Ann. Ist. Super. Sanità
Vol. 22, N. 4 (1986), pp. 1229-1234

BIOMEDICAL LIBRARIES AND INFORMATION SERVICES IN GREAT BRITAIN

R.B. TABOR

Wessex Regional Library and Information Service, South Hampton General Hospital, Southampton, Hampshire, England

Biomedical library and information services in Great Britain need to be understood within the contexts of the British Library network and the network of health care libraries operating within the National Health Service (NHS). The British Library (BL) itself provides the principal reference and lending library service on a national scale, and these are complemented by a range of libraries of the royal colleges, pharmaceutical companies and university medical school libraries. Supplementing these major libraries is a large network of smaller medical and nursing libraries distributed throughout the NHS in all parts of the country. For the past twenty years NHS libraries have been developing their own special role, especially in providing information services for patient care. These changes may have a significant influence on future information provision in the biomedical field.

The British Library and some biomedical libraries: an overview

In 1973 the BL was created by amalgamating a number of existing libraries including the British Museum Library, the Science Reference Library and the National Lending Library of Science and Technology (NLL). The NLL had been renamed the British Library-Lending Division (BLLD) — now, Document Supply Centre — and is now one of the largest collections of medical and scientific literature in the United Kingdom. BLLD has a very large stock of periodicals — about 56,000 are received — in all subjects and languages. The library also collects all important English and foreign language report literature, conference proceedings and monographs. To supplement its collections there are a number of *back-up* libraries and these include the Royal Society of Medicine and the Department of Health and Social Security (DHSS). Together this national library resource offers a formidable array of medical and scientific literature services including loans and photocopying. The existence of this library service has influenced the pattern of inter-library loans in the smaller libraries in the UK. Previously a librarian might spend a considerable amount of time approaching several other libraries for specific loans, but most frequently the BLLD is now the first choice for a loan application. For the field of health care the *back-up* of the DHSS Library means that the subject area of clinical medicine is now greatly extended to include a range of health care management topics and social welfare information.

There are, in addition to BLLD, a number of medical libraries serving specific user groups. Most of these are located in London and include the libraries of the Royal Society of Medicine (RSM), Royal College of Nursing (RCN), the Wellcome Institute for the History of Medicine and the royal colleges. These last are special subject libraries (e.g. Royal College of Surgeons and Royal College of Obstetrics and Gynaecology) and services are restricted to members except where they offer a *back-up* service to BLLD.

The RSM was founded in 1805 but was reconstituted in 1907 when it combined with a number of other medical societies libraries. This is an important medical library collection — about 450,000 volumes and some 2,100 current periodicals. Use of the library is restricted to members of the Society but reference facilities are available to others on application through a member. Next door to the RSM is the library of the RCN. This is the largest collection of nursing literature in Europe — 40,000 volumes and 200 periodicals, but its use is limited to members of the College with restricted other services on application by non-members.

Another important London medical library is the British Medical Association (BMA). This is the

representative body of the medical profession in Britain and the library, founded in 1887, has over 100,000 volumes and takes 1,100 current periodicals. Reference and postal services are available and institutional membership, with limited library services, is available to libraries within the NHS.

In 1945 the British Postgraduate Medical Federation was formed and this led to the development of a number of specialist postgraduate institutes and their libraries. The Royal Postgraduate Medical School at Hammersmith has now become an independent school of London University. Its library has some 30,000 volumes and 770 current periodicals. Other institutes includes child health, dental surgery, dermatology, laryngology and otology, neurology, obstetrics and gynaecology, ophthalmology, orthopaedics, psychiatry and urology. Other important collections are the libraries of the Institute of Cancer Research and the London School of Hygiene and Tropical Medicine, 83,000 volumes and 1,300 current periodicals. Use of these libraries is primarily for the institutes staff but others are allowed reference facilities.

The royal colleges all have useful libraries. These include the Royal College of Surgeons (founded in 1800) with around 160,000 volumes and 590 current periodicals and the Royal College of Physicians (founded in 1518). The latter has some 48,000 volumes and is particularly strong on historical material. The Royal College of Obstetrics and Gynaecology was founded in 1929 and has both an historical and modern collection — available to Fellows and Members. The Royal College of Pathologists is still developing its library of historical work in microbiology, pathology and related subjects. Another developing collection is that of the Royal College of General Practitioners (RCGP) which offers a useful information service to doctors in primary care throughout the country. The RCGP inaugurated a valuable library of audiovisual materials which has now become the Graves Medical Audiovisual Library and is an independent charity.

A number of research libraries exist in the medical and related fields. The most important of these is the Medical Research Council's National Institute for Medical Research at Mill Hill, London (founded in 1913). Primarily for the use of the staff of the Institute it holds some 71,000 volumes and takes 700 current periodicals. An associated library has developed more recently at the Clinical Research Centre, Northwick Park Hospital, Harrow — 36,000 volumes and 750 current periodicals. Several pharmaceutical companies have good libraries and most are willing to participate in inter-library loan services with other smaller medical libraries.

As indicated above the library of the DHSS (founded in 1934) is an important library covering all aspects of public health and social welfare. It has around 200,000 volumes and takes 1,600 current periodicals. Use is restricted primarily to DHSS staff but limited reference facilities are allowed and it is a back-up library to BLLD. A major initiative this year (1984) has been the inauguration of the DHSS library online database. This will form an important complement to the clinical online databases as its collection is one of the largest in the world within its subject field.

The Marylebone branch of the Westminster City Libraries is unique in providing a medical library service open to the public. This operates under a scheme of subject specialization within the public libraries of London. Unfortunately financial restraints now make its future uncertain and it could well disappear from the medical library scene.

The other important group of medical libraries are those of the university medical schools. Eleven of the twenty-three UK medical school libraries are located in London and vary greatly in size and user groups. They are part of the London University library network and as such have a very significant general library back-up. Currently there is a process of amalgamation of medical schools and it is not yet clear how this will affect the library collections.

Before considering the twelve provincial medical school libraries and their relationships to the NHS libraries network attention should be drawn to the situation in Scotland and Northern Ireland. In Scotland biomedical provision has been traditionally centred on Edinburgh and Glasgow although the univeristies of Aberdeen, Dundee and St. Andrews have notable collections. The Edinburgh Medical Library holds around 63,000 volumes with 810 current periodicals. A library of special historical and modern importance is that of the Royal College of Physicians of Edinburgh with some 200,000 volumes and 270 current periodicals. In Glasgow there is another important library with modern and historical medical collections, the Royal College of Physicians and Surgeons, of 200,000 volumes. In Northern Ireland the Queens University medical library has incorporated the library of the Northern Ireland Health & Social Services Library. It now provides a region-wide library service throughout the province. In this it is similar in function to the NHS regional library services in England and provides services to hospitals, postgraduate medical centres and nursing schools. It was the first medical school library in the UK to offer this range of facilities to NHS staff.

NHS regional library systems in England and Wales

The British National Health Service was created by Act of Parliament in 1946 to promote the establishment of a comprehensive health service designed to secure improvement in the physical and mental health of the people. The organization of the NHS has undergone several changes since its inception and currently it is administered through fifteen

Regional Health Authorities. Within each Region patient care services are managed by the District Health Authority — there are over two hundred in England and Wales. There is considerable autonomy in the Regional Authorities and indeed in the Districts so a nationally coordinated health care library system is not possible. Some Regions have attempted to rationalize their library services and there are a number of regional library services but with significant variations in patterns of organization.

Effectively there are three types of NHS regional library systems; six Regions where library services are organized through an NHS Regional Librarian and where there is emphasis on the information needs of the NHS staff; six Regions where limited library services are offered to the NHS through the local university medical library; and three Regions where no library co-ordination or systematic provision has been attempted.

It is important to understand how the origins of NHS libraries have influenced the organizational patterns. These libraries derive from the postgraduate medical education movement which dates from 1961. *Medical centres* were built throughout the NHS (usually in the grounds of a district general hospital) which act as a focus of all postgraduate medical education activities. In each centre there is a library, often donated originally by the local hospital doctors, and in the early days both library and centre were administered by a secretary/librarian. As the libraries grew in size and use professionally qualified librarians began to be appointed. By 1965 the Sheffield Region had recognised that some coordination of library services was necessary and a working party prepared a report. This included recommendations to organize libraries within a regional framework of a regional library, area libraries and hospital libraries under the direction of a regional librarian. In 1967 the Wessex Regional Hospital Board appointed the first Regional Librarian in the NHS.

In 1978 a census of NHS libraries was undertaken by the NHS Regional Librarians Group; 1045 libraries were identified and total of 755 library personnel recorded. Of these libraries 291 were classified as postgraduate medical libraries and the remaining 764 libraries served schools of nursing (299), were multidisciplinary (176), or were classified as administrative or other type libraries (289) (mainly non-NHS). The library staff which were identified comprised 326 qualified librarians and 429 unqualified personnel. A second census of NHS libraries is planned for 1985. There has been a steady growth in the creation of library posts and it can be anticipated that the number of librarians employed within the NHS will be greatly increased.

The nature of current biomedical library provision in the UK is closely linked with the NHS and the issues of patient care. Library provision is therefore dependent upon user requirements which will be dealt with in a later paper by Michael Carmel. Here it will suffice merely to draw attention to the way in which NHS libraries have tended to develop their services.

As the postgraduate medical education movement developed, other groups of staff have developed their own continuing education activities. Nurses and paramedical staff in particular have begun to organize courses and training sessions for post-basic education and all this is creating a greater awareness of the need for library services. The provision of the library services — purchase of books, periodicals, audiovisual items, inter-library loans, photocopying — is basically a matter of library funding. Few District Health Authorities make adequate library allocations to enable a full range of library services to be made available to all categories of users and medical literature tends to dominate in all NHS libraries.

The appointment of a regional librarian is seen as an attempt to introduce an element of co-ordination and rationalization into the local district library services. Essentially this is an advisory role as the regional librarian has no direct control over the local libraries. The advice includes the planning of libraries, maintenance of services, recruitment of staff, work procedures and guidance to the library users. In a few regions some central services are provided — e.g. cataloguing and production of a regional union list of periodicals.

Although the Wessex Region cannot be regarded as completely typical in terms of library provision it does indicate some features of future trends in biomedical library provision in the British Health Service. The Wessex Regional Library Information Service (WRLIS) has developed since 1968 under the direction of a regional librarian appointed by, and on the staff of, the Wessex Regional Health Authority. A series of surveys, investigations and research studies have been undertaken in the Region to ascertain the information requirements of NHS staff. The library services have been developed with these research findings in mind and with the continuing influence of the working experience of the librarians in the Region. A library policy was defined in 1968 which recognized that all libraries should be available to all categories of NHS staff in the Region, that the libraries should be located close to the principal user groups and that qualified librarians should be appointed to manage the libraries.

Library service development has included the provision of some central services, cataloguing, standard classification scheme, a union list of periodicals and central audiovisual library with the Regional Library Unit acting as the focus for library research and coordination of developments. The emphasis on research into user needs has influenced the way the libraries have developed their services and the planning of future services. In support of clinical practice,

a range of information has been defined which goes beyond conventional library provision. A specialized *help for health* information service has been created which offers a directory type service to voluntary organizations and statutory services available for patient care. Additionally it provides a patient education service and holds the largest collection of patient education materials in the UK. A current research project is examining the information needs of patients and is involved in preparing appropriate information material.

Communication of information

As a result of the many years of library research and development WRLIS has been able to devise a strategy for its future library services. This strategic plan is closely linked to the needs of users for information. Another important influencing factor is the implementation of information technology. These two factors are likely to have considerable effect on future pattern of all biomedical library provision in the UK and need to be considered.

There are three main requirements for information within the NHS, clinical practice, management and staff education. Libraries have developed in hospitals firstly in response to postgraduate medical education and then have been made available to nurses and to non-medical staff. In this way libraries have widened their activities to provide information for clinical problems. There has been a gradual increase in literature searches and more libraries are now using online terminals to access the major databases, especially MEDLINE and Excerpta Medica. But as part of the information support required for clinical practice has been seen the need for information by the patient and relatives. A number of libraries are beginning to provide education materials for use by the patient. Much of this information material is in leaflet form and there are organizational problems in its handling and use. The wide range of this information is prompting some hospitals into producing their own patient literature. WRLIS has for some years had a developing publishing role in this field.

An important link in this widely stretched library network is information technology. Although a number of medical libraries in the UK have introduced microcomputers in their services true networking has been slow to develop. In the Wessex Region a *regional information systems plan* has been adopted as formal policy and an information technology network is being developed. The plan for WRLIS libraries is to test the full use of technology — microcomputers for access to online databases, for inter-library loans, union catalogue and union list of periodicals and to handle book and periodical ordering and organization, together with telefacsimile transmission and electronic mail for document delivery. With this development will come investigations into the cost-benefits of the information provided and the location and co-ordination of information materials within the Region.

As part of the information development it is proposed to implement a regional private viewdata system. This will initially be a means to disseminate information — for example, drug information and information about nursing aids and nursing procedures — but by using the full potential of viewdata software it will be possible to link into other local or national computer databases. The range of information needed for clinical practice and for management is extremely wide and viewdata provides an excellent system for information dissemination. Research into the information needs of health care practitioners has indicated that much information is required which is not contained in books and periodicals in a conventional library. There is a need to develop directories of people and services which will extend or complement existing health care practices. This will take librarians closer to patient care activities much along the lines of the American model of clinical librarianship. It points to a wider concept of biomedical librarianship and one where information technology influences the design of the information system because a great deal of the information can be handled and transmitted using intelligent computer terminals, viewdata and other technology.

It is not envisaged that conventional libraries and existing library services will disappear in the near future, it is likely that patterns of information provision will continue to change and this will influence the character and role of biomedical libraries. Three areas of information provision can be defined where change is occurring or will need to occur:

1) identification of the existence of an item of information (information retrieval),

2) the location of the information itself (library provision) and

3) the delivery of the information to the user requiring it (document delivery).

Current information technology, in the form of the microcomputer, has enabled even small libraries to gain access to online databases, such as MEDLINE and Excerpta Medica. The range of databases relevant to the biomedical field is constantly expanding. Through these it is possible to identify the existence of information on a wide variety of subjects — a facility which had previously been denied to small libraries which could not have afforded subscriptions to many printed indexes.

Having retrieved the reference/citation to the information, it is then necessary to locate the original information — in article, report or book form. Increasingly NHS regional library systems construct regional union lists of periodicals and some regions have union catalogues. There is considerable traffic in inter-library loans within the regions but the

principal national biomedical resource is the British Library Lending Division. The cost of borrowing from BLLD tends to restrict its use by small medical libraries. There is scope therefore for implementation of information technology to improve the ability to locate information and then to deliver it to the end user. Future development of biomedical libraries in the UK will need to consider these aspects of library service.

It is interesting to note that a national information policy has yet to emerge in the UK. Discussions on this topic can be traced back to 1969 when the Dainton report was issued. Differing views have been presented but there is a noticeable lack of overall gevernment direction. One reason is that library services fall under three main categories: education, culture and recreation and information supply (the *special* libraries). It has been suggested that too much emphasis has been placed on the role of libraries in the information chain. This was perhaps inevitable while libraries were the only available mechanisms to communicate information between the originators and the user. Current information technology is changing this role of libraries although it will be some time before electronic alternatives become a real challenge.

However, the pressures within the biomedical world for fast and accurate information retrieval and communication are likely to continue to make this subject field a growth area in information handling. Recent developments such as a medical Case-Notes OnLine database (CNOL), Martindale Online, and the emergence of *expert systems* are all set to challenge the conventional role of the librarian and library provision. The clinical librarian may yet emerge with a more appropriate information support for patient care and health promotion than is currently offered by medical librarians. The pattern of biomedical library provision in the UK may best be described as "changing and challenging".