

Reading Well delivery model

Core requirements for libraries

- Each library authority to have a named member of staff as the Reading Well contact to receive information on the health offer and to take action as required
- Book collections are made available on open access shelves to support clinical referral and unsupported self-help and provide service user anonymity
- The books are made available to everyone, borrowers do not need a prescription or leaflet signed by a health professional to access the books
- The books are displayed together as a complete collection
- To maintain the integrity of the core book list and the support of national health partners, additional self-help titles cannot be displayed under Reading Well branding. Local collections/resources can be used to complement the Reading Well scheme but they must not be added to the national list or displayed as if they are part of the Reading Well collection. Reading Well stickers should not be put on books that are not on the list
- Reading Well leaflets are available alongside the collections to support and inform public and professional users of the scheme
- Reading Well resources including leaflets are copyrighted and cannot be amended, adapted or recreated
- The loan period for Reading Well books is 6 weeks, and titles on the booklist should be exempt from fines and charges
- People visiting the library to use the scheme should be encouraged to join the library
- User leaflets with prescriber's signature that are handed in to library staff should be used for reporting and building partnerships with local health providers
- Libraries will participate in the annual evaluation of the scheme. This will include but is not limited to; reporting annual loan data to The Reading Agency; displaying Reading Well freepost feedback postcards; and promoting online surveys
- Libraries are encouraged to stock sufficient quantities of the book collection to meet demand. This may involve purchasing additional copies over and above those provided for free under the scheme.

Community libraries

Community-managed libraries can deliver the scheme if they are able to do so within the guidelines outlined. They must:



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- Contact their local library authority to explore ways they can work together to deliver the scheme (to obtain correct contact details please email readingwell@readingagency.org.uk)
- Stock the full collection of titles in sufficient quantities to ensure adequate provision for the target audience
- Partner with appropriate health professionals who are able to recommend titles and support people in understanding and managing their conditions.
- Purchase appropriate quantities of the Reading Well user leaflet to ensure people are fully informed about the scheme and where to go for further support.

Reading Well book selection protocol

The Reading Well book selection panel is made up of a range of experts by profession and experience. Publisher submissions are accepted for consideration but publishers are not involved in the selection of materials for the list. The Reading Well protocol is reviewed on an annual basis and for each new programme within the scheme.

The book selection protocol is as follows:

- An evidence review related to the type of conditions/target audience for the list. Where possible, the review will stress the alignment between the list and contemporary NICE clinical guidelines. This evidence will be published at: <http://readingagency.org.uk/readingwell/evidencebase>
- An analysis of thematic areas and titles featuring in existing library/health partner booklists/collections relating to the specified area of focus
- National stakeholder consultation to identify other recommended titles for consideration
- Summary list of recommended titles frequently or often used in existing lists/collections
- Expert consultation to produce a long list of recommended titles, including information about content and accessibility, where possible
- Review of the long list by an expert group, with reference to the evidence base identified and accessibility/suitability of content to create shortlist
- Publisher call for submission of newly published titles for consideration
- Shortlist of up to 100 titles plus any recently published titles reviewed by expert group to include service user/carer representation
- Final revision of the list following checking of publication details and availability, including formats
- Final consultation and evidence base review of shortlist with key stakeholders
- Endorsement of list by key partners

Selection criteria applied

Material will:

- Comply with the evidence based approach agreed for the list
- Draw on existing best-practice local and national delivery models
- Have been recommended by health professionals as part of the consultation process as a useful, appropriate and accessible resource for people managing these conditions
- Have been recommended/endorsed by service users/patients
- Be in print and remain so for the three year duration of the list
- Where possible, be available in other formats

In addition to the selection criteria identified above, the following considerations are applied to the selection of Reading Well lists:

- Material should be relevant to people with the targeted condition and family/non-professional carers
- Material aimed at a professional clinical audience, i.e. clinical textbooks and manuals, will not be considered for core lists although they may be included on a separate professionals' list
- Core book lists should cater for a range of literacy levels, and reading abilities
- Content should be written either by experts by profession or with lived experience

Age of titles

Library stock policies around the publication date of non-fiction titles are considered as part of the book selection process. However, if a title is felt to still be the best available in a particular area the selection panel may decide that it should be included on the list to ensure the scheme is always signposting to the more quality-assured, evidence-based support. Libraries are asked to consider these seminal texts when they may be in conflict with stock policies.