

Chapter 7: HE-NHS Relationships

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The importance of the National Health Service (NHS), one of the world's largest learning organisations, for higher education was discussed in Chapter 1.

Relationships between HEIs and the NHS are very complex; this is hardly surprising, given that one in 20 of those in employment in the UK works in the NHS, and that the organisation is committed to continuing professional development for its whole workforce. The size of the NHS and its commitment to learning make it the most complex and most commonly encountered manifestation of the practice of work-based learning in the UK.

This chapter takes the NHS, and particularly nursing education, as its focus, because of their importance to higher education and because most of the lessons can be applied to the provision of any work-based or distance learning. It begins by examining the determining features of the relationships between HE and the NHS and library responses to them. Following the structure of Chapter 6, it then discusses how libraries can work successfully in partnership with colleagues in the NHS.

Background

Partnerships between HE and the NHS, like those between HE and FE, exist in a variety of guises; many of them are longstanding. The relationships are driven by NHS bodies contracting with the HEIs to provide education and training for future and existing employees. They frequently cover cognate discipline groups, such as nursing and midwifery, and are governed by the recruitment needs of bodies covering large geographic areas, with perhaps more than one HEI delivering the education. At the other extreme there are small post-registration or post-experience contracts between one NHS trust and one HEI for one course. All are set within a framework of guidance determined by the Department of Health (DoH) and the appropriate professional governing body.

This chapter concentrates on those relationships surrounding nursing, midwifery and, to a lesser extent, allied health disciplines. Medicine is traditionally somewhat different with the medical school frequently being much more autonomous within a university than a faculty of health. However this difference has been eroded over the past decade, with the recognition of the growing need for library services able to serve a broad health client group (Hewlett, 1992). This need resulted in an NHS Guidance Note (NHS Executive, 1997) about libraries in hospitals, which acknowledged that 'all staff [should] have access to a multidisciplinary library and that it is the role of NHS Trusts to draw up a library and information strategy covering all staff groups'. The libraries run by universities to support medical schools are therefore now frequently delivering services to both doctors and other health professionals.

It is clear that, despite the history of medical libraries being somewhat different, many of the issues surrounding relationships between HE and the NHS are common to the provision of any library services for health and the reader should find useful pointers regardless of perspective.

The Education of Nurses

In 1986 the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) published its vision for the future education and training of nurses, known as Project 2000. This heralded the move away from independent nursing schools to contracted agreements for nurse education to be delivered by HEIs. Project 2000 presented HE libraries with a range of challenges; in many ways these were similar to the challenges described in Chapter 6, but magnified on an instant and grand scale with student numbers of over 300 per year. Often with multiple intakes and with entry criteria less than for the traditional first-degree entrant, the students would spend time both in their HEI and in a local hospital trust for a clinical placement. The local hospitals generally had some of the resources the students needed, but previously may not have considered nurses to be part of their client base; the old colleges of nursing had resources but were not on the scale now required and they might not be available to all the new students. The result was that, in order to cope with the projected numbers generated by Project 2000, HEIs had to build their collections rapidly in new subject areas and work in partnership with the NHS.

Miers (2002) documents some of the cultural challenges presented as nursing moved towards receiving equal status with other academic disciplines and highlights the importance of two documents that both confirmed the continued role of HEIs working in partnership with the NHS. *Fitness for Practice* (UKCC, 1999) confirmed the position of nurse education in HEIs while strengthening the links with practice through contracts between the then Workforce Development Confederations and HEIs for pre- and post-registration education. *Making a Difference* (DoH, 1999) set out a new model of nursing education that would include greater flexibility, widening access and increased recruitment, thus introducing the challenging elements discussed in Chapter 6. In addition, for the HE/NHS partnership, the model introduced a shift away from the HEI with longer placements heralding greater demands on the NHS library services. At the other end of the information spectrum there are references to the importance of research and evidence-based practice, which again reinforce the need for successful working partnerships between HEIs and the NHS.

Library Resources

In 2001 the University Health Sciences Librarians group (UHSL) and the LINC Health Panel (now known as HeLiCON) commissioned a review of the impact of *Making a Difference* on HE libraries (Gannon-Leary, Wakeham and Walton, 2003). This identified 63 HEIs with nurse education and a 50% increase in student nursing numbers in the six years since 1995. The report describes an increasingly diverse pattern of delivery with more time being spent in the clinical areas, greater support for evidence-based practice and many more appointments of lecturer practitioners, who not only act as a bridge between HE and the NHS but also have need themselves for good library services in both locations. The ability of HEIs to deliver support at a distance has been enhanced by schemes such as UK Libraries Plus and by electronic access, but, with the 'step on step off' concept of continuing professional development, care is needed to identify who is eligible for what, when and where. These issues are all common to the HE/FE agenda as well, but with the added complexity of multiple contracts issued by the NHS. There is also an apparent lack of certainty that funding within the NHS trusts is always appropriately reaching the trust library services, limiting their ability to function in any partnership with HE.

Development is still required for robust partnerships to exist at all levels, not least because of the importance of ensuring effective contribution to the multidisciplinary agenda with its latest requirement for common inter-professional units that will empower the student to work within both HE and NHS environments from the moment they begin training.

The hoped-for changes may have been slow to appear, partly because of organisational barriers raised by the frequent reorganisations of the NHS. History would suggest that there will continue to be shifts and changes in negotiating and funding HEIs to deliver education and training for the NHS.

NHS Library Policy

In 2004 TFPL Ltd. was commissioned by the NHS to review NHS library policy. The resulting report (Herman and Ward, 2004) includes a statement that suggests there still is a long way to go to achieve close operational partnerships between HE and the NHS, a challenge that is dominated by the problems of accessing electronic resources under the restrictive licences discussed in earlier chapters. The extract that follows is potentially a seminal statement in the history of HE and NHS partnerships:

Access to knowledge is needed by health and social care staff and students who need to move between NHS and HE locations. Contracts for library services provide some services but many users, including consultants, researchers and students, find their need for information is restricted by the terms of licences for electronic content. The *Users First* report commissioned by the NHS and Higher Education has identified what needs to be done to simplify and improve services for users and has prioritised projects to achieve the required change. Partnership working across the NHS UK wide and with Higher Education, Further Education and public libraries will be increasingly important in helping NHS staff and patients to gain access to the information they need. (15)

There does however appear to be a glaring omission from the picture of partnership, that is the emergence of the NHSU. In the summer of 2004 the NHSU described itself as a new kind of learning organisation providing learning and development opportunities for everyone working in health and social care. Much of the early work has been on a framework for foundation degrees, which has immediately brought FE into the HE/NHS partnership. The NHSU website (2003a) declared its intention to:

Not duplicate existing provision, or compete unnecessarily with established providers. Instead, as well as developing our own learning programmes, we will act as brokers for existing facilities, resources and provision, adapting them where necessary. We are already working with universities and colleges to deliver our first learning programmes, and discussing roll-out and future developments with others.

At a point of apparent consolidation of approach being outlined in *Users First* (Thornhill, 2003) and the *NHS Library Policy Review* (Herman and Ward, 2004), the NHS is also establishing NHSU, thus suggesting that HEIs will be part, but not the only part, of future NHS partnerships to deliver education and training.

Establishing the Relationship

Although many informal schemes between HEIs and the NHS were developed within the Project 2000 contract groupings, the vision of seamless and simply funded access to use any library is still unfulfilled. The following are examples of some best-practice case studies. What determines the approach is the contractual context, the experiences of previous attempts at partnership, and the clarity of and confidence in the arrangements being proposed by the HEI responsible for delivering the contract.

As with HE in FE, there is a danger that the HEI will be perceived as Big Brother, or even as Scrooge, with presumed wealth but a disinclination to distribute it to the NHS trust libraries that are required to support the students. This can lead to resentment and misunderstanding about responsibilities. Poor communication resulting from geographical remoteness, lack of time and lack of co-ordination can aggravate the situation and lead to further misunderstandings.

The complexity of funding streams within the NHS has led to many trust libraries fighting for service-level agreements with their different client groups. This may work for some HE-NHS partnerships, where the relationship can be simply articulated and agreed by both parties. However, the relationship between one HEI and the NHS commissioning agent may have many different strands and lead to students coming from many different trusts and undergoing placements in several other trusts. Close working partnerships with all the NHS trusts that may have students on placement will facilitate an open approach. Perhaps a service-level statement that articulates what any student can expect is the most productive form of agreement, especially, as will be discussed later, if it also provides the foundation for quality enhancement. The concept of a passport to enable students to move between libraries, as study and the clinical placement required, was favoured in the early 1990s (Beard, 1995).

The best-practice approach for establishing channels of communication outlined in Chapter 6 should be adopted, and adapted where necessary to reflect the dual responsibilities that trusts have to their employees while they are also students. Since several trusts will frequently be involved in supporting students on one course, it can be very beneficial for them to meet together with the HEI subject specialists and service managers to foster common approaches. The best partnership meetings will also have representation from academics and managers responsible for contracts. These meetings should be recorded and actions noted and subsequently reported.

The ultimate version of establishing relationships, by jointly planning and delivering a new multidisciplinary service, may sometimes be appropriate. Edge Hill College of Higher Education has pioneered such an approach (Black and Bury, 2004). The project concentrated on improving service by rationalising in one location and by working on a collaborative vision of resource funding, access and development. An alternative model is to develop a service to a locality or region; one such example in the north-east of England was also based on collaborative working described as a 'mosaic of access solutions', which require 'the creation of a self-sustaining partnership independent of the presence of specific individuals and robust in a climate of change' (Childs and Banwell, 2001). Whether delivery is through a consolidated service or a federal approach the partnerships should follow jointly agreed principles.

A review by Crawford (2002) of the Glasgow Caledonian experience highlights more points to consider when establishing relationships. He articulates something that will

strike a chord with any librarian who has worked with nursing students: 'nursing students rely more heavily on the library than other stakeholder groups' (91). There is also reference to a difference in culture already familiar from the discussion of FE: HE encourages students to develop the ability to locate and use information independently, while NHS services tend to provide the information. This can give the impression to the user that the NHS library is more user-focused than its HE counterpart.

Not all the relationships will be with NHS trusts; increasingly placement opportunities will involve primary care. Gillies (2000, 95), in a review of support for general practice, comments: 'a doctor's information system [which can be viewed as] a collection of rooms within a virtual library, illustrates quite clearly that simply stepping into a physical library building does not provide information on its own... Users of the library, physical or virtual, require directions, guidance and training in the devices provided.'

This view, if shared between the HE and NHS sectors, should provide an excellent opportunity for developing the training required. Both sectors have experience in different aspects of training. HEIs have expertise in mass education; the NHS has excellence in the area of supporting critical appraisal; both have expertise in supporting research. With the introduction of the National Electronic Library for Health (NeLH) and its core content, librarians in the NHS have had extensive opportunities to develop their knowledge of resources and have needed to develop their training skills to support their users. HE library staff may still have broader experience of resources and multiple interfaces, but together it should be possible to ensure that the health student acquires the appropriate information literacy skills to function, whatever the search platform they might encounter.

Peripatetic support is another area where both sectors have begun to gain experience. The NHS has employed library professionals to move out from lead NHS trust libraries to support the development of skills by users in remote locations, including primary care. The focus has been on the development of appropriate IT and information literacy skills. HEIs should continue to develop the concept outlined in the previous chapter, to enable the communication and support across the large number of placement and teaching environments that will form part of the contract portfolio of the HEI.

Strategic Management

How can librarians who find themselves responsible for providing services to the NHS establish what the current constraints may be? The biggest ally in this must be the HE staff member responsible for the NHS contracts, who will be able to describe what has been agreed. A continuing exchange of information should facilitate the library's responsiveness to changes in funding streams or new contracts and influence the type of service to be articulated in future agreements.

Management

Once a relationship has been established, it requires continuing management at the strategic level if it is to be effective. With the high levels of both theory and practice it is advisable to maintain close links, perhaps through the formulation of a review group, not only with contract managers or fund holders and senior library managers,

but also with senior academics and lecturer practitioners. Library services need to be represented at a strategic level in the wider institutional context and senior library staff should be members of relevant committees in both the HEI and the NHS. With different stakeholders involved a clear management structure should be agreed (Black and Bury, 2004, 42).

Co-ordination of services is essential, especially where one HEI has several NHS partners. These individual relationships should be viewed as a single network and, where possible, decisions should be made that are appropriate across the network. This enables the HEI to ensure an equitable level of service to all its students; within the HE and NHS context this is increasingly by means of electronic resources. It also permits libraries within the network to share experience, knowledge and information. As with FECs, NHS libraries should know what they need to achieve but must be allowed the flexibility to implement services in a way that best suits their service. In 2003 it was identified that, of the 42 respondents to the SCONUL survey of funding to support the NHS, 67% had some form of service-level agreement and 46% were formula-driven; 69% of the contracts had been established since 1995 and 26% since 2000 (SCONUL Advisory Committee on Health Sciences, 2003). Standards are essential but must accommodate diversity.

As with HE in FE, when a network consists of a number of libraries, it is easy to lose sight of the overall picture. The co-ordination of services therefore needs to be allocated to an individual librarian with strategic responsibilities. Given the rapid and continuing changes within the NHS, it is vital that the librarian develop contacts that will allow them to understand the prevailing NHS strategy and culture; it is equally important to reciprocate with their NHS colleagues to impart knowledge of developments in HE.

In a similar vein, it is vital that students are enabled to exploit the resources provided by both their HE library and the appropriate NHS library. As the employment destination for the majority of the students is likely to include access to the National Library for Health (NLH) - the proposed expansion of the NeLH portal to all relevant health information - it is critical that the learning experience incorporate both the HE route to information and familiarity with the NLH view.

The *Users First* report (Thornhill, 2003) articulated some still prevalent misunderstandings. On the one hand, academics can feel that the NHS will receive high levels of library provision from HE at uneconomic rates with risks of high demand and volume of use. On the other hand the NHS perception is sometimes of restriction, especially of access to electronic resources, caused by a lack of understanding of what the licences and funding might provide.

Planning

When planning services, libraries need to take into account the unique nature of the courses and the students. The evidence-based and flexible delivery agenda, with its emphasis on continuing professional development, was articulated in *Making a Difference* (DoH, 1999). This requires close partnerships not only between libraries but between those designing the courses and those commissioning them at the local level. It may also be important to be aware of the role the NHSU might play in any course procurement process.

Libraries also need to be involved at a strategic level in the planning process for new courses. If they are not involved at an early stage, it may be impossible to provide adequate resources to meet the course plan. It is the responsibility of the HE library staff to participate in this process, but close involvement of the NHS partners should enhance the outcome. Most course validations will involve practitioners and the future purchasers of the course. If there is to be an off-campus location for all the taught components, then the managers of that service must be closely involved. With the growth of foundation degrees in health, the partnership with the NHS will also need to include HE in FE partnerships and all the advice given in Chapter 6 will apply.

Funding

It has long been recognised, for instance by Capel, Banwell and Walton (1997), that funding is of paramount importance and as yet is not regularised. This can have a significant impact on the decision-making process. For example, an NHS trust that has not been receiving funding for its library service from within the NHS will be unable to provide the expected services to students when they arrive on clinical placement. The HEI will have been funded to provide resources for the educational process, which would include hard-copy and electronic resources, but probably not have been resourced to contribute to the basic infrastructure needed to operate the trust service. It is expected that proposed reforms of the way HEIs receive their money from the NHS, and the corresponding reforms to the way the NHS libraries are funded, should lead to the long awaited transparency. Thornhill (2003) suggests that the Multi-Professional Education and Training budget (MPET) may contribute to better transparency and he places great importance on the value of the core electronic content negotiated by the NHS as another part of the funding solution. However, this will be dependent on successful negotiation with publishers, who currently derive important income from sales to both HE and NHS markets. It is too early to say if a reasonable single procurement can be achieved that avoids duplication and recognises the right to have access at a rate acceptable to both purchaser and vendor. Solutions will need strategic negotiation at the highest level and the library manager will have to keep abreast of the developments. As reported by Herman and Ward (2004), the developments will need to be at both national and local levels.

Regardless of the method of funding, HEI and NHS library staff have to work together to ensure adequate budgets. HE student numbers will include large cohorts of pre-registration nursing students and small numbers on some specialised post experience courses; the resources, particularly journals and e-books, are expensive. Consortium purchasing, well established in both HE and NHS cultures, offers some leverage on price. Electronic resources will grow in importance, in the form of both monographs and serials; these are expensive, but highly appropriate, given the dispersed nature of the student group. NHS-HE contracts are increasingly based on a low unit price per student; this will present a significant challenge to those trying to broker effective procurement deals.

The NHSU publicity provides a useful conclusion to the discussion of strategic issues. In 2003 the NHS was investing £3 billion pounds in education and training for its staff, the largest spend of any employer in Europe. It is not clear what the impact on the HE-NHS partnership will be, but the strategic plan gives a clear multi-professional

and interdisciplinary focus with a commitment to quality and equity (NHSU, 2003b); these issues must influence the HE-NHS strategic agenda.

Service Provision

Effective local service provision, whether in the HEI or the NHS placement, has three key elements: resources, training and services.

Resources

Hard-copy resources are generally provided in both libraries with funds that are currently provided through the HEIs from the monies received under the contract with the NHS. This is one area of funding that should be streamlined in the future, with the money for the NHS part of the support going directly to the NHS library.

Online resources are provided by the HEI through the library's website and increasingly the faculty VLE. Although the NHS libraries may have space for students to study, and frequently 24-hour reference access, there can still be a relative lack of accessible IT facilities with connection to the HE network. HEIs have the responsibility to ensure that their students can access their networks, and so will frequently fund IT facilities; but these, while providing good access to the HEI learning resources, are then not providing the access that the NHS trust employee experiences. This limits the ability of NHS librarians to provide day-to-day help and support. Many students will study both in their HEI and in the clinical placement setting and so, unlike their HE in FE counterparts, have realistic opportunities to use libraries in both locations. However, this can lead to an over-reliance on the HEI library providing all the support and training.

There are also challenges surrounding the licensing of the information. Before the NeLH developments, and particularly before the introduction of the NHS-wide procurement of a core content collection available to all NHS and private health-care organisations, HEIs were the only realistic providers of electronic information to those studying health-care disciplines. Now, although HE may still have a wider range, the strategic issues are about ensuring appropriate licences to enable single authenticated log-in regardless of where the accredited user may be. Currently it is quite possible for an individual to have legitimate access to the NHS core content and to the HE collection; both will have been paid for but they will have different authentication.

As previously mentioned, the NHS libraries now have access to the core content deal, which provides a significant overlap in resource availability. However, there are currently two subscriptions, licences and password processes and often different physical computers to be used. This leads to inevitable frustrations and misunderstandings about what can legitimately be used and by whom. The HEI may well grant honorary teaching staff status to the lecturer practitioner and so enable them to access the university's resources, but the mentors who work with the students may be denied this access. Conversely students who are NHS employees will have access to the NHS system but other health care students may not.

Although health education is driven by the concepts of evidence-based and reflective practice, academic staff may not appreciate the problems of access to electronic resources or providing appropriate print resources. It is not unknown for programmes

of study to be moved from one teaching location to another and for it to be assumed that the printed resources previously used by the course can be as easily relocated. Rarely will this be economic and both the NHS, HEI and, increasingly, FEC librarians may have to work together to make the case for new provision and for this to be electronic provision whenever possible.

Training

There is an obvious challenge for any training in use of the e-resources to cover both HE and NHS systems; this can be overcome by developing a collaborative programme. The HE contract may be predicated on the HEI providing the in-depth training within the university; however only the NHS can provide the training associated with the NHS core content. One way forward is to work on the common transferable skills supporting information literacy. The programmes can therefore be developed together and delivered on different platforms without redundancy or unnecessary duplication. The information literacy agenda is one of the targets outlined in *Users First* (Thornhill, 2003). The development of inter-professional education units for all health courses should give opportunity for information literacy skills to be embedded in the curriculum and potentially avoid them being seen as an optional extra by the student. It is important therefore for librarians from both the HEIs and the clinical placement settings to be involved in the content development of these units.

One difficulty inherent in delivering training to health-care student groups is the wide range of abilities within each individual group. Like HE in FE students, they tend to come from a wide range of backgrounds and so have different educational experiences and different levels of competence. Many health faculties have programmes for developing students' ICT skills and any library programmes should ideally be timed to follow the acquisition of these skills. It will still be necessary to have help-desk support, drop-in follow-up sessions or self-directed materials for some students to follow.

Services

The development of health faculty VLE pages can provide an excellent catalyst for increasing the take-up of electronic resources, with links to both e-journals and e-books embedded in electronic reading lists. Finding faculty learning and teaching champions will make a difference to how the challenge of resource acquisition, training and access can be resolved.

Partnerships may want to use an interactive information skills programme as part of what is offered through the VLE, they may want to incorporate an electronic enquiry service to support the students not on campus. An added advantage of VLEs is that they may enable library staff to work more closely with academic colleagues and so enhance awareness of the library's contribution to the learning process.

One strength of health education is that nursing and midwifery teaching staff have long been required to have teaching qualifications. New entrants will often now be taking programmes with e-learning modules as part of the curriculum. When looking for champions to increase the integration of learning resources into the VLE and the curriculum, the newly qualified may be some of the most receptive to the concept of blended learning. Externally funded projects or high-profile national initiatives may

also be a lure, with the prospect of enhanced reputation for the individual and the faculty and institution. The substantial health contracts are vital to the economic stability of the HEIs and the added value of innovative learning resource initiatives should not be underestimated.

A positive advantage of the HE-NHS partnership is that students should find libraries increasingly available 24 hours a day, 7 days a week. The NHS has always provided this self-service approach for the medics and HEIs are now introducing self-service technologies; electronic resources of course obviate the need to enter the physical library at all. The use of both HEI and NHS libraries by most students does mean that all library staff need to be aware that the nature of the individual support they provide should contribute to fostering evidence-based and reflective practice and should complement and not contradict the advice they might receive in the other half of the partnership.

Quality

Quality assurance of health education courses and library provision has in the past had almost as many strands as the funding. It is therefore a well established part of the culture of both HE and the NHS. Until recently however all had to cope with multiple and overlapping processes, which were often diametrically opposed (Hewlett and Walton, 2001). Accreditation fatigue has been a very real phenomenon, with much emphasis on data gathering at the expense of actually enhancing services. However, as with funding, real progress is being made. The DoH (England), in partnership with the Nursing and Midwifery Council, the Health Professions Council and the contracting bodies within the NHS, has agreed that the Quality Assurance Agency (QAA) should carry out 'reviews of all NHS-funded healthcare programmes in England during the period 2003-2006' (QAA, 2003). The handbook for review makes the following comment: 'the DoH has an interest in bringing key stakeholders together to provide assurance that programmes produce practitioners who are safe and competent to practise and who are equipped to work in a patient-centred NHS. The quality assurance arrangements should build on the internal quality assurance of healthcare education providers and make best use of existing documentation and data.'

HEI and placement partner libraries need to work together to prepare their self-evaluation document (SED). The document allows an evaluation of what they do and why and how they fulfil their aims. In this review cycle there is a tripartite arrangement, with the reviewers looking at whether the education is fit for practice (the responsibility of the Professional Statutory and Regulatory Bodies (PSRBs)), for purpose (the commissioning bodies) and for the award (the responsibility of the HEIs). In common with other QAA review processes there will be an expectation of evidence of student involvement in the production of the SED and in this case also the practitioners. Librarians need to work together to ensure their early involvement in the planning process and to present both the strengths, with evidence, and any weaknesses, with plans for improvements articulated. The HEI partner will have considerable experience in the process of developmental audit and can therefore share this culture with their NHS colleagues, who will be used to a service audit where more weight is given to the provision of services than to the evidence of quality enhancement at work.

This quality assurance and enhancement approach is not in conflict with the accreditation process now increasingly used within the NHS. HEIs need to put in place quality systems that can be used across their network of NHS partners. These systems need to take into account the differences between individual libraries and also to ensure an appropriate standard of service.

Reference was made in Chapter 6 to the adaptation by Bournemouth University of the LINC Health Panel accreditation tool for use with its FEC partner colleges. The LINC Health Panel tool has now been updated by HeLiCON, the successor organisation, and is rapidly becoming the standard accreditation tool for the NHS. This means that HEIs do not need to carry out accreditation themselves to ensure that an NHS trust has an appropriate library service able to support its HE students; rather the focus can be on an annual monitoring of a framework for continuing quality enhancement. This process can relate to any specific contracted partnerships, agreements or service level statements. It should include the gathering and use of qualitative feedback from staff and students. The documentation from this evaluative and supportive process will then be available as evidence for QAA audit and should see year-on-year improvement to the library services provided by the HEI and NHS to the accredited HE students.

Documentation is important evidence for QAA reviews and the involvement of librarians in important quality events, such as course review and validation, not only helps ensure appropriate development of the learning resources but also enhances the likelihood of good investment in resources and a positive comment in any QAA review. As has been previously mentioned, positive reports from the QAA's major review of healthcare will be vital to the HEI seeking contracts from the NHS.

It is also incumbent on HE librarians to increase the engagement of their NHS colleagues in this quality enhancement agenda. This may be achieved in part through their own positions on HEI deliberative committees or participation in HEI quality enhancement processes. It has been suggested that a consultative or review committee be formed to discuss strategic resource and service development issues and that this group should also consider quality review. The committee should report on the HEI deliberative structure and have robust processes to track actions and responses. The membership should represent all partner libraries, the academics and those with contract responsibilities.

External Relationships

With the growth of foundation degrees it has already been suggested that the HE-NHS partnership will increasingly involve FECs. The *NHS Library Policy Review* also points up the importance of partnerships with public libraries (Herman and Ward, 2004). However, perhaps the most important new partnership is the one between the NHSU and the HEIs. This might also involve HEIs collaborating with commercial training organisations. The invitations to tender may, in an echo of HEFCE strategy discussed in Chapter 1, increasingly involve HEIs working together within regions rather than in competition.

There will be continuing partnerships with the PSRBs and there may be a need to develop programmes at sub-degree level for health-care assistants and others.

In order to share best practice and help develop new ways of collaborating, it will be important to continue to utilise or take part in the work of special interest groups such as the CILIP Health Libraries Group, UHSL, the University Medical School Librarians Group and the NHS/HE Forum.

The Future

The relationship between HEI and NHS libraries should be a strengthening one, primarily because of the long awaited strategic rationalisation of NHS funding and the development of the NLH. The increasing commonalities between HE and NHS cultures in supporting evidence-based practice should also encourage partnership; however the culture of mass higher education is still very different from the research-oriented clinical effectiveness agenda.

There may be some challenges ahead as the NLH gathers momentum. There would appear to be a risk that local NHS trust librarians might feel disenfranchised by the emergence of the NLH as the source of all information and this could bring a tension into their local relationships with the HEI. HEIs may feel constrained by what might be available in any core content deal they have access to.

The development of the HE-NHS partnerships will therefore need flexibility and sensitivity to ensure continued quality of service to the students, particularly if the service is increasingly based on electronic resources. The relationship should be led by a senior staff member in both the HEI and the NHS.

For electronic services to be developed successfully there will need to be new cross-sector procurement agreements with publishers, a rationalisation of the licence arrangements and movement to cross-sector access to networks.

The emergence of robust VLEs should facilitate remote access but will also require new partnerships to deliver the information literacy skills and support needed if the student is to become an evidence-based practitioner. The skills acquired will also need to equip the student to work in both the HE and NHS environments.

Librarians will need to be closely involved in any tenders and contracts so that best practice for learning resources is incorporated within the wider value-for-money educational framework. Clarity will still be required to identify roles and responsibilities, but this can be through a service-level agreement or statement. Quality assurance should continue to stress the value of enhancement which can best be achieved by continuing to work in partnership.

Finally it remains to be seen how the role of the NHSU might affect the HE-NHS relationship.

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