear and simple. As with the NHSS e-library Web site, the homepage is uncluttered and the user does not have to scroll down.

SWICE-R: Again, the design is clear and simple and the homepage is viewable without the need to scroll down.

Conclusions

Compared to similar sites, SWICE and SWICE-R site designs are clear. Future development should take account of commercial Web site designs that often build in some redundancy to their links, with links along the top toolbar leading to the same page as links in a bullet list in text down the page. Visual impact should not be at the expense

⁶ Urquhart, C., Yeoman, A., Cooper, J., and Wailoo, A. (2001). NeLH pilot evaluation project. Final report to NHS Information Authority, NeLH. Birmingham: NHSIA.

of functionality but neither should it be overlooked, as users are likely to be comparing sites with those provided by commercial organisations. Simplicity and clarity are essential but design should be regularly reviewed to make sure that the site remains inviting.

What happens when things go wrong?

Aditus: There is a Help button but it's functions are currently limited to brief information about the Athens password and an embryonic FAQ page.

HILO: Reflecting Nielson's guidance on error prevention, the link to the South London health care libraries books catalogue gives details of the browsers required to successfully access the resource. The Help page is good with tips to try before contacting the development team and a comprehensive form to complete and submit, there is however no indication of how the query will be dealt with and how the user would be informed of the outcome (though perhaps this is given after the form has been submitted).

HOWIS: The Help facility provides information about browsers as well as guidance on searching and an Adobe Acrobat Reader plugin. There is a link to the feedback form for specific queries.

NHSS e-Library: There is no obvious Help facility. Users may be expected to use the Contact us email to ask for assistance but this is not made clear.

SWICE: It is not clear what users should do when things go wrong. Those users who have attended training sessions will have been given contact details in case they experience problems but there is no Help facility on the site itself.

SWICE-R: SWICE-R users who have attended training sessions will, like their SWICE colleagues, have been supplied with contact details in case they need help. There is no Help facility on the site itself though, but users may decide to contact their local health librarian using the details supplied on the Libraries/Feedback page (especially since local librarians are identified as providing SWICE-R training).

Conclusions

SWICE and SWICE-R need to adopt a help-desk policy which will then govern how help and feedback will be provided. At present the approach assumes that users have some knowledge and information which they may not possess. Comments from user interviews, echoing those from previous research⁷ indicate that users quickly become frustrated when they have trouble accessing resources and may not try again in future.

3.1.6 How could the presentation be improved?

There was little evidence from the research on user preferences on the appearance of SWICE-R (or SWICE). It is difficult to assess the needs of new users, but it would be sensible to consider their reasons for using the resources when outlining the content of each resource.

⁷ Yeoman, A., Cooper, J., Urquhart, C., and Tyler, A. (2001). The value and impact of virtual outreach services: report of the VIVOS project (No. LIC 111). London : Resource: The Council for Museums, Archives and Libraries.

We also recommend that 'think-aloud' sessions with potential users would be useful in helping to design the introductory Web pages for SWICE resources. Such sessions would require⁸

- several representative tasks for the participants to work through (task scripts)
- observers (probably two) to record behaviour
- audio or video-recording of the participants as they undertake the tasks
- post-session interviews with participants to capture any additional views or opinions

Such sessions could also provide useful information on what new users might assume the content behind the labels meant (card sorting tests on link labels), and particular problems they might have in selecting resources and navigating among them. Ebenezer⁹ used a range of techniques to evaluate the South London and Maudsley NHS Trust library Web site. These included benchmarking against similar sites for ease of navigation and content, focus group sessions and observation of how particular tasks were approached. If willing participants can be recruited the use of 'think-aloud' sessions, focus groups and similar tests to those used by Ebenezer could produce useful feedback.

Heuristic evaluation of the design aesthetics of the user interface can be done without the users, but, given the relative novelty of such resources for large numbers of health and social care staff, the use of think-aloud sessions and card sorting tests is recommended.

Conclusions

We recommend that think-aloud sessions, card sorting tests, and task scripts be considered before further development of the sites, to ensure that the presentation and terminology used meets users' expectations, as far as possible. It is possible that the site layout needs to meet the needs of experienced users as well as the 'new user', and so some quick short-cuts may be required as well as more explanation for the new or infrequent users

3.1.7 How often is each resource used?

Athens statistics illustrate that usage is generally increasing, with usage in October 2003 exceeding that of September 2003, and in most sites (except for East Somerset, s01), the November usage is greater than the October 2003. The pattern is uneven, suggesting that usage is infrequent and may depend on occasional requirements for education, audit or research. This is illustrated by usage at West Abbey which actually fell during the period when it was building up at other sites.

Of particular interest to the SWICE-R evaluation is usage of Martindale (through Dialog), and Online textbooks (through OVID). Internurse statistics are not collected through Athens, and these are not considered here, as valid comparisons of transaction logs with different providers are very difficult to make. The Dialog statistics include more resources than Martindale. The OVID online textbooks statistics do not differentiate between the resources available via SWICE and SWICE-R.

The chart for Dialog log-ins (Figure 2) illustrates greater use overall by the acute sector (s01=East Somerset NHS Trust, s09=Taunton and Somerset NHS Trust) than the PCTs (s02, s03, s04, s06, s08), or Somerset Partnership (s05). Some of these differences may be attributable purely to the difference in staff numbers, the PCTs generally being much smaller than the acute hospitals (e.g. the 2002 figures for NHS Hospital and Community

⁸ For further details see Covey, Denise Troll. Usage and usability assessment: library practices and concerns. USA: Digital Library Federation and Council on Library and Information Resources, 2002.

⁹ Ebenezer, C. Usability evaluation of an NHS library Web site. *Health Information and Libraries Journal*. 20(3). 2003. 134-142.

Health Services¹⁰ cite a figure of 194 for qualified nursing staff (headcount) for North Somerset PCT, whereas the Taunton & Somerset NHS Trust nursing staff complement (undated) is 841, according to other statistics. Given the structural changes that have taken place, it is difficult to obtain meaningful comparisons, but the staff figures taken from the Somerset SHA site¹¹ have been used to derive comparative usage statistics (Figure 2). Figures used for nursing staff are: East Somerset NHS Trusts 607, Somerset Partnership 742, Taunton & Somerset NHS Trust 841 (the Web site statistics do not declare the date or the full definition of 'nursing staff').

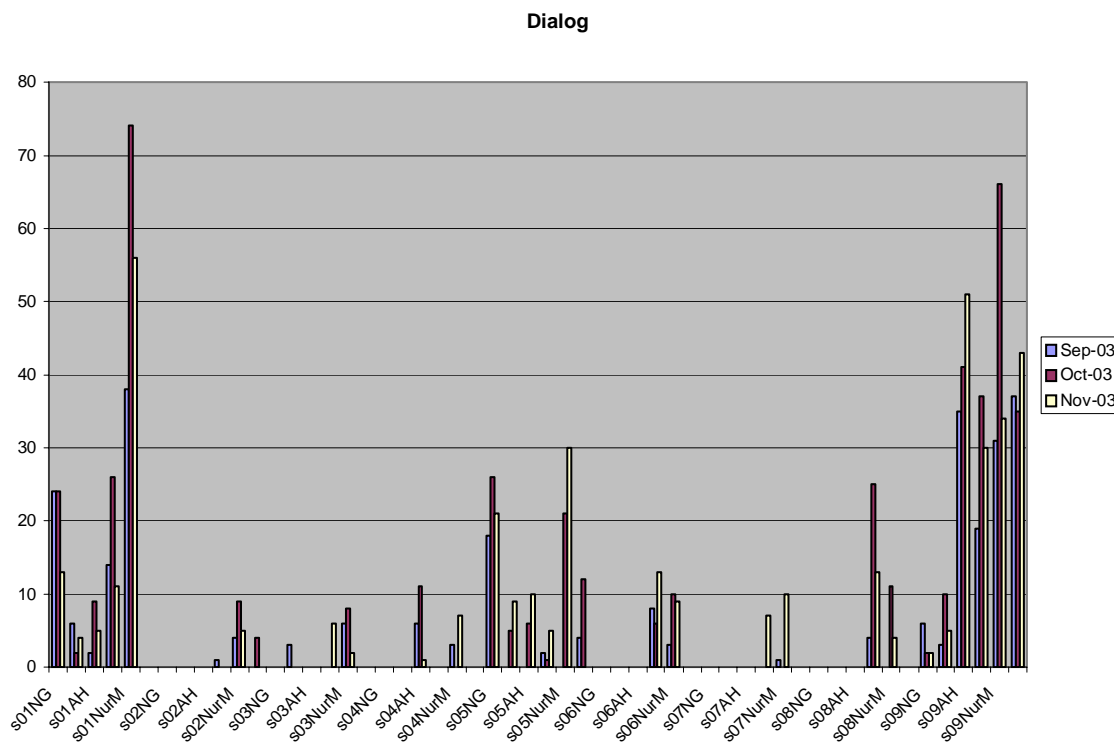


Figure 2 Dialog Athens log-ins for Somerset Trusts

¹⁰ Department of Health. NHS Hospital and Community Health Services. Non-medical workforce census, 30 September 2002.

¹¹ Somerset SHA. Retrieved from <http://www.somerset.nhs.uk/whoweare/hospitals/index.html> on 24 Dec. 03.

Dialog use per nurse

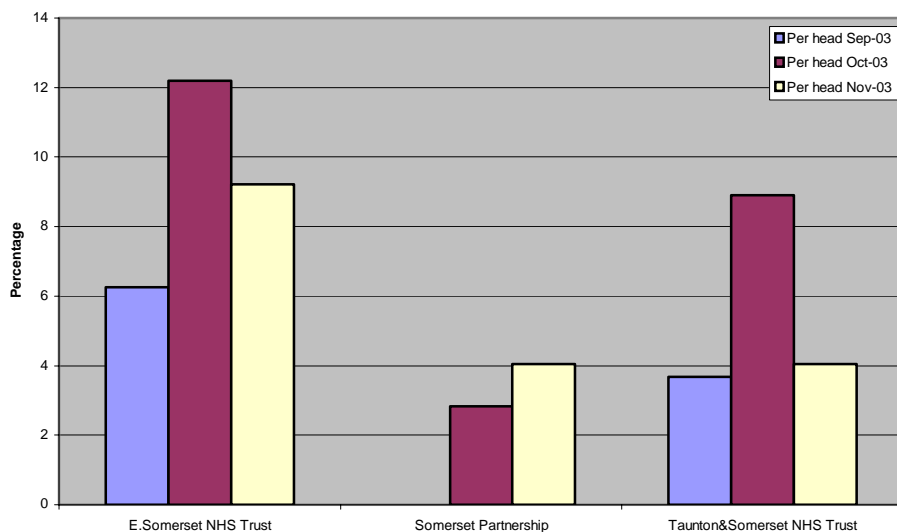


Figure 3 Dialog use per nurse in three Trusts

The comparative usage statistics for nursing staff demonstrate for Dialog resources (Figure 3):

- East Somerset NHS Trust use per head exceeds that of Taunton & Somerset NHS Trust
- Somerset Partnership use per head is lowest (but increasing, from zero use in September 03)
- November 03 use per head for Somerset Partnership equals that of Taunton & Somerset NHS Trust.

Online textbook usage patterns show a similar concentration of usage in the acute trusts (overall) (Figure 4) but there are some differences between online textbook usage and Dialog resources. Given the much lower use it would be unwise to interpolate too much from these differences. What is of interest is that nursing and midwifery staff in many organisations are using these resources, and in November 03, nursing and midwifery staff in St Margaret’s Hospice(s07) and in Taunton and area PCT (s08) used online textbooks for the first time in that quarter. Comparative statistics of usage (Figure 5) show similar trends to those of Dialog resources.

Online textbooks

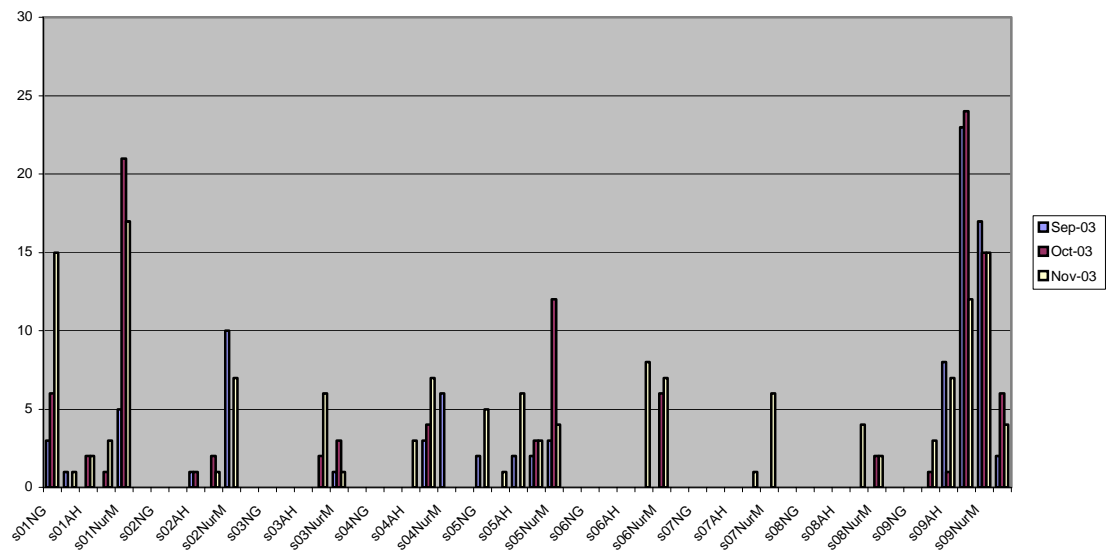


Figure 4 Online textbook (OVID Online) Athens log-ins in Somerset Trusts

Online textbook use per nurse

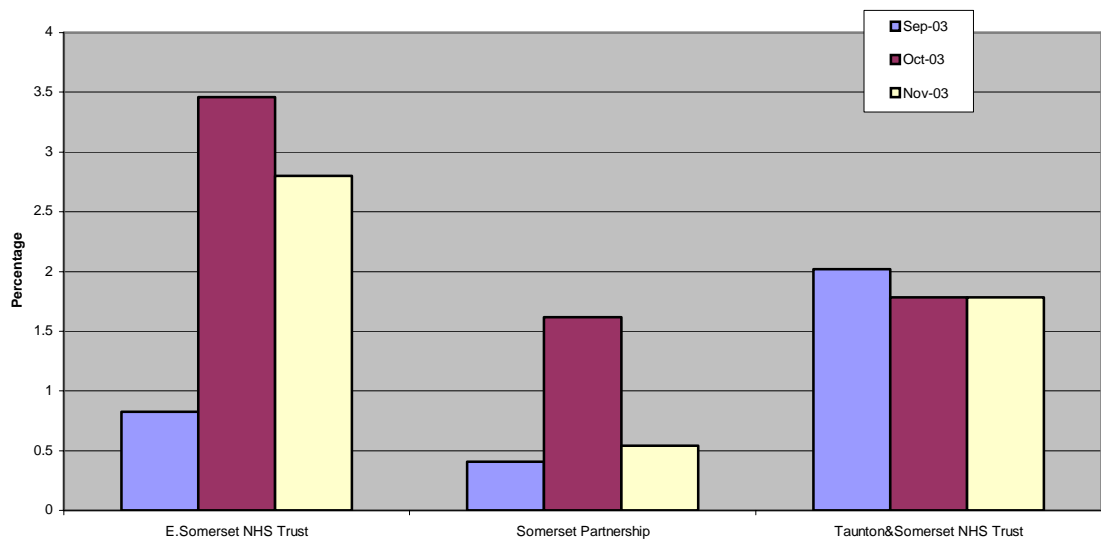


Figure 5 Online textbook usage per nurse in three Trusts

Two hundred and thirty-six of the SWICE online survey respondents said this was not their first visit to the Web site and therefore went on to complete information about frequency and usefulness of the resources. In the table below it should be borne in mind that option 1 (Not used in past 3 months) was initially set as the default so respondents may not actively have selected this option.

	Used four or more times in past three months	Used two or three times in past three months	Used once in past three months	Not used in past three months
MEDLINE	92	69	25	41
BNI	67	62	20	79
CINAHL	52	47	29	94
EMBASE	51	41	23	109
PsychINFO	37	18	27	141
AMED	20	24	25	153
Oxford Textbooks	14	21	20	170
DHData	13	18	12	179
Martindale	7	9	12	194

Table 5 Frequency of use of SWICE resources by online survey respondents (236 responses)

For the SWICE-R Web site, four respondents had accessed the Web site previously. Their usage figures were:

	Used four or more times in past three months	Used two or three times in past three months	Used once in past three months	Not used in past three months
Internurse	2	2		
Oxford Textbooks		1	2	1
Clinical Databases	1	1		2

Table 6 Frequency of use of SWICE-R resources by online survey participants

From postal questionnaire: 22 out of the 31 who answered the question said they had used electronic information resources since the training.

The postal questionnaire focussed on the resources available through the SWICE-R Web site. When asked about frequency of use of each of the resources available the responses were:

	Used four or more times in past three months	Used two or three times in past three months	Used once in past three months	Not used in past three months
Oxford Textbooks	1	3	6	14
Internurse	1	5	2	16
Martindale	1	2	5	17

Table 7 Frequency of use of SWICE-R resources by postal questionnaire respondents

The majority of interviewees said that they had used the resources very little if at all since the training session. They were quick to point out that this was not an indictment of the training itself which most found very good. They were regretful that time constraints and other circumstances meant they had little opportunity to try out their new skills because having access to SWICE/SWICE-R was viewed positively:

'RESEARCHER: So did you say you hadn't really used the SWICE, SWICE itself?

INTERVIEWEE: I am afraid, no I probably haven't actually, thinking about it, no I don't think I have...because, you know, because it is... I was hoping to be able to, because I do most of it at home really.' [INT 19: 376-382]

Some had used the resources one or two times since the training and were keen to practise more so that they could become proficient:

'I haven't used it recently. I did, I think, once or twice, quite quickly after the training and I should, I must get back to doing it really, because if you don't you lose... I'll forget what, what you're supposed to do...' [INT 11: 49-53]

Since CPD and improving practice are key drivers of information-seeking, use of the services is linked to these activities. Several interviewees confirmed that they would shortly be using the resources because they were about to start new courses or would have work to submit for a current course. One nurse had recently become involved in the Essence of Care initiative and found that this had motivated him to look for information about modernisation.

Conclusions

It is impossible at this stage to assess the likely impact of the SWICE-R resources in the future. The figures suggest that it is taking time for those who have managed without easy access to resources to change their patterns of working to think of using SWICE-R to help answer a routine problem. In comparison, the usage patterns for SWICE resources indicate that there are core resources (MEDLINE, BNI, CINAHL, EMBASE, PsychINFO) as well as complementary resources (AMED, DH-Data, Oxford Textbooks) with Martindale possibly a more specialist resource at present. CPD is an important lever. Training and service providers need to have links with education providers and tutors to ensure that appropriate resources are provided and used. The results of the JUSTEIS project¹² confirm the vital role to be played by academic staff in promoting use of resources to students.

3.1.8 How useful does the user find each resource?

The online survey asked respondents how useful they found the individual resources available through SWICE/SWICE-R. Usefulness is always difficult to assess because it is so subjective so decision was taken to keep the question simple by asking, for each individual resource, whether users found them 'Always Useful', 'Sometimes Useful' or 'Never Useful'. The issue was further complicated by the fact that 'Always Useful' was set as the default (until 28 November) and so respondents may not have actively selected this answer.

For the analysis it was decided to use only data received after 28 November and to link it back to responses given to the previous question about frequency of use. The views of those respondents who stated (after 28 November) that they had accessed a resource at least twice in the previous months were included in the analysis since they were considered to be regular users. The following table (Table 9) gives the results of this analysis ranked by number of respondents (who said they have used a resource at least twice in three months) and in percentages to make comparison easier.

¹² JUSTEIS team. *JISC usage surveys: trends in electronic information services. Final report 2002/2003 cycle*. Aberystwyth: Department of Information Studies, 2003. Available from <http://www.justeis.info>

	Always useful %	Sometimes useful %	Never useful %	Opinion not given %
MEDLINE (n = 161)	72.0	26.1	0	1.9
BNI (n = 129)	58.9	38.0	1.6	1.6
CINAHL (n = 99)	58.6	41.4	0	0
EMBASE (n = 92)	70.0	30.4	0	0
PsychINFO (n = 55)	67.3	32.8	0	0
AMED (n = 44)	47.7	36.4	6.8	9.1
Oxford Textbooks (n = 35)	77.1	20.0	0	2.9
DHData (n = 31)	41.9	51.6	0	6.5
Martindale (n = 16)	37.5	56.3	6.3	0

Table 8 Usefulness of SWICE resources as indicated by online questionnaire respondents

The four SWICE-R respondents said that all resources were either 'Always' or 'Sometimes' useful.

The postal questionnaire respondents who gave an opinion of usefulness stated:

	Always useful	Sometimes useful	Never useful
Internurse	2	6	2
Oxford Textbooks	4	7	1
Martindale	3	2	2

Table 9 Usefulness of SWICE-R resources as indicated by postal questionnaire respondents

One member of nursing staff in a care home was an enthusiast of Internurse. The care home manager had explained that in such an environment they experience 'lots and lots of crises' and that his staff need to be competent decision-makers. This nurse gave the following list of example of how she would use Internurse:

- Finding out new information to support patient care – e.g. whether medication is available in liquid form for someone who is unable to swallow
- Confirming a decision – e.g.
'Wound care. Because sometimes we're not always sure, er, although we have, we have access to a tissue viability nurse, it's always nice to...sometimes you're not very definite about what you want to do, so it's always nice to have a look at evidence base, so you just look at it and think 'OK, well I made the right decision for now', then we'll contact the...appropriate people.' [INT 42: 89-100]
- Supporting students on placement
- Supporting staff members studying for NVQ qualifications
- Expanding her own knowledge base – e.g. locating pictures of wounds and dressings
- Supporting staff in their daily activities – e.g. looking at the palliative care section for advice about helping staff cope with a dying patient.

Although this interviewee mainly used Internurse she was well aware of the other resources available through SWICE-R and clearly found it valuable:

'...the Athens password, again, that sort of accesses the databases in the universities and stuff, which have got all the journals that you could possibly ever want on them. And the Oxford Textbooks. So, yeah, I think there's probably plenty, to, unless you're obviously doing something really, really specialised but, certainly fills the needs that we have here – it's brilliant.' [INT 42: 514-523]

Conclusions

From the SWICE responses, Oxford Textbooks appear to fill a niche need, with a high percentage of the small number who did respond claiming that they were always useful. The SWICE-R responses indicated that they were always, or more likely, sometimes useful. Perhaps the 'handbook' format of Oxford Textbooks has transferred easily to electronic reference format for many of these users.

Martindale and Internurse need more promotion, and careful marketing targeted at groups of users likely to find such resources beneficial. Low use may be attributed to poor quality of content, but far more users find resources 'Always' or 'Sometimes' useful than 'Never' useful.

3.1.9 For what purpose is it used?

The 370 SWICE online survey respondents indicated that they had used information found using SWICE in the following ways (they could choose more than one option):

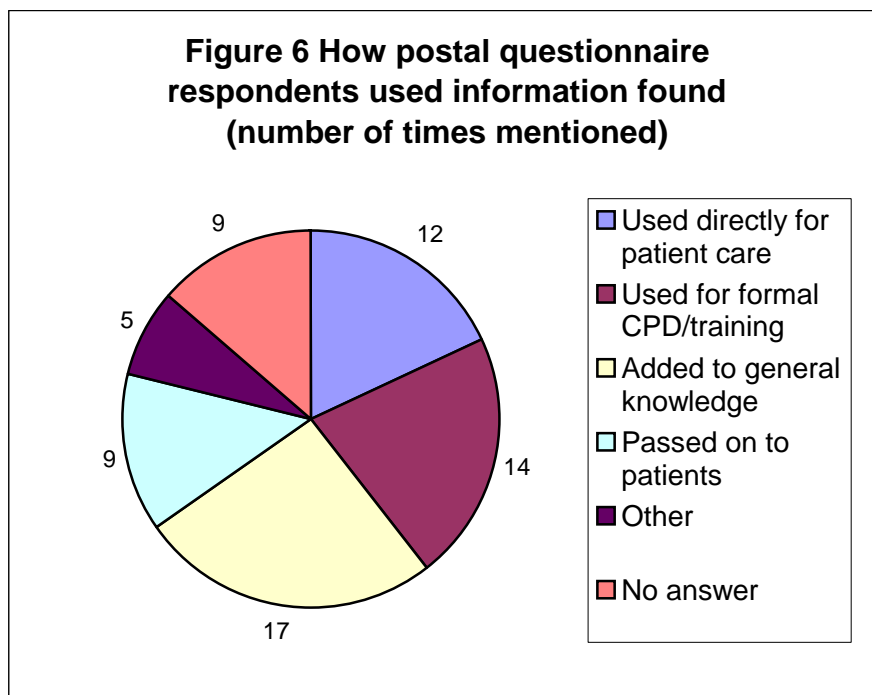
	Frequency n=370	Percentage frequency n= 370 (apart from 'direct patient care' category) %
Used it for CPD	190	51.4
Added to general	129	34.9
Used directly for patient care	invalid responses pre 28 November	32.1 (53/165)
Passed on to patient(s)	44	11.9
Nothing	5	1.4
Other	46	12.4

Table 10 How information from SWICE had been used

'Used directly for patient care' was also given as an option but was initially set as a default that could not be deleted. The pre-28 November data were therefore invalid for this option. Post-28 November, 53 (out of 165 respondents) said they had used the information for direct patient care. The comparatively large number (46) responses for 'Other' might be attributed to team-based reasons (see following paragraphs).

The SWICE-R respondents said they had used it for patient care (n = 2 but one of these responses should be treated with caution because of the default setting), CPD (n = 3), to add to general knowledge (n = 3) and for 'other' purposes (n = 1).

When postal questionnaire respondents were asked how they had used the information found through electronic information resources they gave the following examples:



The five respondents that had used information for purposes other than those listed on the questionnaire stated that they had used the information for:

- 'Supporting evidence-based practice'
- 'Passed it on to health professionals'
- 'Applied it to clinical audit project'
- 'To know more about progression of disease'
- 'Research'

Examples of use given by interviewees included:

Social care purposes

- Looking for information about housing for when patients leave hospital (nurse)

Clinical purposes

- Looking for information on hereditary conditions for a 'foot and ankle day' run by physiotherapists for other health professionals
- For patient care (e.g. finding information about specific medication for a patient to encourage compliance)

Education and training (on an individual basis)

- To support CPD
- To support other staff with training

Team support, changes in management and practice

- Locating articles for team meetings where practice is reviewed
- Compiling a business case for new equipment
- To locate statistics, facts and figures, when writing a management report
- To support an information service
- To update team members on policies etc.

Conclusions

The evidence is not strong, but there are signs that the SWICE, and SWICE-R resources are being used to plan and support changes in team management and practice. That is probably a helpful sign of evidence-based practice happening. The resources are also being used to support patient education and guidance – shared clinical decision making.

3.1.10 When is the resource used?

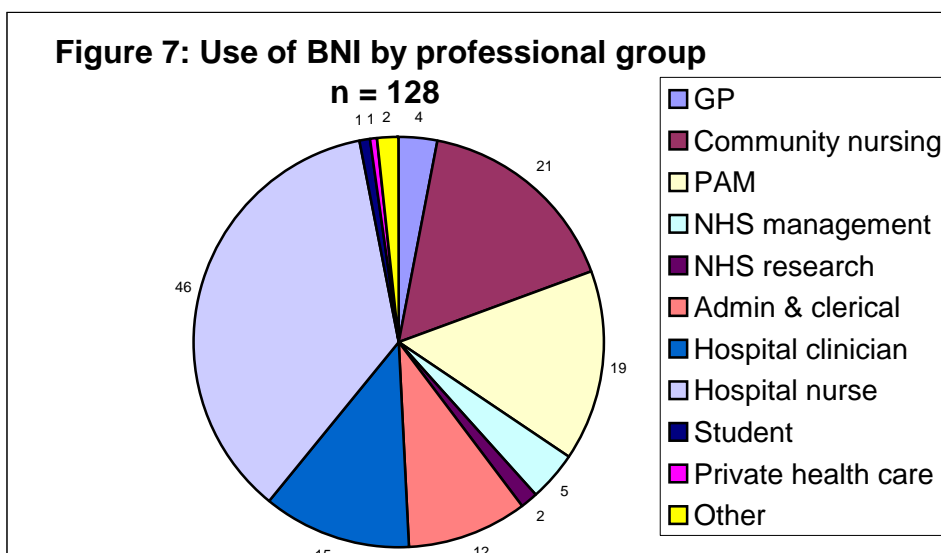
It is possible to identify the date and submission time of each response to the online surveys. The SWICE responses show that 90.3% of responses were returned during the week. Of the 9.5% who responded at the weekend, 77.2% said that they had accessed the service from home at some point – it was not possible to tell whether they were working from home at the time of responding. Of the responses returned during the week,

83.3% were submitted between the hours of 8am and 6pm.
 14.3% were submitted between 6pm and midnight.
 2.4% were submitted after midnight but before 8am.

Six of the seven SWICE-R online responses were submitted during the week. One (not the weekend response) was submitted during the evening but all others were between 8am and 6pm.

3.1.11 Which professional groups use the resource?

Using the data from the SWICE online responses so far the following charts give an indication of usage by of individual resources by different professional groups. Only responses showing usage of two or more times in the past three months have been included in these results.



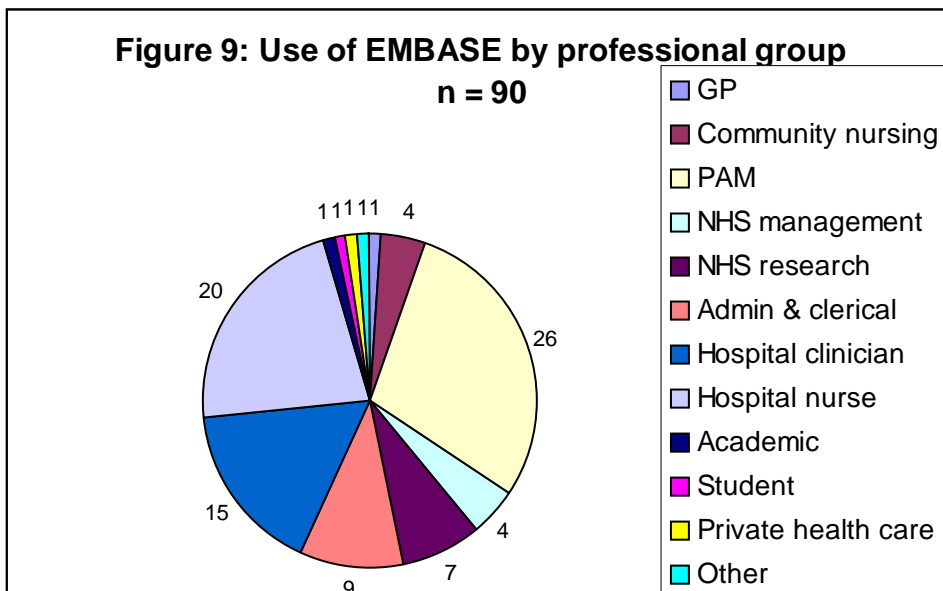
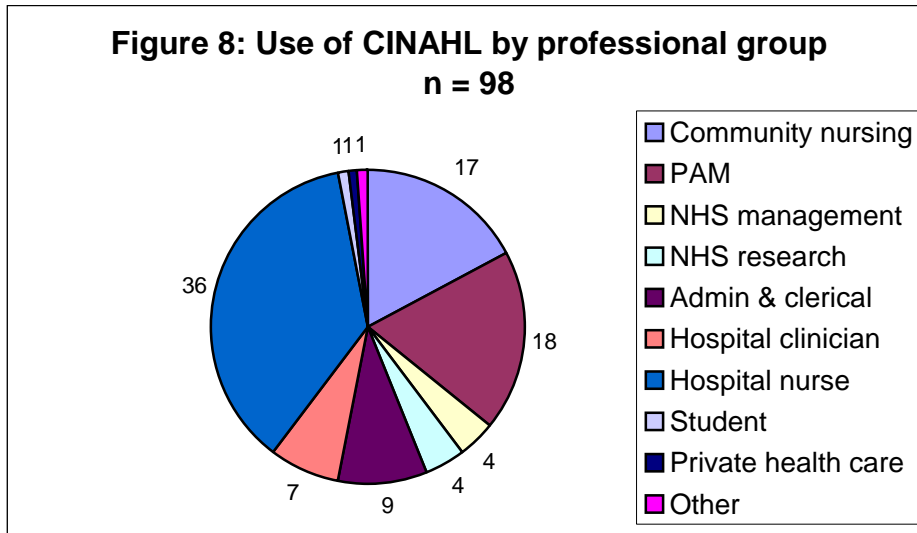


Figure 10: Use of MEDLINE by professional group n = 159

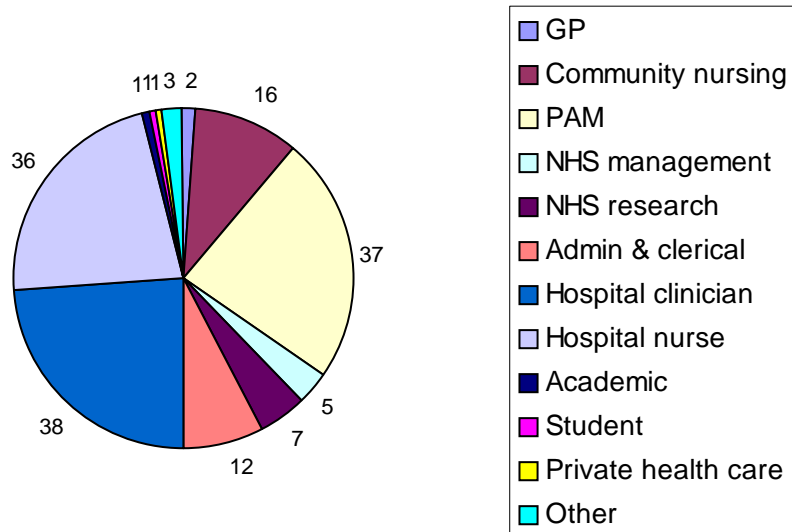


Figure 11: Use of PsychINFO by professional group n = 54

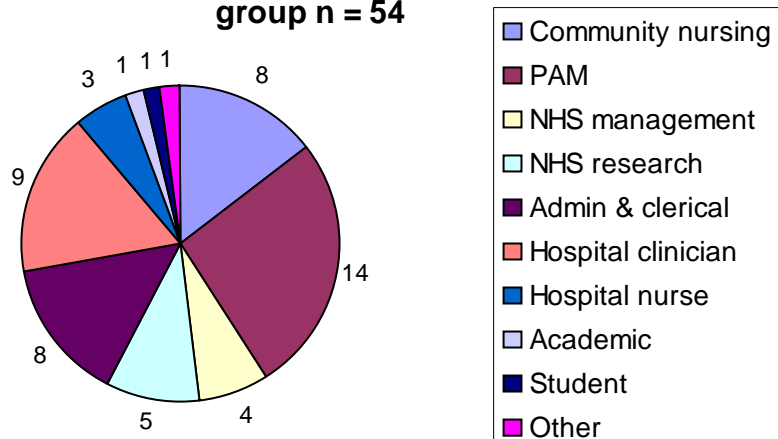


Figure 12: Use of DHData by professional group n = 32

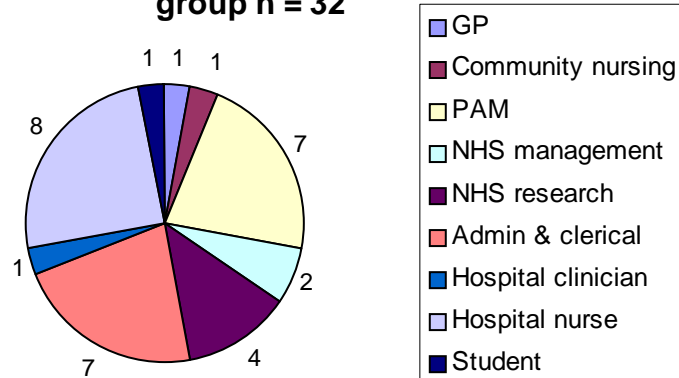


Figure 13: Use of AMED by professional group n = 43

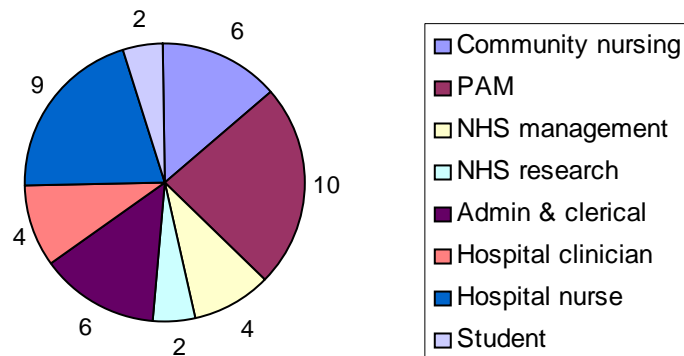
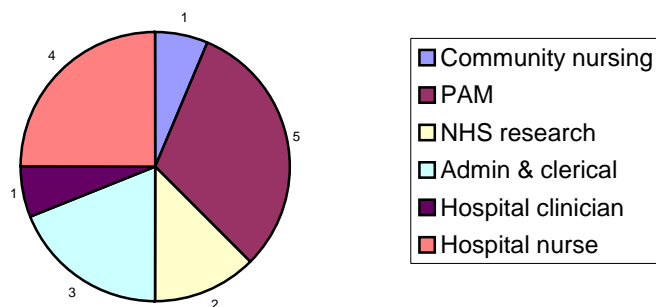
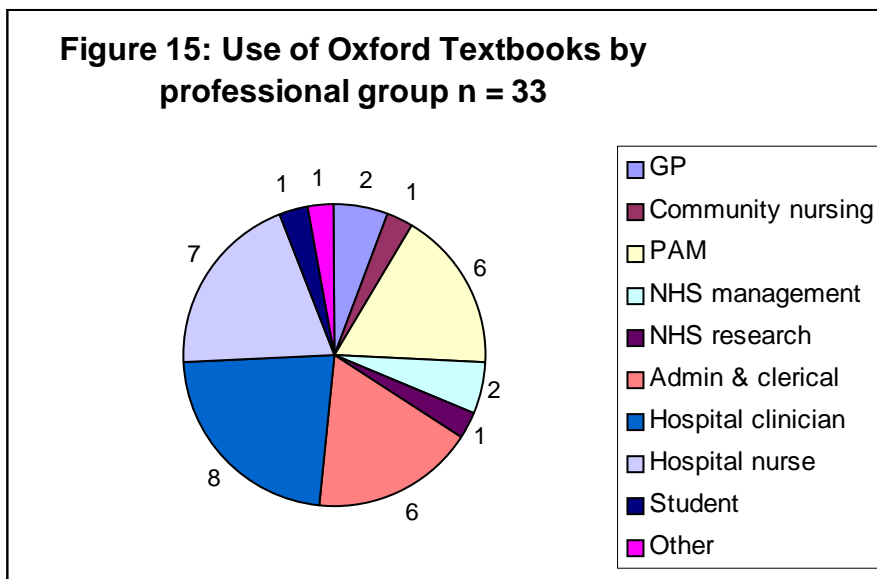


Figure 14: Use of Martindale by professional group n = 16





For SWICE-R, Internurse was used (at least twice in the last three months) by the GP, the Health Services Manager and both Private Care Home Staff. Only the Health Services Manager had used the Oxford Textbooks at least twice in the last three months. The Clinical Databases had been accessed more than twice by the Health Services Manager and one of the Private Care Home Staff.

Conclusions

Many of the resources are used by a wide spectrum of staff. For example, BNI is used by more staff groups than just nursing and midwifery staff. CINAHL is used by other groups, particularly the allied health staff, as would be expected. EMBASE is popular with the PAM group, with pharmacists possibly accounting for a high proportion of use. The spectrum of use of DHData is interesting, as administrative and clerical are using it, as might be predicted, but other staff groups are also using this resource as well. This resource may provide useful health services management information that is not easy to locate from other resources.

3.2 Evaluation and development of the Information Skills training packages

3.2.1 How closely aligned is the training programme to NHS key strategic initiatives (NHS Plan and subsequent planning documents)?

How closely aligned is the training programme to NHS strategic initiatives (NHS Plan and subsequent planning documents)?

Staff development

Important elements of the human resources elements of the NHS Plan¹³ include :

- increasing the number of doctors and nurses available through international recruitment campaigns
- setting of professional standards for NHS temporary staff
- provision of learning programmes and services to support the recruitment and retention initiatives for increasing workforce numbers
- support of Modernisation Agency initiatives to developing roles and job redesign.

¹³ Department of Health. *Delivering the HR in The NHS Plan 2003*. London: DoH, 2003.

For example, Care Group Workforce Teams are tasked with commissioning from Skills for Health (working in collaboration with Topss – Training Organisation for the Personal Social Services England), the development of Skills and Competencies Frameworks.

The NHS Plan promised investment to support CPD (continuing professional development) of professional staff, and *Working Together, Learning Together*¹⁴ set out the lifelong learning strategy for all staff in the NHS. To achieve the goals set of personal development plans for all staff, NHS organisations need to work together with Workforce Development Confederations, and other partners (Learning and Skills Councils, NHSU). There is an emphasis (para 24, *Working Together, Learning Together*) on a variety of staff development routes, with an emphasis on workplace learning as well as formal education and training. Access to libraries (including the National electronic Library for Health, and local networked services) forms part of the supporting infrastructure for staff development.

For staff without a professional qualification the first step on the skills escalator is likely to be a NHS Learning Account or dedicated training to NVQ (National Vocational Qualification) level 2 or 3. To enable staff to undertake learning, learning resources need to be available when and where required. For students undertaking professional training, the importance of practice placements is recognised, and health professions need to improve the quality of the practice placement experience.¹⁵ Recommendations include the provision of e-learning, and trained mentors and assessors.

In the social care sector, the implementation of the National Minimum Standards in the social care sector¹⁶ means that (Standard 20 for Domiciliary Care) newly appointed care or support workers delivering personal care who do not already hold a relevant care qualification are required to demonstrate their competence and register for the relevant NVQ in care award (at level 2 or 3) within the first six months of employment and complete the full award within three years. The standard requires that 50% of all personal care by the provider should be delivered by workers NVQ qualified or equivalent, or better, by 1 April 2008. Managers should attain NVQ level 4 within a certain time period. A review¹⁷ of the Management Action Plans (MAPs) for children's services indicated recruitment and retention problems remain a problem for some local authorities. The survey noted that Devon had 24% of the residential child care workers with NVQ3 in 1999, and aimed to achieve 94% by 2002. Progress on developments with research and evidence based social care practice seemed less advanced generally, although Devon and Cornwall were both members of the Research into Practice initiative and maintained strong links with the Centre for Evidence Based (Social Services) Research at Exeter University.

The interview data illuminate some of the practical difficulties in attaining these policy goals. The National Minimum Care Standards state that by 2005 a minimum of 50% of care staff should be qualified to at least NVQ Level 2 or equivalent. The reality of the flexible shift patterns means that more than 50% need to be qualified so that there are always an appropriate number of qualified staff on duty at any time. This has implications on several levels for care home managers.

Firstly they need to encourage staff to study for the qualifications. Both managers interviewed offer it to all their care staff but the nursing home manager is able to offer a

¹⁴ Department of Health. *Working together, learning together*. London: DoH, 2001.

¹⁵ English National Board for Nursing, Midwifery and Health Visiting (with DoH). *Placements in focus: guidance for education in practice for health care professions*. London: ENB, 2001.

¹⁶ Department of Health. *Domiciliary care: national minimum standards regulations (Care Standards Act 2000)*. London: DoH, 2000.

¹⁷ Robbins, D. *Mapping quality in children's services: an evaluation of local responses to the Quality Protects programme*. London: DoH, 1999

financial incentive to his staff (£1.35 extra per hour if they achieve NVQ2 and more for NVQ3). This option is currently not open to the residential home manager who has had to find other ways of persuading her staff of the value of qualification. Initially she had to do 'a lot of cajoling' but she has found that as the first staff went through the programme they would show off their certificates to colleagues (and the manager purchased badges for them too wear) and gradually interest has spread.

'So it then escalates and the word spreads and they think, oh well it might not be such a bad thing and it's not really as hard as it may seem and, and so everybody, all of a sudden wanted to do it.' [RESIDENTIAL HOME MANAGER]

Both managers gave examples of staff who were reluctant to undertake the training, either because they are close to retirement and feel they have done the job for so long they don't need a qualification to prove it or because they see it as being like school with lots of homework or because

'a lot of people from the local community are not into lifelong learning.' [NURSING HOME MANAGER]

There are also considerable implications for staff time since it's not just a question of enrolling care workers for an distance-learning programme and letting them get on with it. Support for staff undertaking training is vital and, since the course has both theoretical and practical elements, internal verifiers or 'assessors' are needed to check and sign-off the work. They are also required to watch the trainees carrying out specific tasks and write reports about them. The rule now is that assessors must have attained NVQ3 before they can start assessing so the residential home manager has had to ensure that she has enough staff trained to this level so that they can start assessing and keep the programme rolling. Assessors are required to attend standardisation meetings and workshops twice a year to keep up-to-date and maintain standards. A member of the residential home staff is about to take on a new role as a peripatetic assessor visiting the other local homes since demand for the training has outstripped the availability of assessors in the group.

The importance of providing adequate support was also stressed by the education informant who is based in a further education institution providing NVQ courses for care staff. Although the college has an open learning programme students are not encouraged to take this route unless they can demonstrate that there will be a high level of support available through their employer. Access to support is seen as a key issue and the preferred format is for students to come into college on a fortnightly basis.

There are cost implications too. The nursing home funds the NVQ training and gives staff study time off work.

The residential home manager discussed her own training needs. A problem with the requirements of the National Minimum Care Standards is that they state managers should be qualified to NVQ Level 4 or equivalent without stating clearly what would be considered 'equivalent'. This has left managers feeling uneasy about whether their existing qualifications are sufficient. This area is further complicated by the fact that managers can come from different backgrounds – either nursing or care management. This manager had previously gained a Certificate of Management Studies but has subsequently been required to update it to gain the Registered Manager's Award and further to gain Care Level 4 which focuses more on the care side including dealing with healthcare professionals. The manager feels it is likely that the requirements will be defined further in the future. This is unsettling although she willingly recognises the importance of ensuring best practice through keeping up-to-date with developments:

'There's potential to introduce, and they WILL [interviewee's emphasis]... I have no doubt, because whatever job you are in you always have to further your

knowledge, you always have to update your knowledge and I have no doubt that things will change again, and something else will be required. So you just have to keep up-to-date all the time.' [RESIDENTIAL HOME MANAGER]

Beyond the NVQ requirements both managers provide a programme of training for staff members according to need. The residential home manager, for example, will invite healthcare practitioners to visit the home and talk about aspects of care such as dementia or catheter care. The nursing home has a designated trainer who comes in and works with senior staff to provide training schemes and devise study days. They will work with the local Trust and the university to ensure that all qualified nursing staff are updated on practice competencies, e.g. operating syringe drivers. Staff from overseas have special requirements and attend an 'acclimatisation' course at the group headquarters on first arriving in the UK.

The interviews indicate the scale of culture change in social care, and suggest that training needs to be non-threatening to care home staff, who are understandably nervous about undertaking courses, or being expected to demonstrate their competence when they have done the job for years. Care home managers have to balance many conflicting staff development needs, from dealing with staff from overseas as well as staff recruited locally.

The emphasis in much government policy is on workplace learning and training in the workplace. While this may seem less threatening to care home staff, training on SWICE-R requires a group to have access to several PCs, in a room that can be designated as a training room temporarily. Such conditions are rarely feasible in many of the care homes, where space is at a premium, and access to PCs very limited.

A quick overview of the recruitment to training programmes used for the sampling indicates that it is easy for trainers to recruit participants for hospital-based training. Going out to care homes, and the community takes time for what probably seems very little reward at present.

Conclusions

Government policy emphasises the importance of supporting higher standards of care in the residential and nursing home sector. Interviews suggest that care workers need support from the managers, and managers themselves probably need to upgrade their qualifications. It seems sensible to start a training and support programme with the managers first, as they will then be happier to support their staff.

A performance assessment framework for training in the community and social care sector needs to take account of the greater time required to set up links and make training arrangements in this sector. Trainers may require specific, but realistic targets for the community and social care sector. There is no one easy solution to the problem of access to PCs for training, but an introduction to the service in the nursing home at least acknowledges commitment to a workplace learning approach. Subsequent training sessions may need to be held in training facilities at the hospital.

Research governance

The Research Governance Framework was published in 2001. This applies to both health and social care, but for social care implementation of RGF was recognised to require a different approach and the publication of the Social Care Implementation Plan delayed to take account of the findings of a baseline assessment survey and local case study investigations. The baseline assessment¹⁸ found a variety of research activities, including internal projects, student projects and activities conducted by external organisations.

¹⁸ Pahl, J, for Department of Health. *Research governance in social care: the findings of the 2002 baseline assessment exercise*. London: DoH, 2003.

National initiatives to support social care research include the Social Care Institute for Excellence, which now has a partnership arrangement with the Centre for Evidence Based Social Services at Exeter University (now CeBSS)¹⁹, under the auspices of the Electronic Library for Social Care, to offer open access to evidence in social care.

Conclusions

The SW area is leading the field in many aspects of evidence in social care. The training scheme should ensure that there are links with the units such as CeBSS, to ensure that they can promote each other's services and work together on joint projects.

Clinical care and modernisation

Progress on clinical governance (now part of the modernisation agenda) has been reviewed recently in a National Audit Office report.²⁰ The government's strategy for improving clinical care comprises:

- establishing national standards (through National Service Frameworks, and the National Institute for Clinical Excellence)
- support for local delivery of those standards through the Clinical Governance Support Team (now part of the NHS Modernisation Agency), National Patient Safety Agency, and the National Clinical Assessment Authority
- monitoring of progress through strategic health authorities, the Commission for Health Improvement, NHS Performance Assessment (star ratings), and the National Survey of Patient and User Experience.

The report by the National Audit Office focuses on secondary and tertiary care. The main conclusions are that progress is patchy. It points (para 29) to the observation that effective clinical governance requires trusts to generate, identify and use relevant information. There seems to be a particular problem in learning from good practice elsewhere,²¹ and service users and the public are not consulted as fully as they might be (paras 29, 26). The report refers (in appendix three, p.39) to Commission for Health Improvement (CHI) comments on poor use of information for clinical governance, and the CHI also note that there were barriers to access for training in some organisations, caused by workload and organisation of working commitments.

Conclusions

Some of the Trust reports describe innovative activities of their staff in clinical governance, awards and prizes obtained. If such reports were made available on the SWICE/SWICE-R Web site that might overcome several problems. First, and most important, learning from good practice elsewhere is made easier, as staff in other Trusts in the area see what other people have done nearby. Second, there is more 'news' on the SWICE sites and that gives people another reason to access it on a regular basis.

Demographic barriers to change

Many of these barriers to training and development are reflected, and possibly even magnified in social care. For example, the Health and Personal Social Services statistics demonstrate the pressures on the sector in trying to maintain standards. Figures show that the number of contact hours provided by the independent sector has continued to increase (1999-2002), and the number of contact hours provided by local authorities has fallen by 30% since 1997. The number of households receiving home care has declined since 1997, but the home help carers are spending more time with each of their clients, indicating that the service is provided more intensively. The staff figures reflect this, with a

¹⁹ Retrieved from <http://www.be-evidence-based.com> on 30 November 2003

²⁰ National Audit Office. *Achieving improvements through clinical governance: a progress report on implementation by NHS Trusts*. London: NAO, 2003.

²¹ The Innovation and Knowledge Group has been formed to support local NHS organisations and modernisation programmes in moving from improvement to innovation. Retrieved from <http://www.modern.nhs.uk/> on 30 November 2003.

9% fall in the number of staff working in local authority social services departments over the last five years, and a 21% fall in the number of staff working in local authority residential care over the period 1997-2002. Despite government intentions to increase the workforce numbers in health and social care, in some parts of the service, and in some geographical areas in particular, recruitment and retention remain very difficult.

Interview data illuminate the problems suggested by the demographic trends. The private social care sector is suffering from a recruitment crisis. The nursing home manager is finding this more difficult than the residential care home manager. This is partly reflects the shortage of nurses in the UK which he feels is due to the poor image of nursing as a profession (and social care as a profession) and to better opportunities abroad but also to there being more 'sexy' specialisms to attract newly-qualified nurses. The knock-on effect of this is that as nurses from the UK leave for greater rewards in countries such as the USA, qualified nurses from other countries are coming to the UK to fill the gaps. In this nursing home they have recruited staff from Eastern Europe, South Africa and the Philippines. This manager is happy that his most senior staff are mature since they have a lot of responsibility in the care-home environment but he is anxious about who will replace them when they retire: 'we're not building future nurses'. Domiciliary care workers are currently at a premium as a result of the drive to care for people in their own homes as long as possible but even this sector struggles to recruit in spite of higher rates of pay. Retention is also an issue because many overseas staff tend to move on after a couple of years or so because their main motivation is to make money to send back home.

The residential care home manager finds recruitment less of a problem although she feels her home is not typical – it has a good reputation which tends to ensure she has a regular supply of staff. However other homes in the group are finding it difficult to recruit – especially in areas where the cost of living is high since the basic rate of pay for a care assistant is only around £5.70/hour. She is however finding it difficult to fill a more senior post because of the hours and the requirement to sleep in at times which doesn't suit people with families or other commitments.

Conclusions

Training programmes need to cater for the situation, and that means that overseas staff, even if they are here temporarily, need to be supported to ensure high quality of care for patients or clients. Training programmes need to take account of the fact that English may not be the first language of staff, and some of the more local resources, such as BNI, totally unfamiliar.

If care home managers are struggling with recruitment, training in knowledge resources may seem a luxury. Performance targets for trainers in recruiting trainees from this sector need to reflect those difficulties.

Summary conclusions: Implications for library service strategic planning

In summary, the implications for library services supporting health and social care are (Table 12) that a much wider clientele among the staff need to be supported, and the range of needs is diverse. Although, for example, there are Internet skills tutorials on the electronic Library for Social Care (eLSC), for social care staff unfamiliar with using computers, and faced with doing an NVQ course, such tutorials may seem irrelevant if the main fear is simply writing something about their work on a piece of paper when they left school over 30 years ago and have done no formal education since. At the other end of the spectrum, social care managers may be involved in research governance initiatives and require access to guidelines, standards and other evidence.

Mechanisms are being established to involve, formally, patients and the public in NHS decision making and to increase patient involvement in their care. These include the introduction of the Patient Advice and Liaison Service framework, Patients' Forums and

the Commission for Patient and Public Involvement in Health. Library and information services provided by hospital-based libraries have traditionally served staff, not patients, and services for patients, such as NHS Direct, NHS Direct Online, and patient support group services have evolved along different lines, and under different management and support regimes. The traditional hospital-based library needs, however, to be alert to the needs of front-line staff who have to provide and react to information for patients and the public.

Lever for change in health library and information service support	Required response from library and information services
International recruitment campaigns – more health and social care staff from other countries working in the NHS	Awareness of different training background, need for considerable support in use of specialist resources published in the UK Training sessions need to take account of the needs of learners who are not native speakers of English
More emphasis on workplace learning	Learning resources need to be convenient to use and accessible to the learner in the workplace or at home
Increased importance of a diversity of high quality placement experience in clinical education	Mentors and assessors need support in the e-learning required of their placement students
Minimum standards for social care staff (NVQs)	Increased demand for some access to resources from staff and their managers. Some of these staff have little experience of formal education and may require considerable personal support initially
Emphasis on research governance	All staff need support in being aware of research and how it affects their practice, what the resources are that they might be expected to use, and what they should expect of others researching in their work environment
Clinical governance and modernisation	Staff need to have easy access to NSFs, clinical guidelines (national and local). They need to know about NeLH, they need support in making links across organisations (to share best practice, and to learn from others). There is therefore an emphasis on providing access not just to the evidence but also the 'know-how' and the informal, tacit knowledge.
Greater public and patient involvement in NHS decision making	Libraries need to support staff who need to generate, find, provide and appraise information for patients. There is likely to be greater involvement of health librarians/knowledge managers in development of Trust Intranets

Table 11 Factors for change in library services

During the course of the evaluation a new policy document *Building on the Best*²² from the Department of Health set out the government vision for more patient choice. More informed patient choice should mean that the increased capacity resulting from the additional government investment in the NHS will be taken up by patients (and therefore work towards the 'fully engaged' scenario described in the Wanless report²³). Another element of the proposals, for improving access to medicines, means that community pharmacists will take on more responsibilities for handling prescriptions, reviewing patients' medications, and offering lifestyle advice on smoking cessation. To fulfil these roles pharmacists need to have access to high quality evidence-based resources, on the

²² Department of Health. *Building on the best: choice, responsiveness and equity in the NHS*. London: DoH, 2003.

²³ Wanless, D. *Securing our future health: taking a long-term view*. London: HM Treasury, 2002.

same basis as health professionals working in hospitals, but also with access to the specialised resources for pharmacists (such as Martindale, for example).

Conclusions

Table 12 summarises the main implications. Future developments need to consider carefully the implications of policies supporting patient choice, and how those will affect the type of evidence required by staff.

Knowledge management in the South West

The main themes of a review²⁴ of knowledge management developments at two Trusts in the South West reflect some of the changes required in health library – or knowledge management – services. Some of the levers for change were the need for:

- organisation of key in-house resources such as policies and patient information
- improved risk management
- improved clinical governance
- greater patient involvement
- electronic health record support
- learning from experience (e.g. on clinical guideline development).

The North Bristol case study outlines the STEP (Support and training for clinical effectiveness) programme, which aims to work through existing groups and teams. In Cornwall the library service staff have worked with trainers from the education and training departments to offer sessions on Internet awareness, use of databases, information retrieval and appraisal of the literature. Training sessions are often outreach activities.

The geography of the South West means that training often has to go to the staff, rather than have staff come to the training. Evaluations of early outreach programmes have indicated that although cascading of training (i.e. by trainees to colleagues) may seem a possible solution to this problem the process must be carefully monitored if it is to be effective. Barriers to successful cascading may include low levels of confidence, lack of time, and logistical problems such as lack of IT equipment.²⁵

3.2.2 How closely aligned is the training programme to the aims and objectives of the organisations participating in the study?

The focus group with the trainers found a variety of approaches being used in response to the acknowledgement that, as far as practicably possible, sessions should be 'learner-centred'. The trainers see themselves as 'taking people through different stages', starting off with basic skills and then responding to their changing needs. There has been a move towards tailoring of sessions to meet the specific requirements of attendees which reflects that fact that many groups now come as a team from a unit rather than as a mixture of professionals from different environments. Smaller groups enable trainers to build up the very important relationship that will facilitate support of staff once they return to their units. However there are logistical implications – although trainers identified a trend in sessions moving away from structured groups in IT suites/libraries to training at the place of work, it might not be viable to travel to a remote community setting for a one-to-one session.

A systematic review of information skills training (for health students and staff) examined studies published between 1995 and 2002. The review identified a wide variety of methods of training including:

²⁴ Plaice C and Kitch P. Embedding knowledge management in the NHS south-west: pragmatic first steps for a practical concept. *Health Information and Libraries Journal* 2003; 20(1): 75-85.

²⁵ Yeoman, A. *et al.* The management of health library outreach services: evaluation and reflection on lessons learned on the VIVOS project. *Journal of the Medical Library Association* 2003, 91(4): 426-433.

- didactic sessions
- demonstrations
- one-to-one sessions
- interactive Web packages
- group sessions
- email supported delivery
- combinations of several methods.

Two studies compared different types of training methods, and both found few differences in the measured outcomes. Of the 24 included studies, 15 considered improvement in skills, but there is limited evidence for the effectiveness of the training. Much seems to depend on what is measured, the way skills improvement is assessed (subjectively or objectively) and the timing of the post-training assessment.

Within the NHS, the ECDL (European Computer Driving Licence) has been adopted as the basic informatics competency level.²⁶ This is an IT skills qualification, and although it includes some Internet searching the skills developed are only sufficient to provide a basic level of confidence and competence in searching the more specialised resources to support clinical governance and some CPD activities. Module 7 of the ECDL, for example, requires the candidate to 'accomplish basic Web search tasks using a Web browser application and available search engine tools, to bookmark search results and to print Web pages and search reports.'²⁷ Despite that, the ECDL is making a significant impact on NHS staff, and the scheme has been voted Online Learning Solution of the Year (WOLCE awards, 2003).²⁸

Conclusions

The training programme needs to ensure that staff (and, more importantly, their managers) are aware that the ECDL is not itself a sufficient qualification for searching for the evidence to support practice. Use of such resources demands specialised training and ongoing support.

There is very little evidence for the benefits of one type of training over another. With a broad spectrum of skills, offering a variety of approaches seems the safest option. For some staff, particularly the novices, an improvement in confidence may be the best goal to aim for, with others a definite improvement in searching competency may be desirable

Local policy perspectives: Somerset health and social care

Local health priorities in Somerset²⁹ follow the national priorities in:

- reducing deaths from coronary heart disease among people under 75
- reducing deaths from cancer among people under 75
- reducing mental illness and suicide
- supporting children's services by helping poorer families with more childcare support, increasing co-ordination in service provision, improving services for children and adolescents, including early intervention
- improving services to older people, including rehabilitation and respite care
- reducing the teenage pregnancy rate

Special panels³⁰, aimed at involving local people in decisions about NHS services, have covered a wide range of topics, including the new GP contract, men's health services,

²⁶ Retrieved from <http://www.ecdl.nhs.uk/> on 30 November 2003

²⁷ Retrieved from <http://www.ecdl.nhs.uk/pages/modules/module7.asp> on 30 November 2003.

²⁸ Retrieved from <http://www.nhsia.nhs.uk/def/pages/pr/24112003.asp> on 30 November 2003.

²⁹ Dorset & Somerset Strategic Health Authority. Local health priorities, retrieved from http://www.somerset.nhs.uk/news_info/healthpriorities/index.html on 30 November 2003.

care and treatment from specialist support workers, mental health, and services for the elderly.

Both Taunton & Somerset NHS Trust (Musgrove Park, Taunton) and East Somerset NHS Trust (Yeovil) gained three stars in the latest round of performance ratings (2002/2003), and are considering applying for foundation hospital status.^{31 32}

The Commission for Health Improvement conducted a clinical governance review³³ at Taunton & Somerset NHS Trust between February and July 2001. The report notes that staff have good access to personal computers and the Internet, and that there are some planned improvements to the information systems. The reports also notes that the trust has established a research and development support unit that provides support for staff involved in research and in implementing evidence-based practice.

The annual report for East Somerset NHS Trust notes that the Trust has achieved 'practice status' commending the way in which it looks after staff. On page 12, the involvement in clinical trials is noted, and on p.18 there are details of staff given awards under the NHS modernisation awards scheme. Yeovil was one of the sites where international clinical teams were based to deal with the waiting lists for certain treatments.

The Somerset Partnership NHS and Social Care Trust combines health and social care (a Care Trust). In the last CHI ratings³⁴ it achieved one star. On the key targets it significantly under-achieved on 'improving working lives', and on the clinical focus CPA systems implementation was judged below average. Information governance was judged satisfactory, and key targets such as assertive outreach team implementation and CMHT (community mental health team) integration were achieved. A new clinical governance strategy³⁵ (for 2003-2006) stresses that the Trust's investment in information facilities will allow for better planning and monitoring. These information facilities will allow teams to monitor their performance in locally agreed priority areas.

Conclusions

Comparisons suggest that the newly formed Somerset Partnership NHS and Social Care Trust will take some time to catch up with the creditable performance of the acute hospital trusts in the county.

More effort could be targeted on the community and social care sector by trainers. The acute sector seems to have achieved a lot, and perhaps less effort is required there, temporarily at least.

³⁰ Dorset & Somerset Strategic Health Authority. User and public involvement, retrieved from http://www.somerset.nhs.uk/news_info/involvement/index.html on 30 November 2003.

³¹ Taunton & Somerset NHS Trust. Health report: annual report of Taunton & Somerset NHS Trust 2002/2003, retrieved from <http://www.somerset.nhs.uk/tst/annualreport/page2.html> on 30 November 2003.

³² East Somerset NHS Trust. Annual report 2002/2003. Yeovil: the Trust, 2003.

³³ Commission for Health Improvement. Clinical governance review at Taunton and Somerset NHS Trust. Retrieved from Trust Web site on 30 November 2003.

³⁴ Commission for Health Improvement. Somerset Partnership NHS and Social Care Trust, retrieved from <http://www.chi.nhs.uk/Ratings/Reports/SummaryReportCoore.asp?TrustCode=RH5> on 30 November 2003.

³⁵ Somerset Partnership NHS & Social Care Trust. Clinical governance. Retrieved from <http://www.somerset.nhs.uk/sompar/cg/index.html> on 30 November 2003.

Multidisciplinary working

There have been changes within the mental health and social care sector, such as the development of assertive outreach teams. With a sector that is hard pressed, and traditionally a Cinderella service, targets for assertive outreach teams can be met, but there is the danger that less severe conditions are not catered for as well as they might. The Workforce Action Team report³⁶ stressed the importance of an education and training agenda which used a competency framework mapped to the knowledge, skills and attitudes required to deliver the NSF and the NHS Plan. A functional map of National Occupational Standards was proposed, and the relevant standards, grouped together, would form NVQs at different levels of competence. There are changes taking place, but existing service providers (e.g. in primary care) need to be assured of the new roles and responsibilities of the 'graduate mental health worker'³⁷

At the management level the introduction of 'fines' for social services where there is delayed discharge of patients from hospital is making managers in both the social care and acute sector more aware of the ways of working in the other sector.

Both care home managers function at the interface between medical and social care. Their information needs span medical, social care and management topics. Several other interviewees worked as part of multidisciplinary teams and read the literature from both areas (e.g. one mental health social worker reads both the *BMJ* and *Community Care*). In some multidisciplinary teams cases are allocated to either a nurse or a social worker depending on who is available – it is only if a case clearly indicates the need for specific skills that it would be allocated to a specific profession:

'Perhaps somebody had, I don't know, Obsessive Compulsive Disorder, and we've got someone who is trained in, in managing that, then obviously that would be a case for them but it, it's a bit like that, but there are some cases where anybody in the team could have taken that one on because that's the sort of nature of care coordination and of the care programme approach really.' [INT 8: 106-113]

Most of the interviewees working in a multidisciplinary environment said they didn't have a problem locating information. Those from the medical side seemed to be more aware of resources available to them – or maybe it's simply that there are more resources available. One social worker said that she found it difficult because a lot of the electronic information resources are too medical for her needs. She had heard of the Centre for Evidence-Based Social Services at Exeter but felt that 'at the moment there's not much on there'. The research she most wanted to find was qualitative research on social work issues. She felt that social workers are encouraged to use research but don't have time to carry any out and therefore build up the research base and suspected that it was easier for those on the medical side because 'medical research is funded, isn't it...by drug companies'.

'I mean there's lots of things I...need doing, like...Asperger's Syndrome and, and supported living, and how it works...and you know, try and find out things about that, as against, sort of, the effect of drugs and you're... very difficult.' (INT 2: 123-35]

This interviewee had also heard of the ASSIA database and thought she could access it if she wanted to but couldn't remember whether she had used it much.

³⁶ Workforce Action Team. *Mental Health National Service Framework (and the NHS Plan) Workforce planning, education and training Underpinning programme: adult mental health services: final report by the Workforce Action Team*. London: DoH, 2001.

³⁷ Graduation daze. *Health Services Journal* 11 Sept 2003. Available: <http://www.mentalhealth.hsj.co.uk/planning/features7.htm>. Accessed 29 Jan. 2004.

Conclusions

SWICE and SWICE-R appear to be supporting multidisciplinary working and the pattern of database usage considered earlier (Section 3.1.11) suggest that staff are not rigidly sticking to 'nursing' or 'medical' resources. Perhaps more emphasis needs to be placed on access to local evidence-based services such as CebSS and some of the social care resources in training for acute staff, and for social care staff the usefulness of the clinical resources should also be stressed.

3.2.3 Do the courses on offer meet the aims and objectives of individual participants?

With very few exceptions the interviewees were very positive about the experience of attending the training. This was echoed in the postal questionnaires. There was considerable praise for the individual trainers who were seen to be patient, helpful and responsive to the needs of the individual trainees:

'Friendly, helpful, not made to feel idiot' [QUESTIONNAIRE RESPONSE]

'It was really good and very useful, and [trainer] helped us all with any individual problems, like, some people were quite confident on the computer, but she was patient with use that were a bit more nervous.' [INT 11: 113-117]

Interviewees liked the fact that they were given handouts to keep for future reference and were reassured to know that they could always contact the trainer if they need further help.

'I mean she's really good, she, she does a good training session...and she always says, you know, you can drop in afterwards if there's any questions which is nice.' [INT 16: 58-62]

and

'I've got some very useful notes, you know, I mean, you've presumably seen all this stuff that was given out...they are easy to follow so... and there's always [trainer] to speak to, so I know that if I needed to get back and brush up I would do.' [254-262]

A key success factor was the ease of access to functioning computers during the training session. Since sessions were conducted at different settings, often in the trainees' workplace, trainers were sometimes at the mercy of local arrangements (e.g. poor availability of computers, lack of privacy in room, poor connection times). Several interviewees said that they were unable to get hands-on experience during the training sessions and that this was seen as a major disadvantage.

'...there was no computer, the only one that she had was the one she was using...for demonstration purposes and that was it.' [INT 46: 166-170]

When training was conducted in settings with an appropriate number of computers trainees were impressed:

'I thought it was good. It was very straightforward, easy to follow what she was doing, it was quite good to be able to practise as we were doing it, because we were in the computer suite...so you could actually, it was practical as well. I am much better if I can do something as I am being taught.' [INT 27: 61-66]

On the whole trainees were satisfied with the content of the sessions and confirmed that the sessions had met their prior expectations, if not exceeded them. Particularly satisfied were those who had attended sessions as a team since clinical questions relevant to their team's practice could be used as the focus for the training.

Some interviewees did not have a specific need and simply said that they had gone along with a fairly general wish of 'improving their information skills'

'Well, being able to, you know, get around databases easier, and really find out research.' [INT 2: 37-39]

Some had gone along with very specific requirements that they felt had not been met, for example to get 'clear concise instructions on how to...get access to the path lab'. Of course this may have been due to a misunderstanding of what the training would cover on the part of the trainee.

The responses below come from the postal questionnaires but they are typical of the interviewees too and reflect issues to be covered later in this report – satisfaction with the training but lack of time to put it into practice and the desire for follow-up sessions.

'Training excellent but no time to play since'

'Wish could be more frequent as was excellent'

The trainers (interviewed as a focus group) felt that flexibility was a key strength of their programmes – the ability 'to adapt to particular needs'. They viewed their training as 'learner-centred' and felt this was very important. Other key strengths were identified as the building of personal contacts and the fact that the training is not just one-off – trainees know that they can come back for further sessions or contact library staff if they have a problem:

'But you've then made a relationship... you've made a relationship whereby they WILL [interviewee's emphasis] ring up if they're stuck.' [TRAINER]

Trainers have found that increasing numbers of people are contacting them to ask for one-to-one sessions that can be tailored to meet their needs. Satisfied trainees are going away to spread the word to colleagues who then contact the trainer to request a session. Where possible the trainers encourage potential trainees to gather together a group with similar needs. Interviews with trainees confirmed that it is a popular approach and the trainers find it useful because they cover large geographical areas and it can be difficult to justify travelling to a workplace to train just one or two individuals. If just one or two people are interested they are encouraged to come to the library for their session.

'TRAINER 1: That's an extension of one-to-one because whenever I ring up for a one-to-one, I say 'If you want to bring any of your colleagues, do' you know.

TRAINER 2: They usually do, yes.'

The trainers felt it was vital that they should continue to be based in libraries since this is 'the learning hub'. There is always a throughput of people with plenty of opportunity to get to meet potential trainees and build up a valuable relationship.

Conclusions

Trainers are increasing the basic skills level and confidence of staff. The personal contact established during the training sessions is appreciated and is important for follow-up. As numbers of trainees grow it will be increasingly difficult for sole trainers to provide follow-up support, this role could therefore be developed by other library staff.

3.2.4 What are the operational barriers to the effective delivery of information skills training, and putting the learning into practice?

Like the questionnaire respondent in Section 3.2.3, interviewees were enthusiastic about the training they had received (and about having access to the resources) but were frequently apologetic and slightly embarrassed, feeling that they had not succeeded in putting skills into practice. Some of the reasons given for this (by both interviewees and questionnaire respondents) which reflect some operational barriers included:

- Authentication – lost passwords, needing passwords to access specific resources, etc.
- Attending training just before system changed
- Uncertainty about whether resources can be accessed from home/public library etc.
- Lack of a quiet environment to work in
- Lack of familiarity with new Martindale interface
- Lack of regular use leads to unfamiliarity

Many interviewees said that they had been actively encouraged by line managers to attend training sessions. In fact several had attended Information Skills training sessions in their place of work that had been arranged by managers and were geared specifically to the needs of the team as an integral part of their CPD agenda.

Support for training as a key element of ensuring evidence-based practice was the most common experience but even so some interviewees had struggled to attend training sessions or indeed had not actually managed to attend them despite their names being on the list. Barriers to attending training were identified as:

- The need to plan several months ahead due to busy schedule
- Staff shortages/lack of funding
- Lack of ring-fenced time for study leave
- Lack of support from management

Operational barriers identified by the trainers included:

- The complexity of some Trusts and the difficulty of identifying all potential trainees, e.g. in social care departments. Trainers would like a list of 'who they are' and are hoping that this can be supplied by the Workforce Development Confederations [who were represented at the meeting where the focus group took place].
- The uncertainty about trainers' future contracts which makes planning ahead difficult

Getting a programme together plus recruits takes time to administer.

'You can't leave it to a week before that to actually book them, put a programme together, get it out, get people, you know, they've got their duties, duty shifts whatever, so you need to be doing, as soon as the programme goes out, working on the next one for four months later.' [TRAINER]

There are some predictable groups which need to be booked in.

'And the return-to-nursing groups occur every year, so they need training every year. So you can't say 'Well, we'll train them, these groups this year, and then next year there won't be a trainer.' [TRAINER]

Trainers were concerned about the one major problem:

- The logistical problems associated with carrying out training in different workplaces.

'And the other problem is a technical one, in that if you're going to train effectively you want to have one person at one computer, and so that, during the course of the day they could probably release three people at a time, but they haven't got three computers in one room...and you can't all, yes....you sit there with your running shoes on!' [TRAINER]

'But I've done one surgery which is one of these old houses over five floors. I've spent two hours in the lunchtime with one person on each floor.' [TRAINER]

Conclusions

Trainers and their host libraries need to have a good working arrangement on the administrative arrangements for the training diary. Some slots can be booked months in advance, but blocks need to be left for targeting the visits to the community and social care.

3.2.5 What are the cultural barriers to participating in information skills training, and putting the learning into practice?

The cultural barriers are associated with the unfamiliarity of computers for many of the staff who see work as 'hands on' care and anything to do with IT as something to do with administration. Reasons cited by questionnaire respondents and interviewees for not putting the training into practice included:

- Lack of confidence – so getting someone else to do it instead
- Lack of time – 'stress of work' with no time for searching which is seen as 'an extra'
- Content of the resources is too medically-oriented (not enough allied health or management information)
- Frustration with abstracts (expectation is for full text)
- One experience of technical problems puts people off (an expectation that IT won't work)

Barriers identified by the trainers included:

- The culture of some users who would rather send a secretary to look for information or ask a librarian to do with for them
- The fact that potential trainees are too busy to arrange/attend a session (immediate clinical care is urgent, long-term clinical care needs are neglected – the familiar problem of neglecting the important because other problems are urgent)
- Access problems for students on placement (are students a part of the NHS or not?)
- The lack of information/education champions or mentors who will promote a culture of effective learning and who can act as a liaison to facilitate access to staff

In this environment, clinical champions are needed, but sometimes hard to identify:

'...we were trying to promote the services to [mental health unit] and we got through to this doctor, and he was very interested in promoting everything to the junior doctors because they'd just started and it would be part of their development, and he had no interest whatsoever in promoting services to the nurses, and there was nobody there who was gonna, kind of, take responsibility for, you know, making sure the know and about this, that and the other. And it

was trying to find an individual who would actually do that...you need someone as a kind of liaison person, which you don't always find.' [TRAINER]

Conclusions

Clinical or social care champions need to be identified – perhaps library managers could help in some of this liaison activity. Many of the cultural barriers may lessen with the roll-out of more IT resources, coupled with ECDL training

3.2.6 Should the training programme be extended and developed, and, if so, how?

There was an identified need for further training and support.

Some respondents were well-satisfied with their original sessions but felt they could do with a top-up, either to practice their general skills or to concentrate on a particular topic. Others felt that they would have benefited from longer initial sessions.

'Additional time for Cochrane database' [QUESTIONNAIRE RESPONSE]

'Need more practice time with staff to aid' [QUESTIONNAIRE RESPONSE]

'It's probably handy to have refreshers every so often.' [INT 2: 71]

'Good but could have been longer' [QUESTIONNAIRE RESPONSE]

The trainers do provide different levels of training from basic information skills through to more specialised skills for advanced searching or using specific databases and some interviewees had attended these courses. One had been to a follow-up walk-in session when the service provider changed to Dialog but felt it was not enough and would specifically like further guidance on using the new Martindale interface.

The postal questionnaire asked whether respondents felt they would like further help with any topics covered in the training. The majority of respondents (74%) felt that they did not need any further training. Those who did request further training gave the following specific needs:

'Searching for medical info' (n = 1)

'Narrowing down searches' (n = 1)

'General update on finer details' (n = 2)

'More time on journals/literature searches' (n = 2)

'Saving work to computer' (n = 1)

'Refresher session every 12 months' (n = 1)

'Additional time for Cochrane database' (n = 1)

'More of the same related to my area of work' (n = 1)

What interviewees particularly appreciated was the fact that they felt able to contact the trainer at any point with queries. Since several felt they would need to practise a bit more before knowing whether they needed further training or not, easy access to a quick and trusted source of help was very popular.

In the focus group, trainers felt that one of the strengths of their programme was the flexibility to run different types of sessions to meet users' needs. Trainees certainly confirmed the need for flexibility when asked how they felt about the training. Some liked meeting people from different professional groups at training sessions whilst others preferred to have a more targeted session for an individual team. Some found it easy to get to the library for sessions whereas others liked the fact that the trainer could come to their place of work. Previous research (VIVOS) has shown that trainees appreciate informal follow-up sessions but the experience of SWICE/SWICE-R interviewees has shown that these sessions must not be too short because trainees feel there is no substitute for having the opportunity to sit at a computer with a trainer and work through a problem.

Having the flexibility to go into trainees' workplaces is popular and can be revealing to the trainer as they see the environment in which users must function on a day-to-day basis. It prove difficult though if facilities are not up to the standard of the computer suite and trainees can become frustrated.

The trainers stressed that they view their courses as part of a learning continuum rather than as isolated events and trainees are encouraged to move from one course to the next as their information skills develop. They also take care to tell trainees where they can turn for further help should they encounter problems after the session. One of the trainers raised the idea of producing e-learning follow-up to face-to-face training sessions but this raises issues of support and 'keeping the person in the loop'.

Conclusions

Trainees like the personal approach and need to trust the source of support. It is difficult for trainers to offer consistent 'top-up' support if they are also out on the road doing training sessions. The local health libraries need to be brought into the loop of training and support.

Various levels of training courses are required – novice, and advanced.

3.2.7 Should the NHS increase resourcing in delivering information skills training, and, if so, how?

The cheap option for additional information skills training would be adaptation of the Virtual Training Suite training available via the Resource Discovery Network (RDN). The culture of the NHS, with an emphasis on 'keeping the person in the loop' suggests that a more personal approach is required as well.

Usage of some resources seems comparatively low, and, given the needs of multidisciplinary working, these resources are not being used as extensively as they might. The comparatively low use of SWICE-R resources suggests that far greater promotion and support is required for the community and social care sector.

Conclusions

More resourcing of training is required but trainers require some incentives to target the more difficult community and social care sector.

3.3 Impact of the e-library and training programmes on workforce development and patient care

3.3.1 How effective are SWICE/SWICE-R in supporting formal and informal CPD?

The chart in section 3.1.9 shows that for postal questionnaire respondents CPD activity has been one of their main reasons for accessing the SWICE/SWICE-R resources. This was also true for the interviewees, which in part explains why use of resources is not always high after training – levels of use can depend on whether a user is participating in CPD.

'RESEARCHER: So it doesn't sound like you use databases as such then, really, Medline that sort of thing?

INTERVIEWEE: If I'm doing a course....and you're looking up articles and things, that you need for assignments and things.' [INT19: 335-343]

A lot of interviewees chose to attend training because they were following courses or had the dual motivation of wishing to improve practice and because they were embarking on CPD or other educational activities. Increasingly there is a formal requirement for healthcare staff to demonstrate in CPD activities – e.g. to retain their registration. Disciplines that have not had this requirement in the past are moving towards it.

'The things I would look for would be in order to reinforce my practice or make me think about my practice, or change it, or in the light of new evidence just reconsider really.... It's a policy in the department really, that we...ideally, we're supposed to answer two clinical questions a year.' [INT27: 96-104]

'RESEARCHER: And is that like a formal requirement for CPD?

INTERVIEWEE: Not at the moment in my profession, we have got CPD folders and we allocate a number of points in one or two categories...and reflecting, learning and all sorts of things, but I think most, I haven't filled mine in for the last year because I haven't had any time...and I think that's what most of my staff have felt, that everything is in there, all the courses we've been on, and various things but it's not really filled up as it's supposed to be, but I believe in two or three year's time CPD will be mandatory.' [INT 22: 142-156]

Users are realising that information skills are part of the skills package they need to stay ahead of the game, both in terms of fitting CPD into a busy schedule and building their practice on a sound evidence-base. A positive point is that team managers seem to be supporting this by encouraging staff to attend training sessions.

The online survey results support the high use of SWICE/SWICE-R for CPD-related searching with the one SWICE-R user and 105 out of the 128 SWICE users indicating that information retrieved had been used for CPD.

Conclusions

Training programmes need to work with WDCs to ensure that attendance at training programmes can be seen to count for something, for evidence of CPD.

3.3.2 How effective are SWICE/SWICE-R in supporting undergraduate education for students on placement?

Six interviewees mentioned that they had responsibility for students on placement. Typically the students would be shadowing staff, reflecting on practice and discussing

issues arising from the work. Interviewees said that having a student on placement motivated them to look for information and extend their own practice.

'I had a student...with me for about six months and that prompted me to search out materials, a lot more than I would normally do...because, I mean...the whole thing about the student, you know, kind of sharpening my own practice and, and in supervision, topics and issues would come up and I'd think oh yes, we need to actually, you know, verify this, or get, you know, latest research, whatever.' [INT 38: 55-70]

One interviewee said that the students were often better at searching because they're doing it all the time and having resources such as SWICE-R on-site was generally seen as an advantage for students because they could look things up there and then rather than having to remember to go to their university libraries. It was also seen as a good way of showing students that practice is evidence-based rather than having the students simply go away thinking 'Well, that's how they do it, perhaps I ought to do it like that'.

'It's a really good site to, to get them on and I think they have access to it up at Yeovil, at the hospital anyway, but when they're here they can just tap into it.' [INT 42: 291-295]

One interviewee said she had to provide her student with a password because the student was not employed by the Trust and therefore was not able to have a password. In the trainers' focus group the issue access to resources for students on placement was raised. They felt that the whole process of ensuring a 'complete follow-through from the learning experience they get in higher education' needs to be 'firmed-up'.

It was felt that although 'the people who are on the ground operating the IHS computers are using them with their students, in the Trusts, don't see a problem in sharing', there is a feeling of 'mistrust' between HE and the NHS in general. Even Athens passwords do not solve the problem completely because there are differences in the resources that Athens passwords issued by different institutions will give access to.

'But you know if you get them there and they know that they've got one, you can get them to log on with their HE one and you say 'well, you know, if you can get an NHS one you can use these things as well.' [TRAINER]

Conclusions

The NHS and HE need to clarify their arrangements for access to NHS resources by students on placement.

3.3.3 Does access to the resources have an impact on staff satisfaction, either positive or negative?

Compared to the findings of the VIVOS study, staff satisfaction with computing facilities is now higher. Most interviewees had access to a PC and, even if it was shared with colleagues, felt they would be able to find an opportunity to use it – time allowing. One community psychiatric nurse had just been issued with a laptop. Another community-based mental health nurse felt that her quality of life had been improved by having access to resources from the office (in spite of the fact that there were more distractions in the office than in the library):

'But then the advantage of doing it here is if I've got ten minutes I can log on and do it, it's not actually thinking, right I've got to drive over to the other side of [town] and say, and you've got to make sure you've got an hour or something whereas if you do it here you can nip in and do thinks and then if something comes up you

can do it, it works both ways really, it can be distracting but then it's more flexible.'
[INT 9: 251-260]

One PAM explained that an advantage of access to the SWICE resources is the possibility to focus on information from the UK rather than having to spend time screening out 'all the American and Australian stuff' in her area of special interest.

The care home manager found that having access to SWICE-R had increased his satisfaction and hoped that it, or something similar, would be cascaded across the country – 'it's absolutely superb...we find it absolutely invaluable'.

Conclusions

For some staff, SWICE/SWICE-R resources have made working life far easier and satisfaction levels are higher. Provided the hardware is there, and training and support provided, more staff in social care might reflect similar levels of satisfaction.

3.3.4 Has access to any of the resources changed clinical actions?

When postal questionnaire respondents were asked to give examples of when using electronic information resources had changed their clinical actions the following examples were given:

'Treatment plan' (mentioned by two respondents)

'New knowledge to improve care'

'Out- and in-patient procedures'

'My approach with patients'

'More info to talk to patients'

'Useful to backup reasoning for treatment/research' (mentioned by two respondents)

'Rare clinical diseases'

'Helping to update protocols'

There is certainly potential for access to SWICE/SWICE-R resources to change clinical actions. Although many interviewees said they used it mainly for CPD-related activities, these activities now frequently take the form of using best available evidence to question current practice. Some departments are doing this in an organised way with regular meetings where staff will take it in turns to review articles and discuss best practice. One physiotherapist said that her team does this once a month. So far the evidence has confirmed that they are already following best practice but they are hoping that one day a review will point the way to improvement. This physiotherapist had recently come across a new technique which she is researching for one of these sessions in the hope that they will be able to introduce it.

Conclusions

There is some evidence that 'changing practice' is happening. News about such projects could and should be highlighted on the SWICE/SWICE-R site as examples of good practice, and such case study descriptions would help to make the training even more relevant to participants.

3.3.5 Has any of the information from SWICE/SWICE-R been passed on to patients?

Users did have examples of when information had been given to patients but it was difficult to pin down whether this information actually came through SWICE/SWICE-R resources, partly because interviewees were themselves often uncertain about which resources they use. Examples of when information has been given to patients (and most probably from a SWICE/SWICE-R resource) are:

- Giving information to a patient with Asperger's Syndrome as he moves into supported housing. The information was also given to the key worker in the housing project. [Community-based mental health nurse]
- Giving information on Asperger's Syndrome to carers [Social worker]
- Self-help information, probably on anger-management [Mental health social worker]
- Giving information about a specific medication in the hope that increased knowledge would lead to increased compliance [Community-based mental health nurse]

Other interviewees expressed extreme caution about giving information to patients – either because all written information would have to pass through the Trust approval process or because they had concerns about judging the validity of the information – presumably thinking of Internet Web sites rather than articles from SWICE/SWICE-R resources.

One interviewee did say she would consider passing on information but

'...only if I feel that it's a genuine article, I'm not passing on something you know, that's twaddle.' [INT16: 329-330]

Twenty-one of the SWICE online survey respondents indicated that they had passed information retrieved using the service on to patients.

Conclusions

Staff are happy to pass on information and evidence they have retrieved to patients but there are implications for 'patient safety'. Perhaps the library services need to work out guidelines with their local PALS services, and trainers need to advise accordingly. Some trusts, e.g. North Bristol NHS Trust, are developing integrated systems to ensure that patient information is updated regularly to take account of policy changes and to support staff in producing such information.

4 Conclusions and recommendations

The thrust of recent government policies for health and social care stress the importance of workplace learning, better training for social care staff, and clinical governance. To help NHS and social services organisations meet government targets, support services need to be put into place. This evaluation of SWICE-R (and SWICE) aimed to assess whether the electronic information resources provided met the needs of the staff and whether the services were starting to have an impact on patient care and professional practice. To use these specialised information services, training is required by most staff, and the evaluation also assessed whether the training and support services were effective.

The objectives of the evaluation were to:

- determine the acceptability of access to the e-library
- assess the usefulness of the content of the e-library to various professional groups
- assess the alignment of the training programme to national and local policy objectives
- identify the existing barriers to training and how these might be overcome
- assess the acceptability and effectiveness of the training programme
- identify whether use of the resources was having an impact on formal and informal CPD
- identify the impact on clinical practice

Key messages and recommendations

Access

This seems to be improving but usage patterns suggest that usage levels are not yet near the maximum that might be expected, particularly in community and social care environments. Demand is for 'anytime, anywhere'.

Evidence: Users access from home and work, and in work the computer is often shared (3.1.2), making access for practice more difficult (3.2.4)

Comparative usage statistics indicate that Dialog and online textbook use (per nurse) is lower in PCTs, and social care organisations than in acute Trusts (3.1.7)

Recommendations

The sectors outside the acute sector continue to need investment in hardware that will make access to SWICE and SWICE-R easier for them.

Web site design

Compared to other health e-libraries, both SWICE and SWICE-R designs are clear, and simple to navigate. They lack (as do many of the comparable health e-libraries) good help and feedback facilities. Some use of commercial site design features might help infrequent users. Compared to the National electronic Library for Health site, and some other commercial sites, many of the health e-libraries, including SWICE and SWICE-R are very static. There is little to attract the user to revisit to see 'what's new'.

Evidence The approach to help and feedback seems inconsistent, but design clear and simple, and there are descriptions of the resources available, which helps users select how they navigate. The circular design of SWICE works well and avoids any impression that some resources are better than others.(3.1.5). Trust newsletters often feature innovative projects of clinical best practice, which could be featured on the SWICE/SWICE-R Web site to encourage people to visit the site more frequently (3.2.1, p.40, 3.3.4)

More use might be made of tests to evaluate what users think of the interface and the terminology used (3.1.6)

Recommendations

SWICE-R was set up with special funding, and hence has a different Web site from SWICE. It would seem sensible to merge the two Web sites, integrating the best features of both as far as possible. The help and feedback needs to be improved. A 'what's new' feature promoting local best practice in health and social care, would promote clinical governance and make the site more attractive for the casual visitor.

Think-aloud and card sorting tests should be used to help in design of the SWICE sites.

Promotion

Library services play a key role in promoting SWICE and SWICE-R, both through publicity and more indirectly through the training programme. Libraries, together with trainers, need to target senior managers in their area, as personal contact may be necessary to promote services to PCTs, community health services and social care.

Evidence Library publicity and training sessions work hand in hand to promote SWICE and SWICE-R (3.1.1)

Recommendations

Several routes for promotion are necessary, and it is important to remember that promotion needs to be sustained, to include new members of staff. The promotion, help-desk and training strategy need to be co-ordinated locally so that users perceive a seamless service. Libraries and the trainers for their area need to work together to provide this.

Content of the e-library

Several resources appear complementary to the core resources of MEDLINE, CINAHL and BNI on SWICE. Few resources are considered 'never useful'. The low usage for some resources is more likely to be attributed to lack of promotion, and those SWICE-R users who had tried the more novel resources such as Internurse could perceive many applications.

Evidence MEDLINE had been used four or more times in the past three months by 92 online SWICE respondents (subjective estimate), whereas only 14 respondents had used Oxford Textbooks four or more times. SWICE-R usage much lower on average – usage was more likely to be less than once a month for use of Internurse, Oxford Textbooks and Martindale, but SWICE-R users claimed that the resources were always or sometimes useful to them (3.1.7, 3.1.8)

Recommendations

Promotion of the complementary and niche specialist resources needs to focus on the added value of such resources to particular professional groups.

Information skills training programme

The information skills training programme has succeeded in giving more confidence to many of the potential users, and the Somerset programme (the main focus of the evaluation work) is widely praised by the social care staff interviewed. Although there has been a policy emphasis on e-learning, and the ECDL, for example, may be supported by learning packages, an e-learning approach does not seem appropriate for promoting, supporting and training for the SWICE and SWICE-R resources, as the users need (and appreciate) personal support to help them realise how the resources might help their education and practice.

General comparisons of performance against government targets for clinical governance suggest that the training programme should concentrate more on community and social care, as the need is greatest there.

Trainers cannot easily conduct outreach training *and* offer informal top-up support, reliably and consistently, at a later date. The libraries need to be viewed as the learning

hub, and provide administrative support for the trainers, for a training diary that can have some block bookings pre-arranged. A training strategy for users outside the acute NHS Trusts needs to take account of the greater difficulties of outreach work there.

Trainees need to be persuaded that the libraries can continue to offer the personal support initiated by the trainers.

Evidence Trainers emphasise the importance of the group and personal approach (3.2.2) and interviewees (3.2.2. p.46) stress the uphill task for the social care sector to catch up with the acute sector, particularly when resources (and resourcing) have traditionally favoured the medical side. Interviewees were very positive about the training and would like ongoing support (3.2.3). Administration of the training is difficult, particularly in social care, where much of this is completely new. (3.2.4), and the cultural barriers rather greater (3.2.5). There was a demand for more advanced skills training, as well as refresher sessions (3.2.6). Some clinical or social care champions might help, and the training gap still seems large (unsurprisingly). (3.2.5, 3.2.7)

Recommendations

Trainers (and their base libraries) need to continue to develop an outreach strategy for targeting primary, community and social care units.

On a more regional basis, feasible performance targets for outreach training sessions might be effective in ensuring that trainers do focus on their outreach work, particularly in social care. (Measuring performance merely by counting heads at training sessions would encourage trainers to focus on the acute sector.)

The library as learning hub needs to develop a seamless training and support strategy, and should be actively involved in the follow-up to any training session.

Workforce development and patient care

There is evidence that SWICE/SWICE-R resources are supporting changes in practice. Sometimes the change is more at individual level (often through continuing professional development activities) but there is also evidence that clinical teams are using the resources to support organisational changes in practice. Some information is passed on to patients, but there is some uncertainty about the procedures and policies on this.

There is a policy imperative in the social care sector for minimum NVQ standards for care staff, but progress is hampered by recruitment problems. Care home managers have to juggle many competing priorities, and this may make interest in SWICE-R training more difficult to achieve initially.

Attendance at training programmes needs to be seen to count for something.

The resources are used by staff acting as mentors for undergraduate students, but the mismatch in resources provided, through the different NHS and HE Athens password authorisations, continues to cause some local difficulties.

Among regular users, satisfaction is high.

Evidence Staff are looking for evidence for CPD portfolios, and SWICE/SWICE-R training increasingly seem to fill a gap in educational activities supporting evidence-based practice (3.3.1) Acting as a mentor encourages use of SWICE/SWICE-R resources, but students can't always access the resources staff can (and vice versa) (3.3.2). Satisfaction with SWICE and SWICE-R is high among the regular users (3.3.3), and there is some evidence of changes in practice being supported more easily through SWICE and SWICE-R (3.3.4)

Recommendations

The SWICE/SWICE-R Web site(s) need to advertise how clinical practice changes are being supported through use of the resources featured on the site.

Workforce development confederations need to ensure that attendance at training sessions can be formally recognised as evidence of CPD, and trainees need to be encouraged that reflection on information skills is a part of reflective professional practice.

The NHS needs to ensure that further education colleges are included in any deliberations on joint purchasing, given the increasing concentration of HE courses in FE colleges, and the greater emphasis on social care training (which is largely supported through FE).

Appendix 1: Interview schedule

I understand that you attended an Information Skills training session?
[How long ago/How did you find out about it?]

Had you used electronic information resources, such as databases or e-journals before you attended the training session?
[Explore information skills]

What were you expecting to learn at the training session?

Did the training session cover these topics?
[Explore what was covered in session]

Are there any aspects of the training that you would like further help with?
[Follow-up sessions?]

Have you used electronic information resources, since the training?
[If no, why not?
If yes, how have they been used – patient care/CPD?
Do you remember how you accessed them?]

Can you think of any examples when using electronic information resources helped with patient care?

Have you ever given information that you found using these sources to patients?

Have you experienced any problems when using the SWICE or SWICE-R Web sites or the resources available through them?
[passwords/access to PCs/presentation of Web site]

10. Are there any other resources you tend to use when looking for information?
[Internet/NeLH/RCN/hardcopy]

11. Is there anything else you would like to say about the training session or about using electronic information resources?

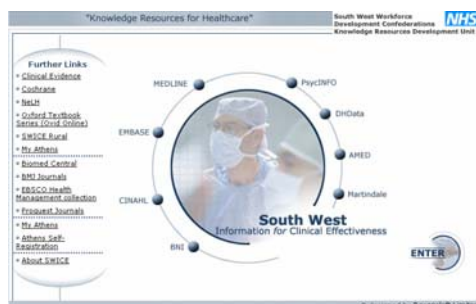
Appendix 2: Postal questionnaire

The NHS South West Workforce Development Confederations have commissioned the University of Wales, Aberystwyth to carry out an evaluation of the SWICE and SWICE-RURAL (SWICE-R) Web sites and associated training programmes. The project is funded by a grant from The Health Foundation.

We understand that you have attended an information skills training session and we would be pleased to hear your views on the session and on using the SWICE/SWICE-R Web sites. It doesn't matter if you have not used the Web sites, we'd still like to hear your views on the training session itself.

All data collected for the research project which relate to information services activity (or associated training) will be anonymised in further processing, analysis and presentation of that data in reports of the research. All data collected for the project will be checked for accuracy, and kept securely, for no longer than is necessary.

PLEASE TAKE TIME TO COMPLETE AND RETURN THE QUESTIONNAIRE BY xxxxx USING THE FREEPOST ENVELOPE SUPPLIED. IT WILL HELP YOUR LIBRARY DEVELOP ITS SERVICE TO MEET YOUR NEEDS.



Please complete the questionnaire by ticking the relevant boxes.

1. How did you find out about the Information Skills training session?

- Publicity from the library [] 1.1
- The librarian told me [] 1.2
- From a colleague/friend [] 1.3
- From my line manager [] 1.4
- Other (please state) [] 1.5

.....
.....

2. Had you used electronic information resources (e.g. databases, e-journals) before attending the training session?

- YES [] 2.1
- NO [] 2.2

3. Are there any topics covered by the training session that you would like further help with?

- YES (please give details below) [] 3.1

.....
.....
.....
.....

- NO [] 3.2

4. Have you used electronic information resources since the training?

- YES (please go to Question 5) [] 4.1
- NO (please go to Question 10) [] 4.2

5. How many times in the past three months have you used the following?

- Internurse
- Not used in the past three months [] 5.1
- Once [] 5.2
- Two or three times [] 5.3
- Four or more times [] 5.4

Oxford Textbooks	
Not used in the past three months	<input type="checkbox"/> 5.5
Once	<input type="checkbox"/> 5.6
Two or three times	<input type="checkbox"/> 5.7
Four or more times	<input type="checkbox"/> 5.8
Martindale	
Not used in the past three months	<input type="checkbox"/> 5.9
Once	<input type="checkbox"/> 5.10
Two or three times	<input type="checkbox"/> 5.11
Four or more times	<input type="checkbox"/> 5.12

6. For each resource that you have used, please indicate how useful you have found it

Internurse	
Always useful	<input type="checkbox"/> 6.1
Sometimes useful	<input type="checkbox"/> 6.2
Never useful	<input type="checkbox"/> 6.3
Oxford Textbooks	
Always useful	<input type="checkbox"/> 6.4
Sometimes useful	<input type="checkbox"/> 6.5
Never useful	<input type="checkbox"/> 6.6
Martindale	
Always useful	<input type="checkbox"/> 6.7
Sometimes useful	<input type="checkbox"/> 6.8
Never useful	<input type="checkbox"/> 6.9

7. What have you done with information you have found using electronic information resources?

(please tick all boxes that apply)

Used it directly for patient care	<input type="checkbox"/> 7.1
Used it for formal CPD/training	<input type="checkbox"/> 7.2
It added to my general knowledge	<input type="checkbox"/> 7.3
Passed it on to patient(s)	<input type="checkbox"/> 7.4
Nothing	<input type="checkbox"/> 7.5
Other (please state)	<input type="checkbox"/> 7.6

.....
.....

8. Can you think of any examples when using electronic information resources has changed your clinical actions?

YES (please give details below) 8.1

.....
.....
.....
.....

NO [] 8.2

9. Have you experienced any problems getting access to or using the SWICE or SWICE-R Web sites or the resources available through them?

YES (please give details below) [] 9.1

.....
.....
.....
.....

NO [] 9.2

10. Is there anything else you would like to tell us about the training session?

.....
.....
.....

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. PLEASE RETURN IT USING THE FREEPOST ENVELOPE SUPPLIED.

Appendix 3: SWICE online questionnaire

THANK YOU FOR CHOOSING TO COMPLETE THIS QUESTIONNAIRE, IT SHOULD ONLY TAKE A COUPLE OF MINUTES.

1 Do you work for the NHS?

YES [] NO []

1a If YES

If yes, which of the following most closely relates to your job title?

- General practitioner []
- Community nursing / midwifery staff []
- Profession allied to medicine []
- Health services management []
- Health services research []
- Administrative & Clerical staff []
- Hospital-based clinician []
- Hospital-based nurse []

1b If NO, but you work in the UK – which of the following best describes your occupation?

- Academic/research staff []
- Nursing/medical/ PAM student []
- Social care staff []
- Work in private health care []
- Private care home staff []
- None of the above []

2 How did you find out about SWICE?

- Library training session []
- Library publicity []
- Link from SWICE-R Web site []
- From a colleague/friend []
- By chance (e.g. when browsing) []
- Other []

3 Which location(s) have you accessed SWICE from? (please tick all boxes that apply)

- Own office []
- Shared computer at work []
- At home []
- In library []
- Other []

4 Is this your first visit to the SWICE Web site?

- YES []
- NO []

If **YES**, thank you for your help. You do not need to answer any further questions. Please click the submit button at the foot of the page.

If **NO**, please go on to question 5.

5 How many times in the past three months have you used the following resources on the SWICE Web site (excluding this occasion)?

5a BNI

Not used in the past three months []
Once []
Two or three times []
Four or more times []

5b CINAHL

Not used in the past three months []
Once []
Two or three times []
Four or more times []

5c EMBASE

Not used in the past three months []
Once []
Two or three times []
Four or more times []

5d MEDLINE

Not used in the past three months []
Once []
Two or three times []
Four or more times []

5e PsychINFO

Not used in the past three months []
Once []
Two or three times []
Four or more times []

5f DHData

Not used in the past three months []
Once []
Two or three times []
Four or more times []

5g AMED

Not used in the past three months []
Once []
Two or three times []
Four or more times []

5h Martindale

Not used in the past three months []
Once []
Two or three times []
Four or more times []

5i Oxford Textbooks	
Not used in the past three months	[]
Once	[]
Two or three times	[]
Four or more times	[]

6 For each resource that you have used, please indicate how useful you have found it

6a BNI	
Always useful	[]
Sometimes useful	[]
Never useful	[]

6b CINAHL	
Always useful	[]
Sometimes useful	[]
Never useful	[]

6c EMBASE	
Always useful	[]
Sometimes useful	[]
Never useful	[]

6d MEDLINE	
Always useful	[]
Sometimes useful	[]
Never useful	[]

6e PsychINFO	
Always useful	[]
Sometimes useful	[]
Never useful	[]

6f DHData	
Always useful	[]
Sometimes useful	[]
Never useful	[]

6g AMED	
Always useful	[]
Sometimes useful	[]
Never useful	[]

6h Martindale	
Always useful	[]
Sometimes useful	[]
Never useful	[]

6i Oxford Textbooks	
Always useful	[]
Sometimes useful	[]
Never useful	[]

7 What have you done with information you have found using SWICE?

(please tick all boxes that apply)

- Used it directly for patient care
- Used it for continuing professional development
- It added to my general knowledge
- Passed it on to patient(s)
- Nothing
- Other

THANK YOU FOR YOUR TIME. AFTER SUBMITTING THIS FORM YOU WILL BE
TAKEN BACK TO THE SWICE HOME PAGE.

Appendix 4: SWICE-R online questionnaire

THANK YOU FOR CHOOSING TO COMPLETE THIS QUESTIONNAIRE, IT SHOULD ONLY TAKE A COUPLE OF MINUTES.

1 Do you work for the NHS?

YES [] NO []

1a If YES

If yes, which of the following most closely relates to your job title?

General practitioner	[]
Community nursing / midwifery staff	[]
Profession allied to medicine	[]
Health services management	[]
Health services research	[]
Administrative & Clerical staff	[]
Hospital-based clinician	[]
Hospital-based nurse	[]

1b If NO, but you work in the UK – which of the following best describes your occupation?

Academic/research staff	[]
Nursing/medical/ PAM student	[]
Social care staff	[]
Work in private health care	[]
Private care home staff	[]
None of the above	[]

2 How did you find out about SWICE-R?

Library training session	[]
Library publicity	[]
Link from SWICE Web site	[]
From a colleague/friend	[]
By chance (e.g. when browsing)	[]
Other	[]

3 Which location(s) have you accessed SWICE-R from? (please tick all boxes that apply)

Own office	[]
Shared computer at work	[]
At home	[]
In library	[]
Other	[]

4 Is this your first visit to the SWICE-R Web site?

YES	[]
NO	[]

If **YES**, thank you for your help. You do not need to answer any further questions. Please click the submit button at the foot of the page.

If **NO**, please go on to question 5.

8 How many times in the past three months have you used the following resources on the SWICE-R Web site (excluding this occasion)?

5a Internurse

Not used in the past three months	[]
Once	[]
Two or three times	[]
Four or more times	[]

5b Oxford Textbooks

Not used in the past three months	[]
Once	[]
Two or three times	[]
Four or more times	[]

5c Clinical Databases

Not used in the past three months	[]
Once	[]
Two or three times	[]
Four or more times	[]

9 For each resource that you have used, please indicate how useful you have found it

6a Internurse

Always useful	[]
Sometimes useful	[]
Never useful	[]

6b Oxford Textbooks

Always useful	[]
Sometimes useful	[]
Never useful	[]

6c Clinical Databases

Always useful	[]
Sometimes useful	[]
Never useful	[]

10 What have you done with information you have found using SWICE-R?

(please tick all boxes that apply)

- | | |
|---|--------------------------|
| Used it directly for patient care | <input type="checkbox"/> |
| Used it for continuing professional development | <input type="checkbox"/> |
| It added to my general knowledge | <input type="checkbox"/> |
| Passed it on to patient(s) | <input type="checkbox"/> |
| Nothing | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

THANK YOU FOR YOUR TIME. AFTER SUBMITTING THIS FORM YOU WILL BE
TAKEN BACK TO THE SWICE-R HOME PAGE.