

**1. Partnership for Patients** was a national partnership cross government set up in 2006 to pilot local partnerships between public libraries and the health service supporting patients in Choice, especially those at risk of social or digital exclusion. Health Link, a patient interest social enterprise set up the Partnership with the London Libraries Development Agency (LLDA), the Department of Health (DH), the Museums, Libraries and Archives Council (MLA) and the Department for Food, the Environment and Rural Affairs (DEFRA) and London Health Libraries (LHL).



**2. The Library Infrastructure:** England's 3041 public libraries are visited 274 million times a year by the

Increasingly the role of library staff is extending from getting information for people from a book on a shelf, to getting it from the internet using a computer.

public, have 21690 staff and a budget of £1.13 billion. Library staff are information professionals skilled in providing services to match local needs and the library service offers the People's Network, 30,000 broadband enabled computers for use by the public. 90.2% of the population in England lives within 2 miles of a public library<sup>1</sup>. The busiest library in Inner London is Tower Hamlets Ideas Store, with 675,000 visits per year. As this is the third most deprived area according to the 2007 Index of Multiple Deprivation, such numbers suggest that people in deprived areas are using libraries. In addition to public

libraries, there are over 1500 health libraries in England where staff are expert in health. Based in acute hospitals and other health settings, health libraries are well placed to support their public library colleagues on health queries.

**3. The Groundwork:** In 2004, the London Patient Choice Project commissioned Health Link to explore the implications of Choice for 'marginalised' groups. Two important themes emerged:

- A group of homeless people suggested that libraries were a safe, neutral, non stigmatising place to get support and help to choose a hospital.
- A group of older people declared that they did not know - and did not want to know - how to use the internet, feeling it was insultingly inappropriate to expect them to learn this to access Choice.

In 2005, the DH commissioned a Feasibility Study from Health Link on libraries and Choice which explored a possible role for library staff in supporting patients to choose a hospital. The Study concluded that

'probably in conjunction with local voluntary sector groups who can support very disadvantaged groups such as those whose first language is not English....All the evidence indicates that libraries have a crucial part to play in turning the opportunity of choice into the reality of choice, for all patients.' Partnership for Patients was set up to test this in practice.

**4. The Strategic Landscape:** Across government there are a number of policies, which could contribute to the overall aim of engaging Choice patients in the ‘fully engaged’ scenario advocated in the Wanless Report as crucial to the sustainability of the NHS.<sup>ii</sup>

- The MLA has set Public Library Impact Measures for Public Libraries which include *Narrowing Health Inequalities* and *Promoting Healthy Communities*. For example, 72% of library staff are trained to support disabled people.
- DH aims to make sure choice is ‘offered to everyone, not just those who are best able to demand it. We can promote social inclusion by ensuring choice for groups who tell us it is important to them but have sometimes been denied it for a variety of reasons, including a lack of information about what is available and how to access it.’<sup>iii</sup>
- DEFRA aims to redress ‘*social disadvantage through steps to support fair access to services where this will ensure the continued viability of rural communities.*’<sup>iv</sup>

**5. The Pilots:** The enthusiasm of the library authorities was such that the Partnership exceeded its target for 6 pilots, with the following 10 authorities paying the fee to pilot the provision of information and support to Choice patients over 6 months in 30 libraries. The pilot areas were Bromley, Derbyshire, Gloucester, Greenwich, Hackney, Haringey, Newham, Southwark, Suffolk and Waltham Forest. Derbyshire included 5 rural mobile stops where its ‘super mobiles’ are equipped with satellite-enabled internet. The project was independently evaluated by Loughborough University.

**6. Pilot profile:** The pilots covered a range of deprived, BME and rural populations.

AUTH.	Rural or Urban	Deprivation Index <sup>v</sup>	BME	% within ½ miles of lib <sup>vi</sup>	Opening Hrs:1000p	Visits: 1000p
Bromley	Urban	228	8.4%	81.7%	114	6754
Derbyshire	58% Rural <sup>vii</sup>	95	1.5%	85.8% (2miles)	132	4850
Glos.	82% Rural	121	2.5%	85.3% (2miles)	115	5192
Greenwich	Urban	24	22.9%	98.4%	110	5723
Hackney	Urban	2	40.6%	100%	101	6561
Haringey	Urban	18	34.4%	100%	136	9842
Newham	Urban	6	60.6%	99.5%	102	8263
Southwark	Urban	26	37%	100%	107	7009
Suffolk	82% Rural	116	2.76%	77.6% (2miles)	131	6030
W. Forest	Urban	27	35.5%	99.7%	142	6990

A complex mapping exercise was undertaken to identify the 419 practices accessible from the pilot libraries. Extensive support was provided by Health Link to the pilots through telephone and email support, visits and additional training. Despite enthusiasm at local level, it proved very difficult to engage GPs in referring patients to the library. Numbers of patients referred during the 6 months were disappointingly low at 52.

**7. Partnership for Patients Brand:** Substantial communication materials were developed by the Department of Health to support the Partnership for Patients choice ‘brand’ and distributed to pilot GP practices and used in library displays to promote the project. Visits were arranged by the DH during the pilots by the Secretary of State for Health to Wood Green Central and Minister of Health, Andy Burnham, to Peckham.

**8. Skilling up the library sector:** with support from the MLA and DH, over 250 library staff were trained in Choice and Choose and Book. Feedback on training

was overwhelmingly positive, providing a useful resource for the future. NHS Connecting for Health provided dummy numbers so staff could practice booking and produced a libraries version of their manual on optimising PCs for Choose and Book.

**9. The Patient Experience:** The experience of those patients who used the service and gave feedback was very positive. The enthusiasm of the library service to provide a holistic service to patients was very marked and there was disappointment at the low numbers. To try and understand this better, Health Link conducted telephone follow up with a sample of GP practices, which revealed lack of engagement in Choice and the project, but no opposition. To engage the health sector better, 'Taking Libraries to Health' and 'Taking Health to Libraries' events were held, where each sector could showcase their role to the other. These included 136 library users having dental checks in Hackney libraries and 100 patients at a Saturday event in a Tottenham practice hearing about the Choice and libraries.

The Project was successful in attracting a range of authorities to pilot the model. In



*Newham residents viewing the P4P stand at Newham NHS Trust's 2007 AGM*

Derbyshire, some potential emerged for mobile libraries to act as messengers for choice in isolated rural areas, with many general enquiries about Choice. A practice manager came onto the mobile and introduced herself to the mobile staff so she could refer Choice patients there. As over 50% of the recorded referrals were in Hackney (20) and Derbyshire (10), it is clear that this model may have potential in deprived and rural areas. The individual patient experiences where these were recorded indicate success for those patients:

- A 91 year old patient, who was completely unfamiliar with the internet, had her appointment booked online in a Derbyshire library;
- An appointment was booked on the phone at an indirectly bookable provider for a patient with hearing impairment who was also unfamiliar with the internet, by library staff in Waltham Forest;
- Another Derbyshire patient came to the library instead of going back to his GP when he realised he needed to change an appointment;
- In Newham a patient came to the library to book his appointment after reading about the service in the local paper.

**10. Challenges for the Pilots:** Under-reporting was a definite but unquantifiable problem. All conclusions so far on the patient experience are therefore very cautious. Engagement of PCTs and therefore GPs was particularly problematic and undoubtedly contributed to the low numbers, perhaps because the pilots coincided with PCT reconfiguration. Confusion in every sector between Choice and Choose and Book was also a barrier, with library staff frustrated by local problems with Choose and Book.

**11. Independent Evaluation:** the project was independently evaluated by Loughborough University, which conducted interviews with library staff, health library staff, patients and practice staff, monitoring numbers referred and the type of support needed. The aim of the evaluation was to test the patient experience of the library support, equity of access for diverse patient groups including those who were not IT literate, urban and rural populations as well as the cost and capacity issues for the library, health library and GP sectors. The Evaluation, which was hampered by the low numbers, found that the average length of time spent with each patient by library staff was 23 minutes (ranging from 5 minutes to 35 minutes), suggesting a real resource for patients and a significant contribution to PCTs' role of offering accessible choice support to their communities. The Evaluation recommended national roll-out 'to provide access to excluded members of society,' concluding:

- 'The model fits the core purpose of the public library service in providing trusted information for all';
- 'Although uptake overall was low, there is no evidence to suggest that the model operated in the pilot would not be suitable for both relatively deprived and relatively affluent areas, for both rural and urban areas.'



*Health Minister, Andy Burnham seeing the pilot in action at Gaumont House surgery Peckham.*

**12. Resources for PCTs and Libraries working together on Choice:** the Department of Health has produced

*Library Choice Matters* as a resource for Primary Care Trusts to implement the Partnership for Patients Model. The MLA has distributed a briefing on the role of libraries in Choice to all library authorities highlighting the main issues to be considered when dealing with patients seeking support to choose a hospital, including patient confidentiality. Health Link has written to every library in England informing them of this new role and its implications. Health Link has also been commissioned by the DH and MLA to develop and pilot E-learning for library staff on the use of the NHS Choices website including supporting patients to choose a hospital and Choose and Book an appointment. This will be available to all libraries by the autumn.

**"It's a great opportunity for individuals to be able to get extra support in making an informed decision about their healthcare"**  
*Dr Evans Woods Practice (Newham)*

**13. Conclusion and Way Forward:** As numbers were low, it is difficult to reach any firm conclusions about the value to patients of this model. However the value to patients who did use the service was demonstrated. The average support time of 23 minutes per patient, if replicated across larger numbers, would be a very significant level of support both for patients and for the NHS.

A similar project involving libraries and GPs, the Information Prescriptions Suffolk library pilot has also been slow to start. Books on Prescription

offers valuable lessons on more user friendly monitoring systems than the Loughborough evaluation team.

“When I was booking my appointment on the computer I was given information about car parking”

“Staff are cheerful and helpful”

“Relaxing, friendly place to visit; I feel completely comfortable in a library”

*Patients who received support in Hackney libraries*

The project has been successful in meeting its objectives to set up comparative pilots but conclusions are limited by the low numbers. Partnership for Patient has started to create a shared vernacular on health and libraries. As Patient Choice grows, patients’ expectations for information and support will also grow and libraries will be well-placed to provide this help, particularly for socially excluded groups. We recommend that the model is rolled out nationally with guidance from the government bodies involved that reflects the lessons of the pilots including patient confidentiality, service monitoring, user evaluation and incentives for productive local partnerships such as packaging public health benefits via libraries with their

role as agents for Choice. Continued monitoring of numbers and patient experience, using a more user friendly methodology than that used in the pilots, is important to



*Secretary of State, Patricia Hewitt visiting Wood Green Library to see the pilot in action*

validate the tentative conclusions from the pilots so far. Targeted front line support, including IT support, for the health and library sectors is absolutely essential to opening up the potential of libraries for Choice.

The notion that patients can choose a provider at all is still an unfamiliar one to many. The offer of unbiased, holistic support tailored to the needs of people without IT skills, targeted to those at risk of social exclusion and offered at negligible cost to PCTs, is a powerful enabler for socially inclusive choice. This project has demonstrated this strategic fit and made a powerful start in supporting public libraries to help make choice a reality for their communities.

*Health Link 22<sup>nd</sup> April 2008*

<sup>i</sup> CIPFA *Public Library Actuals* 2006/2007

<sup>ii</sup> *Securing Good Health for the Whole Population* Wanless HM Treasury 2004

<sup>iii</sup> *Choice matters 2007-2008: Putting patients in control* DH June 2007

<sup>iv</sup> *The Rural Development Programme for England* 2007

<sup>v</sup> *Index of Multiple Deprivation 2007* (An average of scores ranked out of 354) The lower the score the higher the deprivation

<sup>vi</sup> The measure for rural authorities is 2 miles while in urban areas it is 1 mile

<sup>vii</sup> i.e. more than 50% of the wards are rural. DCLG *Urban and Rural Definitions* May 2006