

# Patient Choice in Healthcare: the Library role

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## Introduction

Good quality health information is essential for greater patient involvement in healthcare. A focus group study in 1998<sup>i</sup> asked patients for what they wanted health information; the most commonly cited reasons were:

- To understand what is wrong
- To make the most out of consultations
- To understand likely outcomes of tests and treatments
- To assist in self care
- To learn about available services and sources of help
- To help others understand

Since 2000, the Government has introduced a ‘system reform’ agenda for the NHS in England which has aimed to create a self-improving NHS that is more responsive to patients<sup>ii</sup>. The involvement of patients and the public in health decision making is a central theme within the new NHS policy agenda, as highlighted in the Department of Health report *Patient and Public Involvement: The evidence for policy implementation*<sup>iii</sup>:

Effective public and patient involvement is fundamental to an NHS based on choice, responsiveness and equity. Delivering and designing health services around the needs of patients is key to the modernisation of the NHS and is integral to improving patients’ experiences of health services.

In order to involve patients more in their healthcare, the notion of Patient Choice was introduced. Extending choice for patients was first outlined in the NHS Plan in 2000. Since then, a series of Department of Health policy guidelines and white papers have been published on the subject of Patient Choice including *Choice matters : increasing choice improves patients’ experiences*<sup>iv</sup>, *Choosing health : making healthier choices easier*<sup>v</sup> and *Building on the best : choice, responsiveness and equity in the NHS*<sup>vi</sup>.

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<sup>i</sup> Coulter, A. et al. *Informing patients: an assessment of the quality of patient information materials*. London: King’s Fund. 1998

<sup>ii</sup> Kings Fund. *NHS Reform in England Work Programme*.  
<[http://www.kingsfund.org.uk/current\\_projects/nhs\\_reforms\\_in\\_england/index.html](http://www.kingsfund.org.uk/current_projects/nhs_reforms_in_england/index.html)>, 2007, (accessed 6.12.07).

<sup>iii</sup> Department of Health. *Patient and Public Involvement in Health: The Evidence for Policy Implementation*, London: DH, 2004

<sup>iv</sup> Department of Health. *Choice matters : increasing choice improves patients’ experiences*, London: DH, 2006.

<sup>v</sup> Department of Health. *Choosing health : making healthier choices easier*, London: DH, 2004.

<sup>vi</sup> Department of Health. *Building on the best : choice, responsiveness and equity in the NHS*, London: DH, 2003.

The NHS has a responsibility to provide people with good quality health information to enable them to keep healthy and better understand their conditions, treatment and support options. Patients and the public require health information that is timely, relevant, reliable and easy to understand. In 2004 the Department of Health launched a three-year programme of action, at both national and local level, entitled *Better Information, Better Choice, Better Health*, to improve access for all to quality general and personalised information which people require to exercise choices about their personal health and healthcare.<sup>vii</sup> In this document, health information was recognised as fundamental to choice and making informed decisions, enabling patients to engage with their health conditions.

Research has shown, however, that, despite its importance, quality health information was widely inaccessible (i.e. in a language or medium to which people could not relate). Other concerns included a perception that much of the health information available to the general public was unevaluated, misleading or dangerous. Public libraries received a mention as a place where information should be made more readily available<sup>viii</sup>.

## Patient Choice

The notion of Patient Choice is based on research showing that patients want to be more involved in making decisions and choosing their healthcare<sup>vii</sup>. In the National Choice consultation in 2003, 76% of people said that the main healthcare priority should be to involve people more in decisions about their illness and treatment<sup>viii</sup>. This was further confirmed in the 2005 British Social Attitudes survey which found that 65% of people want to be able to choose their treatment, 63% their hospital and 53% the date and time of their appointment<sup>ix</sup>. Aside from increasing patient involvement in healthcare decisions, the policy has been designed to allow choices to act as a lever on providers to improve their standards. Since 2003 hospitals have moved from a system of block contracts to one in which each admission attracts a tariff or payment; this system is known as 'Payment by Results'<sup>x</sup>. Therefore, by providing patients with a choice of providers, hospitals face increased pressure to improve standards and attract patients.

Currently the Government's Choice policy is at the stage of 'Extended Choice', whereby patients can choose the time and date of their first hospital appointment, and they can choose from at least four providers, from the National Menu (which includes any NHS Foundation Trust, any ISTC and accredited IS providers). This is supported by an electronic booking system called 'Choose and Book'<sup>xi</sup>. By end of 2008 the Government expects the Patient Choice policy to be one of 'Free Choice' whereby patients are able to choose from any provider of elective care who can meet quality standards 'at a price acceptable to the NHS'<sup>xii</sup>. By this stage it is envisaged that

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<sup>vii</sup> Department of Health, *Better Information, Better Choices, Better Health*, London: DH, 2004

<sup>viii</sup> Department of Health. *Choice, Responsiveness and Equity National Consultation*, London: DH, 2003

<sup>ix</sup> Appleby J, Alvarez-Rosete A. 'Public responses to NHS reform' in Park A, Curtice J, Thomson K, Bromley C, Phillips M, Johnson M (eds). *British Social Attitudes Survey 22nd Report*. London: Sage, 2005

<sup>x</sup> Department of Health. *Reforming NHS Financial Flows: Introducing payment by results*. London: The Stationery Office, 2003

<sup>xi</sup> *Choose and Book*, <<http://www.chooseandbook.nhs.uk>>, 2007, (accessed 6.12.07).

<sup>xii</sup> Department of Health. *Choice at Referral: Guidance Framework for 2007-2008*. London: DH, 2007.

choices will be supported by reliable, relevant and understandable information on service quality, including outcomes.

## **The role of Public libraries**

Libraries are popular with the English population as a whole, and library users are present in all subgroups of society including ethnic minority groups, disabled, unemployed, and those from both high and low socio-economic groups<sup>xiii</sup>. Libraries could be described as socially inclusive community facilities with a large and diverse user base.

As at 31 March 2007, there were 3,494 public libraries in England open for 10 or more hours per week, including mobiles<sup>xiii</sup>. 274 million visits to public libraries were recorded in 2005, 19 million of which were made in order to access the internet. Most libraries are well equipped to assist disabled users, 72% have assistive technology installed and staff trained to support disabled people.

The People's Network was launched in 2000<sup>xiv</sup>, and set out to link every public library in the UK to the internet by the end of 2002. It was designed to address several public policy initiatives, principally in the areas of lifetime learning, social inclusion, active citizenship and e-government. The role which libraries could play to address social exclusion and the digital divide was highlighted in *Libraries for All: Social Inclusion in Public Libraries*<sup>xv</sup>. Among the strategies outlined to combat social exclusion was providing affordable access to ICT. The People's Network, which was initiated shortly after this document was published, provided libraries with the ideal opportunity to put these plans into action.

The policy context has continued to evolve since the launch of the People's Network. The release of the Government's ten-year vision for public libraries set out in *Framework for the Future: Libraries, Learning and Information in the new decade*<sup>xvi</sup> emphasises the key role for libraries in supporting government policy around social inclusion and delivering modern public services online. It is therefore clear to see why the Government feels confident that public libraries could provide the ideal vehicle for ensuring that offering Patient Choice online is a socially inclusive step towards providing a modern and dependable NHS.

## **The role of public libraries in delivering health information in the UK**

The Patient Choice pilot scheme under consideration is not the first time that public libraries have been associated with the NHS. Between 2004 and 2006 the NHS/Public Libraries Partnership Programme<sup>xvii</sup> in North West England was set up in order to establish working relationships between NHS librarians and Public libraries. The

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<sup>xiii</sup> Museums, Libraries and Archives Council. *Digest of Statistics*. <[http://www.mla.gov.uk/resources/assets/D/digest\\_of\\_statistics\\_2006\\_10589.pdf](http://www.mla.gov.uk/resources/assets/D/digest_of_statistics_2006_10589.pdf)>, 2006 (accessed 6.12.07)

<sup>xiv</sup> The Big Lottery Fund. *The People's Network Evaluation*. <[http://www.mla.gov.uk/resources/assets/P/pn\\_evaluation\\_summary\\_pdf\\_4283.pdf](http://www.mla.gov.uk/resources/assets/P/pn_evaluation_summary_pdf_4283.pdf)>, 2004, (accessed 11.06.07).

<sup>xv</sup> Department of Culture, Media and Sport. *Libraries for All: Social Inclusion in Public Libraries*. London: DCMS, 1999

<sup>xvi</sup> Department for Culture, Media and Sport. *Framework for the Future, Libraries, Learning and Information in the New Decade*. London: DCMS, 2003.

<sup>xvii</sup> *NHS/ Public Libraries Partnership Project: North West England 2004-2006*. <<http://www.cilip.org.uk/NR/rdonlyres/2E95F400-D478-42EE-8467-76C30F53AA4/0/NHSPublicLibrariesPartnershipintheNorthWest.pdf>>. 2006, (accessed 6.12.07)

project involved providing public libraries with high quality health information resources for the benefit of NHS and social care staff and students. These were seen as a more accessible source than health libraries, which have limited opening times and are not always easily accessible to community based staff. Public libraries were chosen because of their convenience, longer opening hours, ease of access and the provision of the People's Network (providing free internet access). Public library staff received training from NHS librarians to deliver health resources. Aside from increased training, the public libraries benefited from increased resources and help towards achieving an impact measure on health. The study was regarded as hugely successful, resulting in closer links between NHS staff and public libraries and also the provision of quality health information for patients. This study provides strong support that libraries could be recognised as places to access health information and the Choose and Book service. It also shows that librarians are adept at applying training received in delivering new types of information, such as health related information.

A central aspect of the Department of Health agenda for England as depicted by the National Programme for IT (NPfit) was developed to improve patient choice. Specifically the NHS Choose and Book system<sup>xviii</sup> was developed to facilitate easier patient choice for Secondary care.

The Choose and Book system provides patients with the option of booking their hospital appointment in a number of different ways; telephone helpline, via the GP or access the Healthspace website<sup>xix</sup>.

## Social Inclusion

However, it has been recognized that these options were found not to be inclusive and to extend choice to all of the population further provision of access was required.

In 2005, HealthLink were commissioned by the Department of Health to examine the role that the Public Library and Health Library Services in London might play in supporting patients to access information about their choice of health care provider, and to assess the feasibility of extending that role nationally<sup>xx</sup>. The research assessed the strategic fit between objectives of patient choice and the Public Library Service through a combination of interviews and focus groups, and provided evidence of the following benefits derived from a partnership between Primary Care Services and the Public Library service:

- Librarians provided skilled, neutral, professional and dedicated support which was of great value to patients.
- Primary Care Team's (PCTs) and GP's were able to direct patients to a well-established, local service which is already publicly funded.
- Libraries could increase their visitor numbers in order to meet targets.

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<sup>xviii</sup> *Choose and Book*. <<http://www.chooseandbook.nhs.uk/>>, 2007, [accessed 11.07.07].

<sup>xix</sup> *Healthspace*. <<https://www.healthspace.nhs.uk/cbintroduction.aspx>>, 2007, [accessed 11.07.07].

<sup>xx</sup> Coulter, A., Maistre, N & Henderson, L. *Patients' experience of choosing where to undergo medical treatment: evaluation of London Patient Choice Scheme*. <[http://www.pickereurope.org/Filestore/News/LPC\\_final\\_report.pdf](http://www.pickereurope.org/Filestore/News/LPC_final_report.pdf)>, 2005, [accessed 11.07.07]

The research concluded that libraries were very well suited to supporting patient access information about their choice of hospital, and have the potential to “turn the opportunity of choice into the reality of choice for all patients”<sup>xxi</sup> This suggested that the service would benefit all sections of the community and had potential to assist in reducing health inequalities .

A number of surveys have found that the Internet is increasingly being used as a source of health information, particularly by younger and more educated people<sup>xxii,xxiii</sup>. This is not surprising given the instant, universal access to information which the Internet provides. However the Internet is not without its problems, ‘many find the quantity of health websites overwhelming and finding reliable information takes considerable time and effort’<sup>xxiv</sup>.

## **Partnership for Patients (P4P)**

As a result of the initial research Health Link<sup>xxv</sup> developed the Partnership for Patients (P4P) scheme. involving a number of key stakeholders , the NHS,the Department of Health (DoH), the Museums, Libraries and Archives Council (MLA), the Department for the Environment, Food and Rural Affairs (DEFRA), London Health Libraries, and the London Libraries Development Agency.

The principal concept of the P4P scheme was based on the idea that Public Libraries could be used as a facility to enhance Patient Choice.

Therefore the objectives of the P4P scheme<sup>xxvi</sup> were designed to:

- Enable public library staff to support patients in accessing online comparative information about hospitals
- Enable health library staff to support public library colleagues about technical queries
- Enable public library staff to support a patient who wishes to book online, where the hospital is on the system

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<sup>xxi</sup> Coulter, ref. 1, p. 3.

<sup>xxii</sup> Bessell, T.L. *et al.* ‘Do Internet interventions for consumers cause more harm than good? A systematic review’. *Health Expectations*, 2002, 5 (1): 28-37

<sup>xxiii</sup> Coulter, A. & Magee, H. *The European Patient of the Future*. Maidenhead: Open University Press. 2003

<sup>xxiv</sup> Coulter, A. *et al.* *Assessing the quality of information to support people in making decisions about their health and healthcare*. Oxford: Picker Institute Europe. 2006

<sup>xxv</sup> *Health Link: P4P*. <[http://www.health-link.org.uk/partnership\\_for\\_patients.asp](http://www.health-link.org.uk/partnership_for_patients.asp)>, 2007, [accessed 20/07/07].

<sup>xxvi</sup> *P4P. Your Patient Choice Information Guide*. Training pack issued to librarians during Health Link training, 2007

Participating GPs were asked to refer patients to their local public library to access online information, compare hospitals and offered the opportunity to make their hospital booking online using the designated Department of Health websites:

- NHS UK: [www.nhs.uk](http://www.nhs.uk)
- Patient Opinion: [www.patientopinion.org.uk](http://www.patientopinion.org.uk)
- The Healthcare Commission: [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk)

The scheme was designed to build on the traditional role of the library as the trusted, accessible source of information in the community. Library staff involved in the pilot study received training to assist members of the public to use the Choose and Book system; they were also directed to contact local health librarians to assist with any technical queries under the guise of a ‘buddy network’ of Health Libraries.

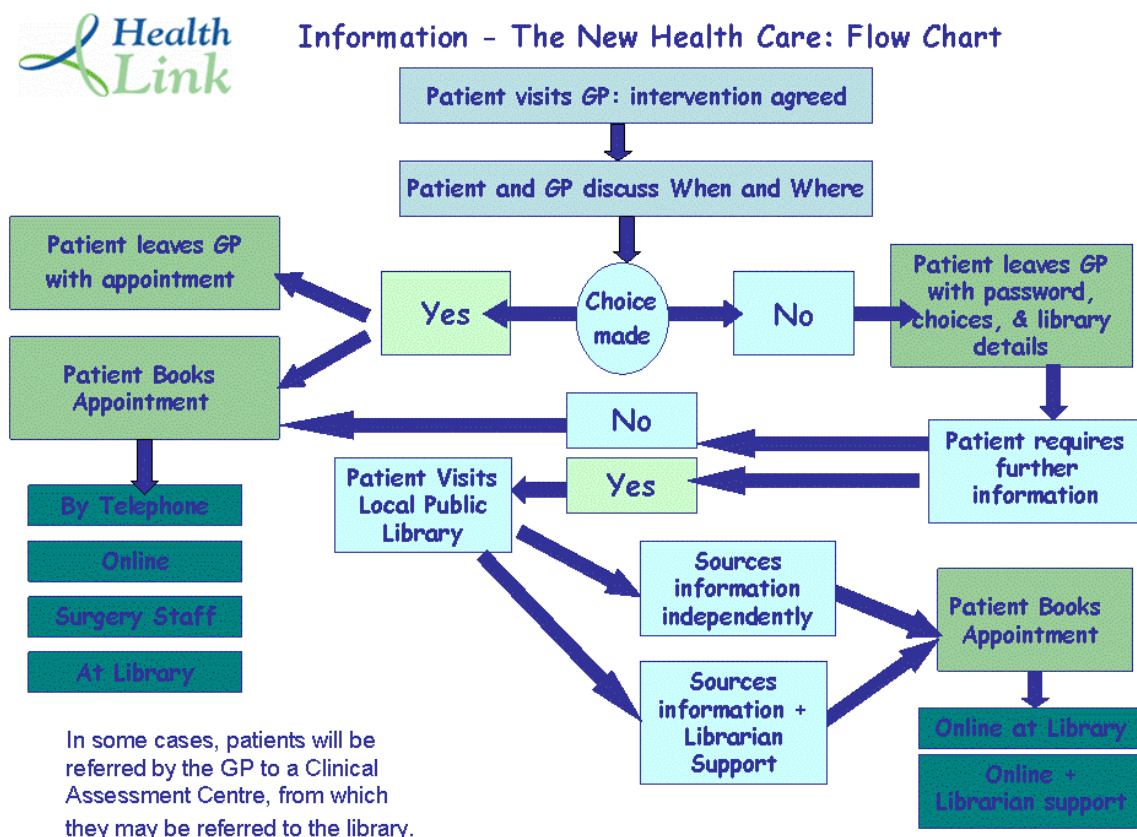


Figure 1: Flow chart of process showing Librarians role within Patient Choice scheme<sup>xxvii</sup>

The role of library staff within the Patient Choice scheme is shown in Figure 1.

<sup>xxvii</sup> <http://www.health-link.org.uk/images/newhealthcareflowchart.gif>. [accessed 11/06/07].

The following local authorities, Public libraries and Health libraries were participants in the pilot scheme.

<u>Local Authority</u>	<u>Libraries</u>	<u>Buddy (Local Health Library)</u>
Bromley	Orpington, Chislehurst, West Wickham	Bromley Hospitals NHS Trust
Derbyshire	Bolsover, Bakewell, Hayfield, Mobile libraries	Chesterfield Royal NHS Trust
Gloucestershire	Coleford (Forest Of Dean), Dursley, Tewkesbury.	Gloucester Hospitals NHS Trust
Greenwich	Plumstead, West Greenwich, New Eltham	Queen Elizabeth NHS Trust
Hackney	Shoreditch, Stamford Hill, Hackney Central	Homerton Hospital NHS Trust
Haringey	Wood Green Central, Marcus Garvey, St. Ann's	North Middlesex Hospitals
Newham	Canning Town, The Gate; Plaistow	Newham University NHS Trust
Southwark	Dulwich, Peckham, John Harvey	Guy's and St Thomas' NHS Trust
Suffolk	Clare; Haverhill, Bury St. Edmunds	West Suffolk Hospital NHS
Waltham Forest	Walthamstow, Lea Bridge, North Chingford	Whipps Cross University Hospital

## **The Evaluation of P4P**

LISU and the Department of Information Science at Loughborough University were commissioned to evaluate the effectiveness of the P4P scheme in order to assess the feasibility of rolling out the scheme nationwide. The scheme was initially designed to run for six months. The independent evaluation was designed to assess the benefits to patients of this model together with the operational, capacity and cost implications for the library service and for General Practitioners (GPs). The aims of the evaluation were quite specific, to assess whether the model was fit for purpose in providing socially inclusive, cost effective, sustainable support for patients choosing a health care provider in both rural and urban areas. It did not relate to the patient's experience of the information provided, but only to the support provided by the library service in using the People's Network to access that information.

## **Methodology**

Both quantitative and qualitative methods were employed in the evaluation, to seek to obtain rich and meaningful data from the range of stakeholders. Because of the low take-up of the scheme, the focus of the evaluation changed during the course of the pilot, and became more centred on qualitative methods.

### ***Literature review***

A brief literature search was conducted at the start of the evaluation, to alert the evaluation team to relevant practice elsewhere, and provide documentary evidence of government policies in this area.

### ***Public libraries***

Two questionnaires were used to gather primary data from the participating public libraries. The first was a monthly return schedule used to record the number of patient enquiries, and staff resource used in dealing with these enquiries. Librarians were also asked to record contact details for any patients willing to be interviewed. The second was carried out towards the end of the evaluation period, by means of an electronic survey of library staff, to obtain their attitudes and opinions of the pilot. Additionally, a number of telephone interviews were conducted with library staff, and two focus groups held.

### ***Health librarians***

A questionnaire was used gather primary data from the health librarians participating in the referral scheme in each of the pilot authorities in the capacity of a “buddy” data were initially collected on a monthly basis. One telephone and one face-to-face interview were also carried out.

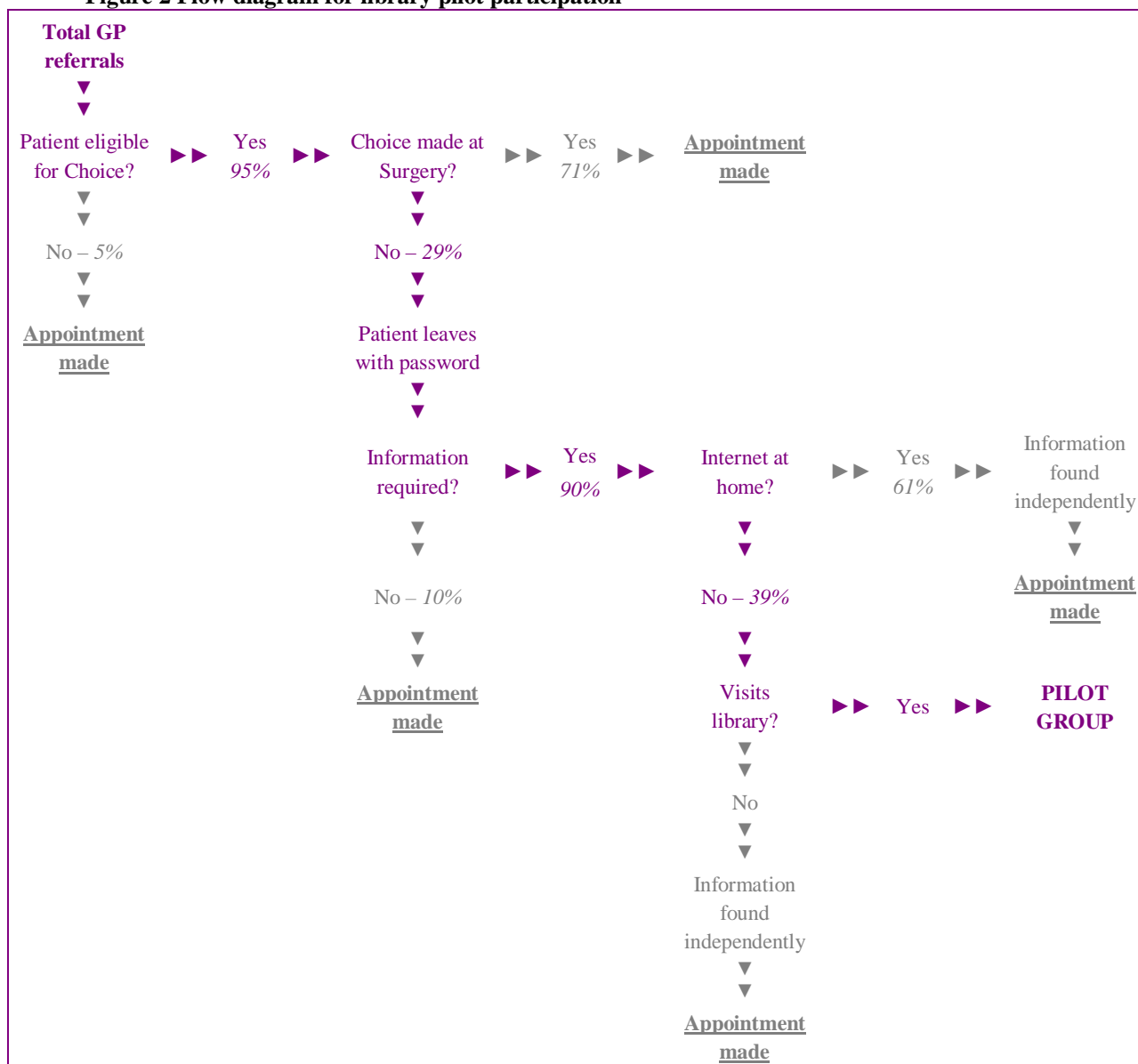
### ***General public***

A questionnaire was developed for distribution to patients who used the public library to choose their health care provider. This questionnaire was designed to establish how many of the patients referred to the public library for the purpose of Choose and Book by GPs are successful and their level of satisfaction with the process and service. A reply paid card was used, which respondents could complete in the library or at home, and post directly to LISU. This also gathered information on the demographics of users, in order to monitor the social inclusion criteria set for the pilot. To gather in-depth opinion and attitudes, telephone interviews were carried out with a self selected group of users.

### ***GPs and practice staff***

In this evaluation it was thought essential to establish the baseline data. A monthly return, similar to that for public and health libraries, was considered to be impractical to record GP referral patterns, to record the numbers of patients who are referred to the public library for the purpose of Patient Choice, and to establish the amount of staff time involved in the operation of the system. Consequently, data on total GP referrals from surgeries judged to be within the catchment areas of the pilot library sites were obtained from Health Link. Additionally, interviews were carried out with PCT and practice staff. However, to add to this the evaluation team calculated the potential number of participating patients, this is shown in Figure 2.

**Figure 2 Flow diagram for library pilot participation**



Most, but not all, patients referred for a first outpatient appointment are eligible for Patient Choice. Of those that are eligible, a number of routes might be taken, most of which do not involve visiting the library for information. Figure 2 shows a simplified flow diagram of the process. At each stage, good estimates were needed of the proportion of patients eligible for choice who complete the process without visiting the library; however much of this information does not appear to be available. This severely hampered the ability of the research team to estimate the likely effect of rolling out the scheme to the rest of England. The proportions noted in the figure, and used for the calculations, were derived as follows:

- The DoH estimates the proportion which are not eligible for choice (cancer, maternity, etc) at 4.74%<sup>xxviii</sup>.
- A poll carried out for the DoH reports that 44% of patients recall being offered choice by their GP<sup>xxix</sup>. Of these, some may discuss their options at the surgery; 29% were offered the *Choosing your Hospital* booklet, and it was assumed that these (and only these) patients left the surgery with a password to make their own booking. This may be an under-estimate of the true position.
- The same survey explores the reasons given for making a decision. The most common, in 66% of respondents, is ease of transport. Based on the data available, it is reasonable to estimate that around one in eight respondents might have had transport as their only criterion, and as such might not have needed any further information. A conservative approach is to assume that 90% of patients leaving the surgery requiring to make an appointment seek further information before doing so.
- The ONS estimates that 61% of households in Great Britain have internet access, (and 84% of these have broadband)<sup>xxx</sup>. It is reasonable to assume that those with Internet access at home, or at the home of a close relative or friend, are unlikely to visit the library for this purpose. This further reduces the potential pool of users, to around 10% of those initially referred by their GP

## Findings

### *Uptake of the P4P Scheme*

Library Staff reported very low uptake of the P4P scheme amongst members of the public. Quantitative data was therefore scant. Uptake of the scheme was much lower than expected – 52 patient enquiries and a further 40 general enquiries about Patient Choice were received across 22 libraries; the remainder recorded no activity for the six months of the evaluation. One member of library staff noted that it was a ‘mystery’ why no-one had used the service – the library had displayed posters in the window where people going to and from the local health centre passed by, and staff were disappointed at the lack of response.

There was some anecdotal evidence that the number of enquiries has been under-reported to the evaluation team. However, it seems unlikely that the degree of under-reporting would significantly alter the conclusions concerning the overall levels of use

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<sup>xxviii</sup> Personal communication from Health Link, 31/8/07

<sup>xxix</sup> Report of the National Patient Choice Survey, England - March 2007  
<[http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationsstatistics/dh\\_077455](http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationsstatistics/dh_077455)> 2007, (accessed 6.12.07)

<sup>xxx</sup> National Statistics. *Internet Access*  
<<http://www.statistics.gov.uk/CCI/nugget.asp?ID=8&Pos=1&ColRank=1&Rank=192>> 2007, (accessed 6.12.07)

and impact of the scheme on libraries. Interestingly a similar scheme in Rotherham, which began at the same time had recorded only a single user in six months.

### ***Sustainability of the P4P scheme for the public library service***

One objective of the evaluation was to estimate the likely impact on libraries of rolling out the scheme to the rest of England. Given the level of use recorded by the pilot libraries, this impact would appear to be minimal. However, an attempt was made to quantify this.

Health Link provided a data file containing the total number of GP referrals for first outpatient appointments in the ten PCTs participating in the Library Pilot. Individual surgeries were marked as to whether or not they fell into the catchment area of a participating library service point. Three months' data were available – March to May 2007.

The data collected by the evaluation team suggest that less than 1% of these patients visit the library to obtain information or make a booking. This is equivalent to around one in every 2,500 GP referrals. Note that this is based on three months' referral data; the pilot scheme ran for six months..

Although the evaluation team are aware of a degree of under-reporting of library visits for the pilot scheme, at this apparent level of take-up, it seems unlikely that library authorities in general will be overwhelmed by a national roll-out of the scheme.

A lack of knowledge about the scheme was apparent among some of the library staff, indicating that information had not been sufficiently cascaded down to all library staff by library managers.

Some staff expressed concern that there may be issues for smaller branches, with limited staff and only one or two computers for public use, particularly where these are sited in close proximity to surgeries, and open at the same time. However, the patient questionnaire showed that users did not generally go straight to the library from the surgery, but waited a few days.

Another issue for sustainability is that of training library staff. If skills acquired through training are not used, they risk being forgotten, which would affect the quality of support available for those few patients who do wish to use the service. A rolling training programme may be desirable to mitigate against this.

Several library staff commented on the aspect of the scheme which involved dedicating a PC to Patient Choice. This measure had not been adopted in all libraries. Some noted that their users had resented a PC being unused but not available to them for general use. This is most likely to be an issue in small libraries with limited numbers of PCs, or in very busy libraries. It is therefore suggested that libraries do not dedicate a PC to the scheme, but incorporate it as part of their regular People's Network provision.

There was also some concern that in a small library with few staff, offering extended support to someone using the Patient Choice scheme could put other staff members under pressure, and affect the quality of service offered to other users. However, only three (out of 20) librarians reported having spent more than one day over the six

month period of the pilot in customer support activities, so, if encountered at all, this would appear to be a transient problem.

### ***Sustainability of the P4P scheme for GP practices***

In the study noted earlier, GPs highlighted a number of concerns which they had regarding providing choice at the point of GP appointment/referral:

- Many GPs found that discussing choices with their patients was impacting significantly on their appointment times leading to over-runs and delays
- Many GPs did not trust official information regarding hospitals, preferring instead to use their own informal knowledge of local services and consultants to inform patients
- GPs did not like the inability to refer patients to individual consultants using the Choose and Book system, but only to a hospital department
- Many of the factors which patients regarded as important in making their choice such as transport facilities and waiting times were beyond the remit of the GP (being primarily concerned with the clinical quality of the hospital)
- Some GPs resented the concept of patients remotely booking their appointment because it deprived patients of the GPs' knowledge of local services.

Further, the GP's duty of care to the patient extends to the time at which an appointment is made and the referral letter attached. It is therefore in the GP's interest to ensure that this is done as swiftly as possible following the initial consultation. Those patients who used the Public library in the pilot study generally did not do so immediately, but waited several days before visiting to make their choice.

These concerns relate more generally to the overall principle of Patient Choice, and whether this should be available at any location remote from the surgery, if at all. There is no evidence to suggest that the provision of support through the People's Network at the public library would affect GPs' views one way or the other.

### ***Potential for integration with other cross-sector health initiatives***

There is considerable work being undertaken across the country to develop a range of cross-sector health initiatives including public libraries. The NHS/Public libraries partnership programme in the north west of England has been very successful in terms of forging closer links between the two sectors and the provision of quality health information for patients. Approximately half of English Public libraries are involved in the Books on Prescription scheme, with cooperation between GPs, mental health workers and library staff. Many library authorities are developing their own initiatives, to meet Government impact guidelines.

Seventeen (out of 20) respondents to the librarians' survey noted that their libraries were involved with other health initiatives. Eleven felt that support for Patient Choice was a natural extension of public library health information provision, while only five did not.

The Patient Choice library pilot appears to fit well with these other activities, bringing together all three of the players involved. Participants in one focus group were clear that the scheme could demonstrate the value and impact of libraries in delivering shared priorities, and felt there had been a high level of cross-sectoral commitment in their area. However, in general, more librarians thought that the local GP practices did not support the scheme than those that did, while half did not know whether or not they supported it.

## **Conclusions and Recommendations**

It should be noted that the P4P scheme had Government funding and backing from the NHS, the Department of Health and Defra. It also had “buy in “from Local Government including 30 Public Libraries across the country, it was a well developed scheme and yet the evaluation shows that take up by the general public was low.

The NHS Choose and Book scheme to allow patients to choose the hospital of their choice for treatment will be universally adopted in the next two years in England and Wales. The P4P public library pilot scheme should therefore be continued and extended nationally, to provide access for those members of society who may not have internet access at home or at work. The take-up rate of P4P is expected to remain low, given the results of this evaluation and high level of Internet access at home in the UK.

The success of the P4P scheme should therefore be measured qualitatively, in terms of meeting Government agendas on healthy communities, social exclusion, equity of access and choice, rather than quantitatively in terms of levels of use.