



Partnership working to benefit patients and the public: Benefits, challenges and recommendations from four projects

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Abstract:

Partnership working involves two or more organisations working collaboratively to achieve a common goal. In England, partnership working between healthcare organisations and public library services is recommended to enable patients and the public to easily access high quality health information. This paper discusses the working partnership between Royal Papworth Hospital Library and Knowledge Service (LKS) and Cambridgeshire Libraries (CL).

Over a three-year period between 2018-2021, we jointly undertook four projects which focused on the themes of health information, health literacy and patient experience. This paper will present the background to the projects and discuss how the partnership was first established around a national campaign to highlight Health Information Week. It will summarise each project, the associated aims, and the subsequent outcomes.

The presentation will outline the mutual benefits of the collaboration which included opportunities for innovation and service improvement, professional development, and reaching new communities. The challenges related to communication, organisational factors and evaluation are addressed. Finally, we offer our recommendations to health library colleagues wishing to undertake joint projects or a collaborative partnership to inform their future planning and practice.

Keywords: partnership working, collaborative working, health libraries, public libraries, health information

Introduction

Partnership working can be defined as two organisations working together on planning, implementing and evaluating their shared services “each with their own perspectives and skills but combining effectively as a unified whole” [1]. Effective partnerships require commitment and take time to establish [2]. Successful projects require a shared vision as well as clear aims and objectives. In England, partnership working between health libraries and public libraries is recommended to enable patients and the public to access quality health information [3]. Collaborative projects can improve access to health information and contribute improvements in our service users’ health and wellbeing. Between 2018-2021, Royal Papworth Hospital Library and Knowledge Service and Cambridgeshire Libraries jointly undertook four projects. This paper will briefly summarise each of the projects and then discuss the benefits, challenges and recommendations.

Background

Royal Papworth Hospital (RPH) is a specialist acute hospital delivering excellent care for patients with heart and lung diseases; it is a national centre for organ transplant. The hospital is situated on the outskirts of the city of Cambridge. The Library and Knowledge Service is an embedded service located within the clinical setting [4]. As there is not a traditional library space, services are not easily visible to patients or the public.

Cambridgeshire Libraries (CL) is a public library service serving residents across the county of Cambridgeshire. A wealth of services are provided in multiple formats: online, in branch, mobile and at home (for housebound customers). Innovative programmes include arts, theatre, music, and family-focused events as well as business and intellectual property support for start-up businesses. Public library provision in England centres around a model of ‘four universal offers’ with health and well-being as one of these central pillars [5]. The Cambridgeshire Health Information Service (CHIS) was a key driver in the development of our partnership establishing a link between our two distinct organisations. CHIS is a commissioned service and a policy commitment of the Public Health Directorate (PHD) of Cambridgeshire County Council. Receiving guidance and ongoing support from PHD, CHIS has its county-wide service provision embedded within Cambridgeshire Library Service. CHIS collaborates with local service providers from health, public and community sectors, supports their initiatives in improving health and wellbeing of the local population, and supplies them and their end users with health information and health promotion resources. The two joint projects—Health Information Week and health literacy awareness workshop—are in accordance with its objectives of providing reliable health information to the public and contributing to skills improvement of the public library service.

Health information week

The partnership between RPH and CL began with an initial project to celebrate Health Information Week in 2018. Health Information Week is a cross-sector national campaign to enable access to quality health information [6]. The project’s aim was to raise public awareness of the good quality health information sources available to them and to celebrate the 70th anniversary of the National Health Service (NHS). The project was a day-long event hosted at the Cambridge city centre branch and involved three different talks by Royal Papworth Hospital staff for the public, an exhibition of the history of the NHS in Cambridge and a pop-up health information stall. The ‘hook’ to attract patrons to the stall was a hula-hoop challenge and the prize was a voucher for a local community leisure centre. The

existing awareness of this campaign across our organisations opened the door to thinking about ways of working together.

Project team members familiarised themselves with resources and recommendations from the Health Information Week national project team [7] prior to the first meeting. This created a shared vision and focused our discussions. As it was our first experience of joint planning, we aimed to keep it simple. Tasks were assigned to different members of the project team based on skillset and expertise. For example, the press release was drafted by the RPH Heritage Officer who worked within the Communications Team. The RPH Library Manager planned a talk on how to find quality information sources and see behind the tabloid headlines. The CL Local Studies Librarian sourced and created the photographic exhibition of the history of the NHS in the local area. The Community Health Information Service provided leaflets for the stall which focused on common heart and lung conditions as well as sleep quality and healthy eating.

Public engagement with the event was positive with 55 interactions between the public and RPH and CL staff, 211 quality health information leaflets taken. However, attendance at the talks was lower than expected. Following the event, we met for an after-action review [8]. We identified areas for improvement and these focused on the need for additional lead-up time for marketing and promotion, targeting our marketing at more specific groups and finding an online document sharing site that was accessible at both organisations [9].

Health literacy awareness workshop

The World Health Organization define health literacy as “the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health” [10]. Evidence suggests that public library staff lack confidence in answering health related enquiries and have limited knowledge of the concept of health literacy [11]. This knowledge gap can be addressed through continuing professional development opportunities; for example, public library staff who undertook training courses from the National Library of Medicine in the United States reported a positive impact on their confidence and competence in supporting their patrons to access health information [12]. Thus, the aim of the second project was to increase CL professional librarians’ knowledge and understanding of the concept of health literacy.

The RPH Library Manager delivered a one-day workshop on the topic of health literacy awareness to CL librarians (n=7). The workshop content was designed by the Community Health Learning Foundation (CHFL) [13], a leading voluntary sector organisation in the health literacy domain. Key deliverables from the workshop included the “teach back” technique, “chunk and check” and principles for accessible written information [14]. CHFL provided a standardised evaluation form [15] to measure the increase in participants’ knowledge and understanding of health literacy and its relevance to their role. All participants reported an increased understanding of the concept of health literacy and increased confidence in communicating with others on the topic after attending the workshop. Further, one participant was empowered to contact a health organisation about the inaccessible format of an information leaflet for their patrons due to the font size and layout. This led to the leaflet being revised. This small change in practice supports Whitney et al’s [16] argument that the outcomes of health literacy interventions are more likely to be effective when different types of library work in partnership. The sharing of knowledge and expertise can lead to mutually beneficial outcomes for the organisations and their patrons. The RPH Library Manager delivered a further three sessions of the workshop as condensed one-hour

webinars to enable attendance of frontline customer service staff working across CL. This demonstrates that a successful partnership takes time to develop and, as trust grows between partners, further opportunities may arise.

Audiobooks for patients

The third project arose through a request from the occupational therapy department at RPH for the provision of audiobooks for patients' use. Patients awaiting cardiac surgery can experience stress and anxiety during the preoperative period [17] and those awaiting an urgent heart transplant can be hospitalised for weeks [18]. Audiobook listening has been shown to "stimulate positive memories", provide a "positive distraction" and help as a sleep aid in patients recovering from stroke [19-21]. Therefore, the aim of this project was to improve the patient experience.

Financial constraints limited the possibility of providing an audiobook platform for the hospital. A solution was found through our partnership. CL supplied 7 digital devices for loan to RPH patients. These devices provided access to over 5000 audio and ebook titles. Wipeable covers were funded by Royal Papworth Hospital Charity (RPHC) and earphones were purchased for each patient who wished to use a device. Occupational therapy staff recommended the service to our long-stay patients and managed the circulation of devices. Limited time was available to gather data to assess the impact of this service because of the pandemic and additional pressures on clinical staff. However, a small sample of ten feedback forms provided an insight into patients' views. Eight out of ten patients reported feeling a "little" or "much" better after using the service. Patients' written comments indicate that they found the audiobooks "soothing", "relaxing" and a form of "escapism". Three patients rated the choice of audiobooks available as "average to good"; seven rated the choice as "good to excellent". The collaboration between our services enabled the development of this provision which has shown some potential benefits for patients awaiting surgery.

Read a little aloud for critical care

The final project summarised here is the most ambitious and is a testament to the success of partnership. During the coronavirus pandemic, patient visiting in hospitals was severely restricted; as a result, patients experienced increased anxiety, depression and social isolation [22]. This difficulty prompted a RPH Consultant in Intensive Care to seek alternate ways of bringing human connection into the hospital. The outcome was a truly collaborative six-month pilot project between RPH and CL: Read a little aloud for critical care. The project's aim was to increase social interaction for patients in critical care and to provide a soothing distraction to aid their recovery. The RPH Library Manager secured funding from RPHC to commission CL to provide a twice weekly online shared reading session over Microsoft Teams. CL trained staff across their branches to deliver the virtual service. The twice weekly sessions were scheduled for the patients' 'quiet' time with critical care staff setting up the iPads for the patients to listen to the readings. CL designed the readings around a theme which evoked reminiscence such as holidays or winter. CL had expertise in this area of shared reading. Trust, respect and commitment to our partnership had been established through the previous projects; consequently, RPH were confident that the service would be high quality and reliable. The funding enabled CL to offer a development opportunity to their staff and provide a service to a new community.

A survey was conducted of critical care staff at the end of the 6-month pilot. 18 critical care staff responded. 72% of respondents agreed or strongly agreed that the project benefited critical care patients. Critical care staff frequently mentioned that the project "encouraged

normality” and that it helped to “ease frustration” for the patients [23]. The most significant challenge cited was the critical care environment which can be unpredictable, noisy and time poor. One staff member responded that the biggest barrier for patient participation was “increased activity on the unit – emergencies, CT scan trips”. Consequently, this translated into CL staff delivering the virtual sessions without the contextual knowledge of the clinical pressures on the unit on any given day. Critical care staff delivered a training session to CL’s staff prior to the project commencing to develop their understanding of the critical care environment. Although this provided an insight, it did not fully prepare them for delivering an online reading session where they had very little knowledge of what was happening in critical care during the session. Despite these challenges, the project was highly regarded and going forward, a bid has been made for a year long project expanded to other hospital wards.

Benefits

Both RPH Library Service and Cambridgeshire Libraries are proud to be in partnership and the joint working has been overwhelmingly positive. There are five key areas with clearly defined benefits for our services: innovation and service improvement, sharing skills and expertise, professional development opportunities, reaching new communities and sharing resources.

Partnership working has spear-headed innovation and service improvement. Firstly, through having an open mindset as to what is possible and then secondly, planning services and problem-solving together to meet the mutually agreed goals. Service improvements which directly benefit patients and improve their experience are valued by the wider RPH organisation. This raises the profile of the library service and demonstrates the contribution that it makes in providing excellent care for patients.

New projects are achieved through the sharing of skills and expertise. For example, CL staff had expertise in delivering online reading sessions to their patrons and this enabled the development of a new service for our patients beyond anything we had the knowledge or capacity for in our own team. Further, this then led to new opportunities for more of their staff to be trained and involved in the project. The sharing of expertise also enabled the delivering of health literacy awareness training and thus benefitted the patrons of CL. A shared understanding of the challenges which individuals experience when seeking health-related information is important so that services in the community can be designed to meet their needs. Partnership working allowed both organisations to reach new audiences whether it be to enable access to audiobooks or to pick up a quality health information leaflet. Finally, we have been able to share resources, bid for funding and make financial savings through our joint planning and delivery. These benefits are welcome in times when library budgets are considerably constrained.

Challenges

It is important to acknowledge that there are additional complexities when two organisations work in partnership. The challenges we experienced through our joint projects related to communication, organisational factors, and evaluation. Communicating to our respective patron groups required additional time built into project plans as approval for official publications such as press releases and marketing materials needed to be agreed by both organisations. There is more time required to produce promotional materials and then market to appropriate service users. Technology also impacted on our communications. It proved difficult to find an online document sharing website that both partners could access. Each organisation had different video conferencing platforms and document sharing processes and

procedures, and these did not coalesce. Cyber security was a concern for both organisations and this meant certain websites were not accessible. Consequently, documents were often emailed back and forth.

Organisational factors also impacted our partnership working. The hospital's primary driver is the care and safety of the patients. The hospital context was constantly changing during the pandemic due to surges in Covid-19 admissions. This meant that scheduled activities for the projects had to be delayed. The clinical environment also impacted the projects too. Read aloud for critical care is a key example of the clinical needs of the unit impacting on whether patients were able to participate. Availability of library staff in both services was a factor in the long timescales required for planning and implementing projects. Annual leave, staff sickness and vacancies all needed to be considered to ensure successful outcomes.

Finally, we experienced challenges in the evaluation of the projects. We measured the number of interactions with patrons during health information week. However, it is impracticable to determine how the individual later used the health information taken from the pop-up stall. It was easier to collect evaluation data where there was an established evaluation form and a clear opportunity to implement it, for example in the health literacy awareness training. Whereas for patient feedback, we relied on the occupational therapy team to implement and collate patient feedback forms for the audiobook project. This was not always possible due to the previously mentioned clinical pressures. As a result, data collection was not systematic, and any insights were limited. Further, health care data is by nature highly sensitive. Thus, it was difficult to share feedback with partners beyond a broad overview of patients' views. It is advisable for future projects that outcome measures to determine success are specified at the outset and that informed consent for sharing patient feedback is obtained as part of the data gathering process. Health librarians may require further training or support from research departments in evaluation methods and informed consent to enable them to collect patient feedback data.

Recommendations

The following recommendations are offered to health and public library colleagues considering embarking upon a collaborative partnership. Firstly, start with a small-scale project and allow the partnership to grow over time and develop mutual trust and respect. Secondly, build additional time into the planning phase of projects to mitigate any unforeseen barriers in communication and organisational processes. Thirdly, actively listen to the voice of the partner organisation and embrace their skills, knowledge, and expertise. Knowledge management tools can be useful to elicit lessons learned [24]. Fourthly, provide opportunities for reflection and formal evaluation and wherever possible set outcome measures during the planning phase so the effectiveness of the project can be measured. Finally, it is recommended that mistakes are acknowledged as part of the learning processes and that the many successes are celebrated.

Conclusion

This paper has discussed the collaborative partnership between Royal Papworth Hospital Library Service and Cambridgeshire Libraries during 2018-2021. Four projects which were jointly planned and delivered were summarised as examples of how health and public libraries can work together to benefit patients and the public: health information week, health literacy awareness training, audiobooks and read a little aloud for critical care. The benefits of partnership working in driving forward innovation and service improvement were highlighted. Additional challenges experienced through the collaboration were identified as

organisational factors, communication, and evaluation. Recommendations are shared as lessons learned from this partnership to inform to health and public library colleagues wishing to undertake joint projects or a collaborative partnership to inform their future planning and practice.

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References

1. Gasper, M., *Multi-agency working in the early years: challenges and opportunities*. 2010, London: SAGE.
2. Wildridge, V., et al., *How to create successful partnerships—a review of the literature*. *Health Information & Libraries Journal*, 2004. **21**(s1): p. 3-19.
3. Health Education England, *Knowledge for healthcare: A strategic framework for NHS Knowledge and Library Services in England 2021-2026*. 2021, Health Education England. p. 1-67.
4. Scott, R.J., *A best-fit solution: transforming an NHS Library and Knowledge Service in readiness for a new hospital building without a traditional library space*. *Journal of the Medical Library Association*, 2021. **109**(3).
5. Libraries Connected. *Universal Library Offers*. 2018 [cited 2021 December 10]; Available from: <https://www.librariesconnected.org.uk/page/universal-library-offers>.
6. Health Information Week. *Health Information Week*. 2019 [cited 2021 December 10]; Available from: <https://healthinfoweek.wixsite.com/healthinfoweek>.
7. Fulbrook, L. *New resources for Health Information Week 2018*. Knowledge for Healthcare 2018 [cited 2021 December 17]; Available from: <https://library.hee.nhs.uk/about/blogs/new-resources-for-health-information-week-2018>.
8. Health Education England. *After action review*. Knowledge Mobilisation Toolkit 2021 [cited 2022 January 17]; Available from: <https://library.hee.nhs.uk/knowledge-mobilisation/knowledge-mobilisation-toolkit/after-action-review>.
9. Scott, R.J., *Health Information Week 2018: Event Evaluation Report*. 2018, Royal Papworth Hospital. p. 1-14.
10. Dodson S, Good S, and Osborne RH, *Health literacy toolkit for low- and middle-income countries: a series of information sheets to empower communities and strengthen health systems*. 2015, World Health Organization: New Delhi.
11. Rubenstein, E.L., *Health Information and Health Literacy: Public Library Practices, Challenges, and Opportunities*. *Public Library Quarterly*, 2016. **35**(1): p. 49-71.
12. Barr-Walker, J., *Health literacy and libraries: a literature review*. *Reference Services Review*, 2016. **44**(2): p. 191-205.
13. Community Health Learning Foundation. *Community Health Learning Foundation*. n.d. [cited 2022 January 14]; Available from: <http://www.chlffoundation.org.uk/>.

14. Health Education England. *Health literacy 'how to' guide*. 2018 [cited 2022 March 14]; Available from: <https://www.hee.nhs.uk/our-work/population-health/training-educational-resources>.
15. Community Health Learning Foundation, *Health literacy awareness workshop evaluation form*. 2018, Community Health Learning Foundation, p. 1-3.
16. Whitney, W., A. Keselman, and B. Humphreys, *Libraries and librarians: Key partners for progress in health literacy research and practice*. Information Services & Use, 2017. **37**: p. 85-100.
17. Rosiek, A., et al., *Evaluation of Stress Intensity and Anxiety Level in Preoperative Period of Cardiac Patients*. BioMed Research International, 2016. **2016**: p. 1248396.
18. Rushton, S., et al., *The introduction of a super-urgent heart allocation scheme in the UK: A 2-year review*. The Journal of Heart and Lung Transplantation, 2020. **39**(10): p. 1109-1117.
19. Scott, B., C. Spray, and F. Boans. *Audiobooks for patients: A partnership project*. in *Library and Knowledge Services: East of England and the Midlands LKS Network Event*. 2020. Virtual: Health Education England.
20. Forsblom, A., et al., *The effect of music and audiobook listening on people recovering from stroke: The patient's point of view*. Music and Medicine, 2010.
21. Baylan, S., et al., *Participants' experiences of music, mindful music, and audiobook listening interventions for people recovering from stroke*. Annals of the New York Academy of Sciences, 2018. **1423**(1): p. 349-359.
22. Rose, L., et al., *Restricted family visiting in intensive care during COVID-19*. Intensive and Critical Care Nursing, 2020. **60**: p. 102896.
23. Resseguier, M., *Survey of 'Read A Little Aloud' Feedback*. 2021, Royal Papworth Hospital.
24. Health Education England. *NHS Knowledge Mobilisation Framework*. 2021 [cited 2022 March 21]; Available from: <https://library.hee.nhs.uk/knowledge-mobilisation/nhs-knowledge-mobilisation-framework-postcards>.