

August 2015

Issue 76

The Swimming Pool

**Newsletter for the
SWIMS Network**



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The future direction of NHS library services within Health Education England (South)

It has been a momentous time for NHS Library Services since the beginning of 2015. You will all know that Health Education England published 'Knowledge for Healthcare; a framework for NHS Library Services 2015-20', at the end of December 2014. The framework is a very important blueprint in shaping our NHS library services for the next five years.

Based on extensive consultation, scrutiny of available evidence, and alignment with major healthcare principles, the key recommendations of Knowledge for Healthcare include:

- **Access to all services has to be as easy and convenient as possible.**
- **Services will be digital by default and delivery to mobile devices will be standard practice.**
- **Services need to be highly visible; pushing quality assured information tailored to specific user needs.**
- **The clinical and outreach models are expanded to become standard practice.**
- **Information skills training programmes, augmented by e-learning delivery, should continue to be developed.**
- **There needs to be a greater focus on synthesising evidence.**
- **There must be greater emphasis on partnership working.**
- **There is potential to better align healthcare library and knowledge services with technology enhanced learning initiatives.**
- **The healthcare library and knowledge workforce requires enhanced skills, including synthesising information, knowledge management, marketing, website design and usability testing.**
- **More sharing and integration of back-office functions is essential to underpin these changes.**

How have these recommendations been implemented so far?

- 1) A national Programme Manager has been recruited by Health Education England to lead the process of implementation of Knowledge for Healthcare. This is Louise Goswami, the HEE LKS Lead for Kent, Surrey and Sussex who is working three days per week on managing the implementation work programmes.
- 2) A new model of national working groups has been established to lead the key themes of Knowledge for Healthcare:
 - Helen Bingham leads and chairs the Service Transformation Working Group
 - Richard Osborn leads and chairs the Resource Discovery Working Group
 - Clare Edwards leads and chairs the Quality and Impact Working Group
 - David Stewart leads and chairs the Workforce Development Working Group
- 3) Support has been commissioned for the Workforce Development Working Group from Sue Lacey Bryant, a very experienced information management professional, who is shaping the model of working for all of the Working Groups, and their many Task and Finish Groups for each specific work stream in the implementation of Knowledge for Healthcare.
- 4) Many library staff across England have been asked to join the Task and Finish Groups because of the expert knowledge that they can contribute to the discussions and plans. We have many library staff from the South West, Thames Valley and Wessex who have been asked to support these Task and Finish Groups at national level. This is a really good opportunity for all staff to be involved with work streams and to contribute knowledge and opinions.

- 5) Presentations of the Knowledge for Healthcare Framework have been made in many different forums, including some of the Royal Colleges, the regulatory professional bodies in medicine, nursing and midwifery, allied health professionals, the Health Education England's Expert Advisory Groups, Library professional bodies
- 6) Health Education England has a Director for National Programmes, Patrick Mitchell, who holds ultimate responsibility for the implementation of Knowledge for Healthcare. Helen Bingham and her fellow Chairs of the Working Groups report to Patrick Mitchell regularly on the progress of the implementation of Knowledge for Healthcare. The reporting includes a vast programme plan for each work stream, together with identified risks, policies, progress reports etc

Library and knowledge services and technology enhanced learning for the South West, Thames Valley and Wessex Library Services will continue from September through a team under the leadership of Helen Bingham as Head of LKS and TEL, together with a Programme Manager for Library and Knowledge Services and a Programme Manager for Technology Enhanced Learning. Jenny Toller will be the Systems and Resources Manager for this new South-facing Team. The team will offer leadership, support, and advocacy for LKS and TEL, and will lead the Library Managers' meetings, ensure the quality of the provision of services, promote LKS and TEL, and evaluate impact on clinical and non-clinical practice.

There is much work ahead and Helen and her team will be greatly appreciative of the support of library teams across the South West, Thames Valley and Wessex, as they facilitate the implementation of Knowledge for Healthcare to secure greater promotion and support for high quality library and knowledge services for many years to come. Library teams across the South will have many opportunities to contribute to these plans and work streams as there is much expertise and knowledge in the South as many of the finest healthcare library services in England are within our patch.

Tricia Ellis
Head of Knowledge Management and eLearning
Health Education South West

E-books – are we ready yet?

4th June 2015 - Warrington

Professor David Nicholas, Director of CIBER Research Ltd provided much food for thought as he surveyed the e-book landscape. His presentation "E-books: use, information seeking and reading behaviour" certainly served as a wake-up call, providing a selection of attention-grabbing headlines and snap-shots of user behaviour, including:

- Unlike traditional libraries, librarians are no longer moderating users' behaviour in the digital age
- To understand how people use e-books we need to understand how they use the web, tablets, etc and that is constantly evolving
- For the born digital generation it all about speed and finishing first, not about quality
- While there is a great deal of activity, people barely break the surface, with a visit usually equating to use of a single page
- E-books will likely soon getting abstracts and keywords to aid in discoverability.

A particularly interesting prediction, and one which caused distinct murmurs in the room, was that within two years 85% of content will become open access. I was sitting next to one of the e-book providers and, it is fair to say, neither of us was convinced that business models will be changing quite so soon.

I had gone to the day with the particular intent of quizzing the suppliers running workshops, to see what they were now offering, and here are a few things which caught my eye.

Ebsco

- Downloading via mobile devices has seen a 350% increase since 2012
- Purchasing models offer three or unlimited concurrent users
- Subscription bundles, eg clinical or nursing packages, offer unlimited users
- Planning their own e-book viewer and mobile app for August 2015

Oxford University Press

- No plans for downloadable content or for an app in the new future
- Active move towards more multimedia content on the OUP platform
- You will find additional video content on YouTube not available on platform
- REALLY keen on feedback from users and have made changes as a direct result of this.

Elsevier

- ClinicalKey is the primary platform for clinical content, and much like OUP we can expect increasing multimedia
- Keen on patron driven acquisition (PDA) as a delivery model
- Resource usage on ClinicalKey reveals 53% e-books, 40% journals
- No plans for downloadable content in the near future

The day was rounded off with a panel Q&A session, nimbly chaired by David Stewart Director of Health Libraries North West, with both suppliers and library colleagues giving their views. I give an overview of main themes below.

Is there yet an industry standard for e-book delivery?

The EPUB3 format is increasingly being adopted as such, which does mean that the days of static images of pages (like a pdf) are likely limited. But it's important to remember that commercial providers are all jockeying for position, with constantly evolving offerings.

Open Access

This is an area for development increasingly occupying our university colleagues. At the University of Manchester three or four staff spend the majority of their time working on issues around Open Access, and universities across the country are upping the ante in terms of freely available access to published research.

Technology

As we've seen above, multimedia is very much on the increase, and those who came to the Bristol conference in April 2014 will remember a theme that suggests the lines between apps and e-books are blurring. This isn't going away anytime soon, and as e-books get whizzier we will need the kit, up-to-date browsers and reliable wi-fi to make best use of them.

How best to provide e-books?

The golden chalice, with no simple answers, but those with discovery services are finding that these make a huge difference in the discoverability of their e-books. While discovery services have been commonplace in universities for a few years we're only just starting to see them arrive within NHS. There was quite a body of support for the model that, with a small library team, subscriptions

packages are easier to manage than individual purchases.

Money

The NCC (National Core Content) budget is now £4M, but due to price increases that only delivers pretty much what we had last time round for £2M. A reality check from Manchester University shows they spend more on e-resources for its 38,000 students than the whole of the NHS does for a workforce of well over one million. If NHS library and knowledge services want to provide the kind of service people become used to while training, is it time to take a long hard look at how we use our funding?

Many thanks to David Stewart, Gil Young and colleagues in the NHS NW Health Care Libraries Unit for a slickly produced and most engaging day.

John Loy

Library and Knowledge Services Manager

Avon & Wiltshire Mental Health Partnership NHS Trust (CLN)

The devil is in the detail: what exactly are we meant to be doing?

You will all be aware of HEE's Knowledge for Healthcare Framework, full of cheerful coloured text boxes, aspirational priorities and the usual photographs of smiley NHS staff. Tucked away on page 47 are some actual numbers: what is supposed to take place within the next three years.

The first on the list is the following:

7.E Delivering the vision: metrics for success

- Increase in evidence of impact: Increase in use of the refreshed Impact Toolkit: used by 95% of services.

I am among the happy few recruited to the task & finish group which is going to beaver away and refresh the Impact Toolkit. Within the group we are discussing definitions of impact, how to collect data and for what, whether data can be reported nationally and how this will affect local data collection ... and so on. We have recruited a reference group of keen librarians who will test our ideas to destruction. If a survey turns up in your inbox, please make sure you have your say!

Other task & finish groups are being set up to meet other objectives. It's a chance to get involved in national co-operative work and, although intermittently time-consuming, it has been more interesting than I originally expected. Joining a reference group would require less of a time commitment and still allow you to be in on the ground floor of a project. So if you are asked to join one, it's worth considering. If you want to know more you could ask your library manager or library lead.

Links:

<http://hee.nhs.uk/work-programmes/library-and-knowledge-services/>

Health Education England: Library & knowledge services

<http://hee.nhs.uk/wp-content/blogs.dir/321/files/2014/12/Knowledge-for-healthcare-framework.pdf>

Knowledge for Healthcare Framework

Rebecca Mitchelmore

Clinical Outreach Librarian

Isle of Wight NHS Trust (I01)

SAS Doctors' Conference HESW: 23-24 June 2015 – Bristol

Pam (EXE)

EXE and PLY libraries had received some money near the end of the 2014/15 financial year from our SAS (Specialist and Associate Specialist) doctors to spend on resources for them. We wished to pool the funds to share the resources but time was against us, although at EXE we did invest in 30 SAS Oxford electronic handbooks.

Earlier in the year I noticed the scheduled annual conference for the SAS doctors. I contacted Laura and asked whether she would like to join me at the conference in promoting our regional resources to this group. I also mentioned this to Paula Younger (now SMD) while she was working in Belfast. She was keen to join forces with us on her return to the NHS. Her manager, Jane Villa agreed this would be a good event to showcase our resources. I then contacted the organisers (Peninsula Deanery & Severn Deanery) who were very happy for us to have two tables at the venue.

We liaised on content and Laura put together a rolling presentation. We focused on Dynamed, Oxford Medicine Online and the resources available with NHS OpenAthens as well as the portal for the SWICE website. I had requested some promotional material from OUP, BMJ and OVID (OUP bags, pens and bookmarks, post-its and pens from BMJ and OVID).

This conference proved to be a good opportunity for library outreach and one to consider attending each year, particularly as some 195 doctors attended both days this year.

Laura (PLY)

When our local SAS lead offered funding for books from the SAS development fund, I used the BMA's (2012) [UK guide to job planning for specialty doctors and associate specialists](#), to create a list of corresponding titles. Once approved and purchased I was heartened to see that the subjects tallied with the main themes of the upcoming SAS conference, e.g. patient safety, teaching, and management, and so I took some of the books along to display. These were often picked up, especially after a session on that topic. I checked the SWIMS catalogue and gave the reader the shelfmark for their local copy or offered to send it to them on ILL if their home library didn't stock. Coupled with our collective regional purchases, it appeared that the users very much appreciated this network approach and the idea that there is a body of NHS library staff working collectively to provide a variety of resources and services. The organisers commented on the popularity of our stand and felt that a continued library presence at such HESW events would be beneficial to attendees.

It was pleasing to hear how many attendees valued and regularly used NHS libraries but even these users needed updating on the resources available. I had more than one Plymouth attendee who I assumed would be aware of our access to the DynaMed app and HSJ online but wasn't, so keep on promoting resources even if you feel like a broken record. I found the number of community practitioners present meant I could promote to geographically disparate users from our patch during the conference.

Paula (SMD)

This event was a slight variation on the currently popular 'pop up library' approach. It proved a good opportunity to encounter clinicians in a CPD focused setting. We had a steady

stream of enquiries from delegates wanting to set up or renew their Athens usernames and passwords. Laura's demos of the Dynamed app were also popular. For the north of the region there were 20 paper enquiries in total, which were passed on to the appropriate library service – some of our enquirers already knew their local library and were delighted to hear we knew their local librarian by name.

So, what lessons have we learned? Some of our enquirers were not sure who we were representing so clearer branding for next time might help. The selection of print titles that Laura had brought along proved a good talking point, and concentrating on the resources available to all NHS staff in the region, regardless of where they were located, was also a sensible approach.

Although we're under no obligation to provide promotional material from our suppliers the bags, mints and pens were well-liked – with the bags proving popular at the end of the two days to keep everything together!

**Pam Geldenhuys,
Electronic Resources
Co-ordinator,
Royal Devon & Exeter
NHS FT (EXE)**

**Laura Coysh
Senior Librarian,
Plymouth Hospitals
NHS Trust (PLY)**

**Paula Younger
Deputy Librarian,
North Bristol NHS Trust
(SMD)**



Clockwise from top left:
Paula Younger; Laura Coysh; Laura
with Pam Geldenhuys

Essential reading: updated SWIMS Network Standards for Inter-Library Document Supply

The June 2015 version of this key network policy is now available at <http://www.swimsnetwork.nhs.uk/membership/policies/>. If you have any involvement at all in providing loans and copies to other libraries, please do read the document to familiarise/re-familiarise yourself with the standards.

What's new?

The updates relate particularly to:

- 1 - Copyright
- 2 - Book renewals
- 3 - Reciprocal sharing with the South East, East of England and London NHS library networks (SEEDS scheme).

However, the whole document has had an overhaul by the SWIMS Network ILDS Group, so we encourage you to re-read it all.

FAQs in relation to copyright

Q Has the new CLA Licence for the NHS in England been agreed yet?

Yes. There is now a new licence in place until end March 2018.

Q Has it changed at all?

The copying permissions are essentially the same as before. The CLA Title Search - <http://permissions.cla.co.uk/titlesearch.html> is the best way to check what can be copied, and the range of staff who may receive and make copies under the Licence continues to be inclusive of staff working in all the organisations created under the Health and Social Care Act 2012 and preceding healthcare legislation.

In addition, there are two new benefits. Firstly, it is now possible to exchange copies under the terms of the licence with other organisations which have their own CLA Licence and a collaborative business partnership with the NHS in England. Information about the included organisations will follow in due course. Secondly, a set number of Copyright Fee Paid (CFP) articles from the British Library have been included in the cost of the Licence. Again, information about how to access the CFP articles will follow soon.

Q Are hospice staff included under the CLA Licence?

Generally speaking no, unless the hospice or individual staff member is contracted to work for the NHS or the hospice has its own CLA Licence. But you can make Library Privilege copies for hospice staff.

Q So, Library Privilege copies are the copies you can make when either what you want to copy, or who you want to copy for, is not included under the CLA Licence?

Correct. Under the Copyright Act, you can make single 'Library Privilege' copies of small amounts of copyright works for private study or non-commercial research. The Copyright Act was updated for the digital age in 2014.

Q And this means that signed paper declarations are no longer required for Library Privilege copies?

Yes. Your end-user must still declare to you that the copy you are supplying is for private

study or non-commercial research, but they can do this electronically by confirming or 'ticking' to agree to a written statement which you provide. Suggested wording is included in Appendix B of the Standards.

Q Do these written/ticked declarations still need to be kept?

Yes. You should ideally keep declarations for six years beyond the end of the year in which you supply the copy, just in case a copyright owner ever made a legal challenge.

Q Is it true that Library Privilege copies may be made for other libraries from electronic journals, including those published outside the UK?

Yes. The updated Copyright Act allows fair dealing copies of small amounts of copyright works, for private study and non-commercial research, *regardless of the format of the original*. Under the Act, this is a fundamental right which *cannot be overridden by a contract*, such as a publisher's licence.

In theory, a USA-based publisher could challenge this, but as we are UK-based we can apply UK legislation. Remember that you may only make single copies of small amounts for other libraries, and their end-user must have confirmed/ticked a declaration.

These FAQs and other useful FAQs and links are available at <http://www.swimsnetwork.nhs.uk/ilds/ilds-faqs/>

Helen Bingham

Library and E-Learning Resources Manager

Health Education Thames Valley and Health Education Wessex

Synthesising the evidence: It's not just about the citations

Is supplying a long list of varied citations and abstracts really the best way to respond to a literature search request? Adding some extra value is essential for our library services and producing summaries of search results may be the key to adding that 'wow factor'. I have just completed my first search summary for a reader and am awaiting feedback from them but I am pleased I have been able to put into practice the techniques described by the excellent Tim Buckley Owen from a recent *Synthesising your Search Results* training session at Salisbury Healthcare Library.

The day started with an overview of time management, considering the differences between urgent and vital tasks. Tim then explained the POWER model for managing a search request – Plan, Organise, Write, Edit, Review, before we set off having a go at each stage. The 'organise' element of the model is perhaps the hardest. It can take time and can be tricky to categorise some results but time spent here will save time at the writing stage. Tim suggests putting selected results into a matrix that can then be re-organised by category, date, and source. It is important at this stage to remember Tim's advice about KISS – Keep It Simple Stupid as only the minimum amount of information needs to be copied across at this stage to aid prioritisation. I often struggle with deciding what to include or leave out of search results and this categorisation process can help as similar findings can be grouped together. As part of organising your results they can also be prioritised indicating which are must know, should know and could know. This can then form the basis of your summary report.

The 'write' part of the model can be started by extracting a key finding from the 'must know' categorised search results. Tim suggests looking at the conclusion or discussion in the abstract or main paper to find this. I found at this stage that I had selected far too many documents as "must know" to be able to write a concise summary so I re-categorised and grouped some results together selecting just the key messages and trying not to duplicate too much. An added benefit of this process was the discovery of a reference that I had not included in my original search which meant I would have missed a key finding.

Editing involved linking the key statements together in a way that flows and tells a story. Tim suggested some approaches to this such as the inverted pyramid - placing the most important finding first and then layering further supporting detail; or the thesis, antithesis and synthesis approach which can be helpful when dealing with contrary results.

Presentation of results is the final stage and Tim had some useful tips about presenting report format information such as use of hidden columns, using non-default fonts, dropped title lines for impact, use of icons for regularly referred to content, branding and using an eye-catching headline style email subject line.

The search, synthesis and summary I conducted for my reader took me about six hours but I would hope this would reduce over time as I would have templates of the matrix and report layout ready to re-use and would become more adept at selecting and categorising results. What I also need to work on is the 'review' aspect of the model and devise a suitable method of gathering feedback.

It obviously won't be the right solution for every search request but I can see that it will be incredibly useful for the work I am doing as part of our Poole Sign Up To Safety Working Groups. My aim for these searches will be to have adequate summaries that staff could just take straight into a meeting and present without having to refer back to the original papers.

Alison Day
Lead Librarian
NHS East Dorset Library & Knowledge Service (D01/2)

Search History
 1. Medline: esp *RECEPTORS, ESTROGEN; 16615 results
 2. Medline: immunohistochemical.af. 116881 results
 3. Medline: IMMUNOHISTOCHEMISTRY; 252291 results
 4. Medline: 2 OR 6; 23820 results
 5. Medline: 1 AND 7; 2592 results
 6. Medline: allied.af. 1129 results
 7. Medline: 3 AND 8; 46 results
 8. EMBASE: esp *ESTROGEN RECEPTOR; 25141 results
 9. EMBASE: esp *IMMUNOHISTOCHEMISTRY; 14417 results
 10. EMBASE: 11 AND 12; 270 results
 11. EMBASE: allied.af. 1254 results
 12. EMBASE: 13 AND 14; 14 results

Title: Oncotype DX RT-qPCR assay for ER and PR correlation with IHC: A study of 3 differe
Citation: Applied Immunohistochemistry and Molecular Morphology, March 2015, vol.15, no.2
Author(s): Khazay T., Yan L., Liu S., Bihara W.
Language: English
Abstract: Background: Accurate determination of hormonal receptors (HR) status is crucial in the purpose of the study was to determine the accuracy of Oncotype DX RT-qPCR assay compared with immunohistochemistry (IHC). Thereafter, cases with low RT-qPCR scores were stained with antibody clones from ER and PR. For ER, the recommended H-score, percentage score, and the Allred score cut for ER detected by RT-qPCR of 6.5 had high accuracy. PR cutoff of 5.9 was inaccurate. The best cut, although there was minimal difference in ER status between these 2 assays, PR had considerable diffe
Publication Type: Journal Article
Source: EMBASE

Title: Correlation between estrogen receptor status and clinicopathologic parameters in endometrial can
Citation: Chinese Journal of Pathology, August 2013, vol.15, no.42, 4809-4814, 0529-5807 (August 2013)
Author(s): Wang Y., Ma X.-L., Xu C.-G., Liu J., Ren C.-X., Liu C.-R.
Language: Chinese
Abstract: Objective: To compare the efficiency of three different estrogen receptor (ER) immunostaining methods was performed in 160 type I EC and 19 type II EC patients. Immunohistochemistry (IHC) and ASCO-CAP systems showed high concordance in the following aspects. In EC patients, ER status was significantly associated (P < 0.01, P < 0.01) and p53 status (P = 0.042, P = 0.001, P = 0.01). As of the predictive value of ER status for stage, lympho-vascular involvement, lymph node metastasis, depth of myometrial invasion and caesarean invasy Compared with H-Score and Allred scoring system, ASCO-CAP criterion is more closely correlated with pred

NHS
 East Dorset
 Library and Knowledge Service
 25th June 2015

Search Results Summary

Question: What are the score indicators for a positive oestrogen receptor immunohistochemical test for breast cancer?

Guidance and summaries recommend that estrogen receptor (ER) assays be considered positive if there are at least 1% positive tumor nuclei in the sample (1, 2, 3, 4). The Canadian guidance 2011 (1) considers there to be insufficient evidence to make staining intensity a mandatory requirement and the Australian Guidance, 2008 (2), adds that it is controversial whether a 'score' provides additional useful clinical information and states there is no consensus about the lower cut-off point for a positive assay.

However, quantitative methods may be appropriate to provide additional information such as how much ER is present (5) although alternative tests such as those in FFPE tissue may be better suited for this purpose (5). It may be the case that quantitative analysis provides information on risk of early relapse (6) with Allred's scores between 4 and 5 points maybe indicating a 5 years survival (10). A range of values may also indicate which alternative therapies may be tried in combination or alone from endocrine therapies (9). The requirement of adequate fixation prior to quantitating results is discussed (7).

The United Kingdom national external quality assessment scheme for immunohistochemistry (UK NEQAS/ICC) consider a quick score useful, as a zero score would indicate that chances of response to endocrine treatment are nil and these patients should receive an alternative first line treatment (22). The protocol continues to explain that appropriate cut-off values have yet to be determined but that a slightly different score by Harvey (20) reports a value > 2 as the optimal cut off point for predicting improved outcome (p < 0.0001).

Despite these uses of a quantitative Allred's score it can be argued that it is sufficient in a routine clinical setting to just determine the proportion of positive cells in the cancer area (10), that the proportion score

Network news

Helen Nicholson leaves RBH

Staff at RBH said goodbye to Helen (pictured right), our library assistant, this month. We will miss her infinite patience with e-learners and her sense of fun. Helen has gone to work for a firm of solicitors nearer home and we are sure she will do very well there and have them organised in no time.

Library Staff
Royal Berkshire NHS Foundation Trust (RBH)



WXM staff update

Leilani Chee-A-Kwai has been a Library and Information Apprentice at the John Jamison Library at Wexham Park Hospital (WXM) since March 2013, working through her QCF (Qualifications and Credit Framework) Level 2 & 3 Apprenticeship in Business Administration. Leilani's reliability, efficiency and proactive attitude – illustrated by the fact that she completed her Level 3 qualification six months early – will be much missed by the team at WXM and HWD.

She has provided high quality support to front line services and intranet publishing, and was responsible for the creation and ongoing management of the library Twitter account (@HWPMLibrary), which now has nearly 100 followers. As well as providing Twitter-related advice to other departments in the Trust and other libraries in the network, she has played an active part in events across the Trust, such as visiting the wards to capture patient experience feedback, and dressing up as Pudsey for Children in Need.



Leilani mentions that being on the front desk has been her favourite part of working in the Library as every day will bring a new question from our readers. Which are usually library related although she has also been asked "what is the best restaurant in Slough?"



Leilani Chee-A-Kwai and Andrew Brown

Fortunately for the Trust, Leilani will be remaining at Wexham Park Hospital to take up the post of Clinical Education Administrator in Learning and Organisational Development. The library team at WXM and HWD wish her all the best in her new role and hopes that Leilani will pop over every now and then for a catch up.

Andrew Brown
Library Service Development Lead
Frimley Health NHS FT (WXM)

Leilani Chee-A-Kwai
Library and Information
Apprentice
Frimley Health NHS FT (WXM)

NEVER A CROSS WORD: MARKETING YOUR LIBRARY SERVICE

Learning from outside the library

Six years ago, I started fundraising for local charities. I've always loved words and word games, so it seemed like a good idea to compile a crossword to sell locally. I planned to sell them at £1 each, mainly to friends, family and work colleagues, and hoped to make £100 or so. In fact, I sold over 300 copies, which got me thinking that with a bit more marketing, and support from the charity concerned, I should be able to raise much more money. Gradually, sales have been increasing, and last year's crossword and quiz sold over 800 copies. Since those early days, I've learned some practical lessons about marketing a product which I think may carry over into "selling" the library service within an organization.

If you have a bright idea, and believe in it, be prepared for the hard work involved in following it through yourself - at least initially. Until your idea has substance and has been tested, you can't expect others to be as enthusiastic. In my case, it took a few years to demonstrate that the crossword project was worth supporting.

Make the product look as professional and attractive as possible - and offer an incentive. Obvious, perhaps, but it was definitely worth investing time and money on a colourful cover for my crossword, and producing good quality advertising posters. There's a £20 prize for the winner (cash is the best incentive), but experience of running charity tombolas and lucky dips has taught me that mild gambling and chocolate are almost equally effective!

Be aware that selling something is much harder work than producing it in the first place! Researching and compiling each crossword is satisfying and fun, but selling requires stamina and patience – constant repetition of information about the charity and the crossword can be very wearing, but enthusiasm must still shine through.

Know your market, and think laterally about where to sell and advertise your product. Initially, I did all the selling myself, but in order to increase sales, I had to find some different outlets. The best ones so far have been Tourist Information Centres, the village shop, the hospital shop and my doctor's surgery. I was kindly given permission to sell crosswords around the hospital, and found offices I never even knew existed! Someone told me that members of W.I.s are always on the lookout for new quizzes, and the Secretary of the Dorset Federation now distributes flyers. The local newspaper was happy to include a free ad, listing places the crossword could be purchased, and this year even printed a short article about it.

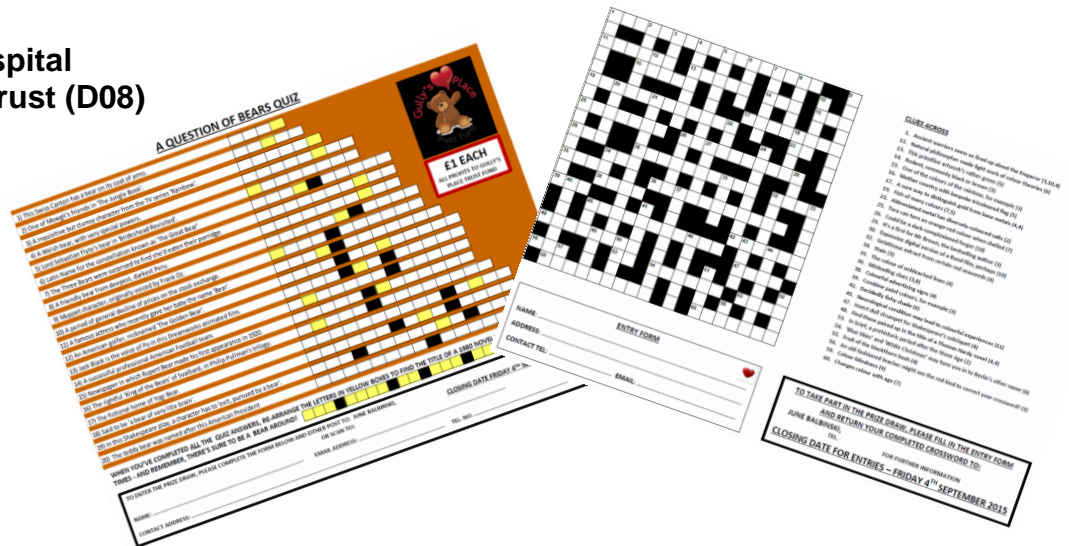
Be prepared for rejection, and don't take it personally. In a busy working environment, some people will embrace you (metaphorically) as a cheerful distraction; others will consider you an unwelcome interruption. It's important to "read" people's moods and behave accordingly. My experiences have been largely positive, and I always presume that anyone who's rude or dismissive is simply having a bad day! Always remember that your actions and words may colour people's perceptions of the organization that you're representing.

Publicity for the product is good, even if it doesn't result in an instant sale. An important part of fundraising activities is promoting the charity and giving out information. Judging who might be receptive, and the amount of information they can absorb at any particular time, is a fine art.

Never miss a marketing opportunity - and remember that every sale counts. I always carry the latest crossword and quiz around with me, just in case I can sell a few here and there. These small sales really do add up over time, and every copy sold may be a potential advertisement to the buyer's friends and work colleagues. And speaking of opportunities...

If any of you would like an electronic copy of the 'Kaleidoscopic Crossword' (for Weldmar Hospicecare Trust) or the 'Question of Bears Quiz' (for Gully's Place), please email me at: june.balbinski@dchft.nhs.uk To be included in the prize draw, completed entries should be posted back to me, attaching a £1 coin please.

June Balbinski
Library Assistant
Dorset County Hospital
NHS Foundation Trust (D08)



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