

## **Equity and Excellence: Liberating the NHS**

### **Response of the Chartered Institute of Library and Information Professionals (CILIP)**

#### **Introduction**

1. CILIP welcomes the opportunity to comment on the proposals in the NHS White Paper and their implementation. This response has been put together by the Health Libraries Group on behalf of CILIP and following consultation across the broader professional community within CILIP<sup>1</sup>. Our response is deliberately broad brush as we expect to make more detailed observations on the draft Information Strategy once the Government has published it and on other technical papers.
2. CILIP especially welcomes the emphasis the White Paper puts on information – described as an “information revolution” – and its importance to delivering efficient and quality services and underpinning an NHS that achieves excellence as well as equity. Our members already work across the NHS and the healthcare sector more generally, meeting the information requirements of patients, clinicians, managers, commissioners and students. This expertise, and that of other information professionals, needs to be recognised, properly focused and developed to gain the maximum benefit. If information is to help liberate the NHS in the ways described then it is vital that this resource is professionally managed to optimise desired outcomes.

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<sup>1</sup>The Chartered Institute of Library and Information Professionals (CILIP) is established by Royal Charter and is the professional body for library and information professionals in the UK. It has around 18,000 members working in all parts of the UK economy. The Health Libraries Group (HLG) is a special interest group of CILIP whose members work or are professionally interested in health and social care information. HLG's diverse and active membership covers all health and social sectors. Members work for the NHS, the academic sector, the independent sector, government departments, professional associations, charities and public libraries.

## **Scoping the Information Agenda**

3. The radical proposals in the White Paper will have major implications for effective Knowledge & Information Management within the Healthcare sector. We fully support the idea of an Information Strategy. In a structure where autonomy and diversity is being encouraged as a basis for creativity and innovation, then information will be a bonding agent within that new structure and a strategy will provide focus and direction. However, the strategy must be much more than just an ICT strategy and should cover all parts of the knowledge and information management process looking at content, processes, leadership and skills as well as technology.
4. We therefore welcome the continuing commitment in the White Paper to evidence-based healthcare (paragraphs 1.6-7 of the White Paper) and its importance to quality as set out in the Darzi report<sup>2</sup>, the need for research (paragraph 3.16) and the commitment to the training and development (paragraphs 4.32-34) of the healthcare workforce.
5. CILIP members operating within the Healthcare sector, and the information professions in related sectors, are critical to the delivery of quality frontline services. Information supports and enables effective:
  - Clinical and management decision-making
  - Commissioning and policy development
  - Research
  - Lifelong learning of NHS staff
  - Patient understanding and decision-making
6. An Information Strategy must be based on a clear understanding of the needs for information within the new NHS structure to enable it to operate effectively and meet its objectives and there must also be clarity in the terminology used. It is important to distinguish between data, information and knowledge and their place within an overall Information Strategy. Some useful definitions are given in the Government's own Knowledge and Information Strategy for government departments – Information Matters – and this is referenced in paragraph 9 of this response.
7. An Information Strategy must also incorporate knowledge mobilisation. Exploiting the knowledge and experience gained in practice in this country and elsewhere is essential for the improvement of patient care and operating efficiency. The Darzi report<sup>3</sup> makes this clear. Knowledge and information services need to be seen as part of the core business of the NHS.

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<sup>2</sup> Professor the lord Darzi of Denham KBE. High quality care for all: NHS Next Stage Review final report. (Cm 7432). TSO, 2008. ISBN: 978-0-10-174322-8. See: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_085825](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825)

<sup>3</sup> See note 2 for reference

## **Mobilising Information & Knowledge to support Change**

8. If information is to help “liberate” the NHS then the current fragmented nature of information provision must be addressed – this should be a key purpose of the Information Strategy. Information provision should be more closely integrated and set within a robust framework – the work of librarians, records managers, knowledge managers, ICT specialists and others need to be brought together. It also needs to bring together internal and business information resources, external information and embrace the knowledge and experience within the NHS, so that all resources are accessible and used to improve the performance and outcomes of the NHS.
9. The Information Matters Programme within Westminster Government could be used as an exemplar – it provides a framework of provision and development across a multitude of autonomous departments, but unified by a common goal and clear leadership. It is managed on behalf of the Knowledge Council by the National Archives. The Government Knowledge and Information Management strategy, and other details of the programme can be found at: <http://gkimn.nationalarchives.gov.uk/news/story5.htm>
10. In CILIP’s view the National Commissioning Board would be the most appropriate body within the proposed new NHS structure to develop a Framework for Information Provision and commission those parts of the service best delivered at a national level – it could use the Information Matters programme within central UK government as a model. This would sit comfortably within its proposed roles of providing leadership on commissioning for quality improvement, commissioning specialist services, and allocating and accounting for NHS resources. We note that commissioning information requirements for choice and accountability already forms part of the proposed role for the National Commissioning Board in promoting and extending public and patient involvement and choice. Individual Trusts would continue to have responsibility for most information provision.

## **Challenges Ahead**

11. The successful implementation of the White Paper will require high quality, evidence based information provision targeted towards:
  - a. Patients - The need to offer patients choice and personalisation is fundamental. However, “No decision about me without me” is only meaningful if the patient is supported in making an informed decision. Examples of excellent practice already exist for instance in the development of internet based patient information services like NHS Choices. Providing relevant information to patients by itself is not sufficient, though. It must be communicated in a way understandable to them and they must be provided with the necessary information skills to find the information they require. Partnership working, with NHS

libraries, public libraries and third sector groups will be fundamentally important to reach the right audiences.

- b. GPs -There is scope for developing information services for GPs to support not only their clinical decision making but also their commissioning responsibilities and a strategic approach needs to be adopted. Library and information services should be included in any Department of Health guidance issued to support GP commissioning. The provision of high quality, evidence-based information for patients within the context of the GP surgery needs to be addressed.
  - c. Social Care – compared to healthcare information the provision of information to support social care is under-developed although the Social Care Institute for Excellence (SCIE) is making a considerable contribution. More investment is needed and there should be better access to information resources across institutional boundaries serving both health and social care. The importance attached to the co-ordinating role of local authorities should not be underestimated.
  - d. Public Health – This is a vitally important area and we await proposals promised in the White Paper
12. In seeking to meet the challenges ahead it will be necessary to resolve some long standing existing problems. These include the difficulties of provision across institutional boundaries (especially between NHS and HE where both staff and students will be shared but access rights to information will be different), copyright and appropriate funding for information services. The cost of information provision needs to be factored into new initiatives, tariffs within the internal market, research proposals and Continuing Professional Development, rather than bolted on later.
13. In order to meet these challenges the information workforce will need proper leadership, appropriate training and development and an information strategy/framework that provides the basis for effective delivery.

### **Key Points and Recommendations**

14. Therefore CILIP:
- a. Welcomes the idea of an Information Strategy.
  - b. Urges moves towards an integrated approach to knowledge and information management so that information can deliver the changes and outcomes set out in the White Paper.
  - c. Proposes a lead role for the National Commissioning Board in drawing up and delivering the Information Strategy

- d. Highlights the importance of facilitating and building on partnership working. This is already well established between the NHS and Higher Education and is starting with public libraries but there is considerable scope for further developments across Health and Social Care which will deliver mutual benefits.

### **Conclusion**

15. CILIP is pleased to have the opportunity to make these comments. We wish to be engaged with future discussions on the changes proposed for the NHS.
16. Please contact Guy Daines ([guy.daines@cilip.org.uk](mailto:guy.daines@cilip.org.uk)), Director of Policy & Advocacy at CILIP, if you want further information regarding this response and as the main recipient for consultation on future Green Papers.

CILIP  
September 2010

*Registered charity number: 313014*