

Report on Lothian Health Services Archive

By

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1. Executive summary

Lothian Health Services Archive (LHSA) is funded by Lothian NHS Board (LNHSB) in partnership with the University of Edinburgh (UE). Located in the University Main Library, it is a specialist health archive that efficiently delivers quality services based on the expertise of staff who know the collections and understand the research needs of users. LHSA promotes access in conformity with national legislation and existing guidance and fulfils the preservation and conservation requirements of holdings entrusted to its care.

This report was commissioned at a time of great change in both organisations and an imminent refurbishment of the UE Main Library, George Square. It aims to reassess the importance and significance of LHSA holdings, appraise the work and achievements of staff and to identify current issues and opportunities. Recommendations are made to help ensure LHSA continues to function efficiently and cost effectively in the future. Its main recommendations are as follows.

- LNHSB should celebrate with UE the financial and intellectual value of LHSA as a priceless local, national and international cultural asset that can never be replaced.
- LNHSB should update its 25-year partnership with UE in a manner that safeguards the distinct identity of LHSA collections, staff and services.

2. Background and purpose

LHSA was founded by LNHSB in 1980, in partnership with the UE and with support from the National Archives of Scotland (NAS). In 1983 the LHSA Advisory Committee was founded, consisting of representatives from each institution. The Archive moved to the UE Main Library building, George Square, in 1988. It is now a department of the Collections Division, Library, Museums and Galleries, Information Services and shares 5th floor reading room, office and storage facilities with the Special Collections department (SC).

LHSA's mission statement is: to locate, collect, preserve and list all historically-important National Health Service and related records and to provide access to them in conformity with national legislation and existing guidance.

During the 25 years since it was founded, LHSA has also promoted and used its collections to increase awareness of the local history and traditions of health care in Edinburgh, the Lothian area and Scotland generally. A number of organisational, managerial and administrative arrangements have been in place over this period. The planned refurbishment and temporary relocation of all collections and services on the 5th and 6th floors of the Main Library, commencing autumn 2006, has given added urgency to agreeing the best long-term arrangements for LHSA. Therefore, this is a useful point at which to step back and reassess the importance and significance of the holdings, appraise the work and achievements of staff, identify issues and opportunities, and make general recommendations that help ensure LHSA's aims and functions continue efficiently and cost effectively in the future.

LHSA is funded by LNHSB and has a budget of c£263,000 in 2006-2007. This pays for the salaries of an Archivist, a Deputy Archivist, 1.5FTE Assistant Archivists (including a

full-time temporary post) and a Conservator, amounting to c66% of expenditure. Direct running costs (c13%) and an indirect 'overhead' to UE (c21%) for storage, facilities and services provided in the Library make up the remainder. Additional NHS project funding (£30,000) to archive the 'Old' Royal Infirmary of Edinburgh (RIE) was obtained in 2003. LHSA receives no funding directly from UE. However, since 2000 it has been awarded a total of c£279,000 of project funding from a variety of non-NHS grant awarding bodies.

Project-funded staffing has given a timely boost to LHSA. For example, at the time of writing, there are two additional Conservators employed for 18 months via the Wellcome Trust's Research Resources in Medical History (RRMH) scheme. There is a real feeling of new activity and heightened motivation for the hard work routinely put in by core staff. Therefore, improved NHS funding since 1999 and a successful track record in attracting additional project incomes have both been instrumental to LHSA's widely acknowledged success over the last six years.

This report has been compiled using fact sheets (see Appendix below), reports, policy documents, Advisory Committee minutes, the LHSA website etc. It is also based on informal interviews with the LHSA Archivist, Dr Mike Barfoot, and other staff during a brief visit to the Archive on 1-2 June 2006. Discussions also took place then with Dr Roger Davidson, Professor of Social History UE and Mr George Mackenzie, Keeper NAS, both of whom are members of the LHSA Advisory Committee. I thank them all for their data, observations and contributions.

The report presents evidence of the importance and intellectual value of the holdings. It also comments on their significance nationally, internationally and in relation to other health-related archives. The quality of preservation, enquiry, research access, cataloguing and other archive services is also evaluated. Issues and future opportunities are identified and general recommendations are made.

LNHSB has financial and legal responsibility for the preservation of all NHS Public and other records that comprise the Archive. It is intended that this report will feed in and help renew LNHSB's long-standing partnership with UE, which remains fundamental to LHSA's continued and future success. It is important that both partners recognise the national and international significance of this Archive and plan together for its continued custodianship and stewardship. Correct decisions taken now will ensure preservation of LHSA holdings to the highest standards and will shape the quality of both the content and use of these records in the future. This report does not address the management arrangements for LHSA within Information Services UE.

3. Importance

3.1. Content

LHSA cares for over 3,000 linear metres of historically-important records and objects in a variety of formats. The holdings date from the late-17th Century to the present. They include records created by the NHS within the Lothian area, which are of long-term value for their legal, administrative, epidemiological or historical significance (90%). It also holds non-NHS institutional records and personal papers relating to the history of health care locally and nationally (10%). LHSA is the largest health archive in Scotland. 65% of

the records are clinical and 35% non-clinical and it has the largest number of 20th-century folder-based case notes of any archive in the UK.

A full list of over 50 categories of institutional records and over 30 collections of gifted/deposited papers can be found on its website, <http://www.lhsa.lib.ed.ac.uk/>. Some nationally and internationally important holdings are noted below.

- Institutional records of most of Lothian's hospitals, including Edinburgh's 'Royals': the RIE, Scotland's first in the modern sense of the word; the Royal Edinburgh Hospital (REH), its historically most important institution for mental health care; the Royal Maternity Hospital ('Simpson's'), a national centre for obstetric care; and the equally renowned 'Sick Kids', or Royal Edinburgh Hospital for Sick Children. These records date from 1728 onwards.
- Records of all RIE-trained nurses, from 1872 to the 1970s.
- Case notes of patients, including x-rays and other diagnostic records, from 1762 onwards.
- Records of the Edinburgh Public Health department, from 1865 onwards.
- Records and case notes from National Insurance, and other 'sick' societies, dating from 1912 and 1795 respectively.
- Records of medical societies such as the Medico-Chirurgical Society and the Pathological Club, from 1821 onwards.
- Evidential records of LNHSB and predecessor bodies - administrative, legal, financial, staffing etc., from 1948 onwards.
- Records relating to Edinburgh's historical response to tuberculosis, including the Bank Street Dispensary for Tuberculosis and Diseases of the Chest, the first of its kind in the world (1887).
- A major group of material covering Edinburgh's response to HIV/AIDS during the mid-1980s to the early-1990s, holdings of unique, worldwide importance.
- Records relating to the development of mental health care in Lothian, the S. E. region and Scotland as a whole, including asylum minutes and reports, Board of Control reports and collection of rare books on psychiatry from the REH Physicians' Library, from the late-18th Century onwards.
- Scottish NHS official and other health-related publications, c5,000 items, probably the best single collection of health-related grey literature in Scotland.
- Press cuttings relating to hospitals and services, such as the REH and the Edinburgh and South-East Scotland Blood Transfusion Service.
- Architectural plans of hospital buildings, including those by William Adam, David Bryce, Robert Reid, William Burn and Sidney Mitchell.
- Photographic, cine and other images (c30,000 items) a unique record of medical people, places and activities in and around Lothian, from the 1850s onwards.
- Health-related institutional and personal papers of figures such as A. M. Drennan, Professor of Pathology UE and Elsie Stephenson, Professor of Nursing UE.
- Letters from internationally known eminent 19th-century physicians, surgeons and nurses, e.g. J. Y. Simpson, James Syme, Joseph Lister and Florence Nightingale.
- LHSA reference library, including books, pamphlets, off prints and journals, c1,500 items.
- Objects and memorabilia, c1,000 items, including works of art, plaques, silverware, old medical equipment, badges, medals, clocks, and including artifacts originally belonging to the RIE Residents' Club. (See Appendix, LHSA Fact Sheet 5.)

3.2. Significance

A huge range of themes, subjects and evidence is covered, including the following:

- institutional - histories of NHS hospitals, boards, units, divisions, services and departments
- biographical and genealogical - records of staff, students and patients
- visual - architectural plans, photographs, paintings and drawings
- topographical - for example the “Edinburgh the Healthy City” historical cine footage accessible online via <http://www.lhsa.lib.ed.ac.uk/images/hc/healthycity.html>
- civic - material relating to the local history of Edinburgh, its people and environs, from the late-17th Century
- temporal - such as Emergency Hospital care and treatment during the First and Second World Wars
- particular – mental illness, infectious diseases, women in medicine, dentistry, physiotherapy, chiropody, blood transfusion, medical and surgical specialties such as reproductive medicine (obstetrics, gynaecology and infertility) orthopedics, pediatrics, surgical neurology, transplant surgery, psychiatry, public health medicine, clinical teaching, medical clubs, societies, associations etc.

These and other holdings form a massive corpus of information on health, medicine and society in Edinburgh, Lothian and Scotland from the late-17th Century to date. As the leading city of the Scottish Enlightenment, Edinburgh took prime position in the development of medicine and science. Thus the clinical and research work done at that time is of especial national and international interest. Thereafter, Edinburgh retained its reputation as a leading UK centre for medical education and practice throughout the 19th Century and into the 20th.

Staff and students of the UE’s various History departments, the Science Studies Unit, Geography, Art, Architecture, Business Studies, Psychology and other departments, as well as visiting academics and scholars, NHS consultants, other NHS staff and UE-based medical academics interested in history, have made extensive use of this evidence. A quarter of users over recent years have been from within the NHS. Besides universities and colleges, another growing audience has been genealogists, private individuals and business users, such as the media, which together comprise approximately a third of usage. (See 4.6. below and Appendix, LHSA Fact Sheet 2, for more detailed user information.) Local Edinburgh and other research is made possible by the social history emerging from the case notes and photographs, which have great - and still largely untapped - potential, especially concerning the nature of Scottish working class life in the 19th and early-20th Centuries.

3.3. Related archives in Scotland

SC’s UE archives, manuscripts and rare books also contain nationally and internationally significant information and evidence relevant to the history of medicine. There are pronounced synergies between them and LHSA’s, some collections being jointly held (see below). There are also significant overlaps between separate collections, such as the personal and academic papers of Norman Dott, Professor of Surgical Neurology (SC) and his NHS/RIE administrative papers and case notes (LHSA). SC holds an important collection of engravings and prints relating to pre-20th century British and

international medical figures (Thompson-Walker). However, its 20th-century photographs relating to Edinburgh medicine are sparse, an area well represented in LHSA. In general, it could be said that SC collections relate more to celebrated individuals and were originally created by the elite within the medical profession. LHSA's focus more on the practising day-to-day doctor and the patients they treated in a variety of settings. The former are strongest in the 18th and 19th Centuries; the latter in the 20th. Together they constitute a formidable resource that is co-extensive with the development of modern medicine. A thematic look at some of the material in SC / LHSA respectively demonstrates the links:

- SC UE medical alumni records from 1762 onwards / LHSA records of UE trained hospital doctors and students from 1730
- SC records of the Medical Faculty 1726 onwards / LHSA minutes of RIE and other teaching hospitals from 1728
- SC clinical teachers' lectures and personal papers from the 18th Century onwards / LHSA patient case notes from 1762
- SC medical societies from the 18th Century onwards / LHSA medical societies from the 19th Century onwards
- Department of Pathology post-mortems / RIE registers of dissection and deaths (joint SC/LHSA collection dating from 1842)
- Dental School alumni records / LHSA Dental Hospital records (joint SC/LHSA collection dating from 1862).

Within the Scottish NHS there are four Archives at present, including LHSA. The others are Greater Glasgow NHS Board Archive (GGNHSBA) Northern Health Services Archive (NHSA) covering Grampian and with a watching brief for Highland, and Dumfries and Galloway Health Board Archives (DGHBA). *Ad hoc* arrangements have been made in other areas, such as Tayside (via Dundee University), Ayrshire, and Fife. Each of the four is organised, administered and funded differently. Some are in NHS property, others in universities or local authority premises or, in the case of GGNHSBA, a combination of both. GGNHSBA is second to LHSA in terms of size and impact. Its holdings comprise some 1,500 linear metres and include records of many important Glasgow and Paisley hospitals, other institutions and papers of 35 individual medical clinicians and researchers. It has a slightly lower proportion of clinical (45%) to non-clinical records (55%). The former are almost exclusively older bound volumes of case notes, rather than the 20th-century folder-based loose ones found in LHSA. NHSA is a smaller operation with 800 linear metres and 65% clinical to 35% non-clinical records. DGHBA is the smallest Scottish NHS health archive, with 170 linear metres. Since the early 1980s, Archivists of the four main Scottish NHS Archives have met regularly with the Keeper and other senior NAS staff to discuss matters of common concern, such as guidelines for the retention and destruction of NHS clinical and administrative Public Records, and the archival impact of Freedom of Information and Data Protection legislation.

Within Scotland, the other institutions holding archives and other material relating to medicine are the Royal Colleges (RC): RC of Physicians of Edinburgh, RC of Surgeons of Edinburgh, RC of Physicians and Surgeons of Glasgow, RC of Nursing and RC of General Practitioners (Scotland). Archives relating to medicine and health are also held at the National Archives of Scotland, the National Library of Scotland, and Edinburgh City Archives and the Edinburgh Room of the Central Public Library. Thus, in terms of archival resources for the history of medicine, Edinburgh is remarkably well served, as

benefits its historical role in the development of medicine and medical education in the English-speaking world.

3.4. Medical archives outside Scotland

Some NHS Archives have their own dedicated professional staff and storage, often within hospitals (Barts, Bethlem, the Royal Free, St Mary's, for example). Some NHS archives are found in university libraries (Nottingham, York, Liverpool). Many of the Royal Colleges now have professional Archivists, as do specialist schools, such as the London School of Tropical Medicine and organisations like the Planned Environment Therapy Trust and the British Medical Association. The Royal Society of Medicine also has considerable holdings. The Wellcome Library is one of the largest medical history libraries in the world. However, it does not take in hospital records as such and there are there are very few clinical records amongst its archives and personal papers.

The Health Archives and Records Group is an independent body affiliated to the Specialist Repositories Group of the Society of Archivists, with some 100 members from all over the UK. It produces and shares relevant information and, to some extent, acts as a pressure group. LHSA routinely sends a member of staff to its meetings and the LHSA Deputy Archivist is currently its Membership Secretary.

4. Activities

LHSA undertakes core activities common to archive repositories everywhere:

- acquisitions
- care and custody
- conservation and preservation
- access arrangements
- freedom of Information and data protection
- users
- outreach and promotion
- projects.

4.1. Acquisitions

The number of accessions varies, averaging 63 collections p.a. over the last 5 years. A collection can be a single item or an entire run of patient records. Lothian Health Board's Acute Services Strategy commenced in the early 1990s and resulted in the closure of several smaller hospitals and Scotland's largest hospital site, the 'old' RIE. Many clinical and non-clinical services were also relocated as part of this process of modernisation. It has led to the transfer of substantial amounts of NHS records and objects, especially since 1999 when more space was made available in the Library. As a result, the holdings have expanded significantly over the last decade.

Acquisitions are by transfer or gift and, occasionally, by deposit, although the latter is discouraged whenever possible. Sometimes LHSA staff initiate enquiries about potential accessions; at other times they react to the suggestions of NHS staff, colleagues at the NAS, historians and members of the public. This dual approach works well for both NHS

and privately gifted material. Priority is always given to the former and when LHSA is either told or learns of an impending closure or move, every attempt is made to identify historically-important records requiring permanent preservation. This is often done in difficult circumstances with insufficient time for on-site appraisal.

Most pre-1948 records have now been accessioned, the most recent notable single item being the 'missing' Royal Charter of the RIE (1736) which the Archivist managed to track down and add to the RIE collection. The original parchment and attached wax seal were conserved by the NAS. This nationally-important document in the history of early Scottish hospital provision is now one of several LHSA individual 'treasures'.

Such expansion has clearly created much more work and it is greatly to their credit that LHSA staff have maintained good records, with excellent policy-based procedures in place. (See Appendix, Fact Sheet 3, for more details.) With c3,000 linear shelf metres of records, items and objects, the 5th floor space LHSA is about to vacate temporarily is already virtually full. There will probably be limited space available for expansion immediately following the move and, looking further ahead, the refurbished Main Library building is unlikely to be able to hold LHSA's entire collection.

4.2. Care and custody

There are numerous housekeeping activities associated with the stewardship of the archives from the moment that material is transferred.

- Environmental control of the storage area is the responsibility of UE and although not to British Standard 5454:2000, storage is nevertheless of a high standard, with a good alarm system and restricted key access to the locked LHSA area containing confidential records. It is understood that the future temporary storage of some SC and LHSA holdings to a "Research Annex" in South Gyle, outside central Edinburgh, will meet equally high standards. Material to be housed here will be less-frequently requested items (as far as this can be predicted in advance from previous trends).
- Checks are completed to ensure that it is safe to introduce materials into the stack in case of any infestation. Any urgent need for conservation/preservation treatment or surrogate copies is put in hand.
- Processing occurs after arrival in conformity with the accessions policy and material that falls outside the collection remit is relegated.
- LHSA has created a standard form to document original location and provenance information and to allow signing-off by the relevant party. Any special conditions of use relating to copyright, medical confidentiality, Data Protection (DP) and Freedom of Information (FOI) are also noted.
- Re-boxing is carried out where necessary and a brief description is put on the LHSA website prior to listing.
- Cataloguing is to a recognised international standard and descriptions are produced at collection, series and item levels. Large collections are prioritised and a plan is developed to ensure the fullest possible descriptions are achieved over time.

To summarise, LHSA has set and achieved very high standards of care and custody. Since the implementation of the FOI (Scotland) Act 2002, accessible archives which have been listed and made available via the publication schemes of public authorities are deemed exempt under section 25 of the Act. In 2005 LHSA received additional NHS

funding for a 2-year temporary Assistant Archivist to ensure that it is fully FOI compliant and to extend its cataloguing. This post has already had a major impact in both areas. (See also section 4.5. below.)

4.3. Conservation and preservation

Both activities have been central to the work of LHSA over the last few years. The majority of available non-staffing running costs have been spent on them to ensure that, where possible, the condition of records and objects is stabilised and/or improved to enable safe user access. This has involved interventive conservation and repackaging, cleaning and preservation. Non-NHS grants have also been obtained to deal with historically-important clinical case note collections. A National Preservation Office Survey undertaken by LHSA in 1999 led to the appointment of a temporary paper conservator in 2001. A series of important tasks were commenced and a core post established in 2003 has enabled the work to progress further. Achievements include:

- NPO survey of the photographic collection
- treatment of architectural plans
- reformatting of microfilm case notes for digitisation
- monitoring of environmental conditions
- provision of better shelving
- preparation of volumes for rebinding
- drafting a recovery plan
- re-housing parts of the collection (records and objects)
- shelf survey for a boxing project
- provision of handling guidance for staff and users
- re-housing of glass plate negatives.

Since 2002, three successful bids to the Wellcome Trust's RRMH scheme have been made. Approximately 100,000 hospital case notes of UE medical and surgical clinical professors (Bramwell, Dott, Learmonth, Dunlop) and of pre-1960 REH patients have now been stored correctly, together with related glass plate negatives and x-rays. This amounts to approximately a third of LHSA's folder-based case note collection. Details of these projects are available at www.lhsa.lib.ed.ac.uk/projects. By sharing the methodologies that the Conservator has developed in the course of supervising the RRMH projects, LHSA has become an acknowledged national centre of expertise in the care of such materials.

LHSA has demonstrated great energy in its handling of preservation and conservation. RRMH grants are not easily acquired and it is greatly to its credit that it has obtained three with a total value of c£175,000. As 'owners', LNHSB have acted commendably by making the necessary financial resources available for these essential long-term activities. It is very doubtful whether as much - or perhaps any - conservation project funding would have been obtained had this not been the case. It has allowed more work to be done more quickly. The quality of housing and the condition of several collections is much improved. It is now good overall, although much remains to be done to improve it further. (See Appendix, Fact Sheet 4, for more details.)

4.4. Access arrangements

A catalogue of over 2,500 pages of handlists facilitates access to the content of holdings. The earliest finding aids (1980s) were typed manually. Machine-readable lists were gradually created to revise and replace them, a mammoth task eventually completed in late 2004. Bound paper copies are available at the National Register of Archives (Scotland) as well as the SC reading room on the 5th floor of the Library. The LHSA website also has searchable collection- and series-level descriptions. A significant number at item-level have recently been made available in PDF format. Descriptions of holdings are also available online at the Scottish Cultural Resources Network, the Scottish Archive Network and the Archives Hub. (See section 4.8. below.)

About 90% of the institutional records (LHBs) are catalogued to item-level. Roughly the same percentage of gifts and deposits (GDs) have either series- or item-level descriptions. (See Appendix, Fact Sheet 6, for more details.) This is a good proportion. Most archives have a much larger amount of material without such descriptions. With the reorganisations of Lothian NHS in 1994 and 1998, there is now a need to re-catalogue some of the early accessions.

While the folder-based case notes (CCs) are listed to series level, there are very few manual indexes by which to identify individual patients and none for publicly available 'open' (i.e. non-confidential) clinical records. It would be a massive, but very worthwhile, undertaking to rectify this via a web-accessible database. A useful starting point might be the early volumes of the RIE General Register of Patients index, which commenced in 1867.

Objects, publications and pamphlets are retrievable by staff using internal databases, but these holdings also require the production of searchable catalogues for use by the public. Researchers would benefit further if the photographic holdings also had more detailed publicly accessible finding aids. The coverage of the present ones is inadequate and this hinders wider access to what is one of LHSA's most significant and most used collections.

LHSA developed its website six years ago and now has a very informative site. It covers a large range of subjects and is attractive and easy to use. The most frequently used pages are the descriptions of the collections. The site is continually evolving and has useful sections dealing with FOI and DP, digital images of photographs and texts of health held by the Archive, as well as links to archive networks, Scottish NHS archives and other related sites. The site is maintained by UE. To enhance web accessibility via database applications and to make various exhibitions undertaken by LHSA (see 4.7. below) more visible, further development work involving considerable specialist I.T. support, will be required. This is essential if LHSA is to maintain its existing local, national and international profile in an increasingly digital world. (See Appendix, Fact Sheet 7, for more details.)

LHSA has shown exemplary energy and initiative in assisting all enquirers rapidly and efficiently, developing good lists, catalogues and finding aids, and promoting access to the collections generally. The quality of the finding aids is good, standards of cataloguing have been implemented and LHSA participates in sharing information with archive networks. More detailed cataloguing of, for example, some suitable case note material and more digitising of frequently used records and images is desirable. It would draw-in

more users and speed up readers' enquiries yet further. Getting more resources available via the web is increasingly the accepted and preferred option for archives and libraries.

4.5. Freedom of information and data protection

Given the nature of the holdings it is essential that the LNHSB have full confidence in the way that its records are safely held and made accessible in compliance with legislation and guidelines. LHSa has been very successful in managing this and it continues to operate well-conceived, tried and tested, pragmatic policies. LNHSB can be assured of the advice it receives from LHSa staff about the implementation of Scottish and UK-wide legislation regarding FOI and DP respectively.

For many years LHSa has operated as an invaluable bridge between research users and the Director of Public Health (DPH) LNHSB, with whom decisions about access to personal health information held by LHSa ultimately rests. Research users sign an undertaking to prevent disclosure of sensitive information to third parties and copies of intended publications are submitted in advance to check that the anonymity of individuals has been observed where necessary. Legislative compliance, guidance on closure dates and any issues involving the contents of specific records are carefully monitored for each access request in a standard way in order to ensure fairness. Requests for disclosure are given priority over routine historical enquiries. Where a speedy response is requested by private individuals seeking information about relatives, LHSa staff can often help to ensure that a quick decision is made whenever possible. They are well informed and efficient in their dealings and have developed a good relationship with other relevant NHS, FOI and DP staff. It is not insignificant that there have been no problems or complaints since the new legislation was introduced: on the contrary, academic researchers and members of the general public are grateful for the speed with which enquiries and procedures are dealt with. In fact during the last 25 years, there has never been a formal complaint regarding the disclosure or otherwise of any personal health information held by LHSa. The administration of increased amounts of FOI-related tasks in particular has been greatly facilitated by the temporary Assistant Archivist post referred to in section 4.2. above.

4.6. Users

LHSa attracts a very good number of users to consult records, mainly via remote enquiries (email and phone). There is also a steady stream of visitors, many of whom access significant numbers of records via the reading room shared with SC users. The development of the website has assisted in publicising holdings, with a remarkable 5,000 'hits' during May 2006 and a monthly average of c4,500 during 2005. Personal contacts with historians and other UE staff, the higher education community, Lothian and other NHS clinicians and other workers have been highly appreciated. The quality of its user support is well known and it is based upon dedicated LHSa staff who are knowledgeable, efficient and willing to help all enquirers across a wide range of sectors.

The number of enquiries handled is steadily rising, with nearly 400 during the last 12 months. Overall, it is Scotland's busiest NHS Archive in this respect. Private enquirers still dominate, followed by University and NHS-based ones. (See Appendix, Fact Sheet 2, for more details.) The type of enquiry is also changing, with over a third coming from genealogists. This is almost certainly fuelled by the highly popular family history

programmes televised in 2005-06, which increased archive use dramatically throughout record offices in the UK. *The Scotsman's* Saturday magazine has recently included a "Genealogy Clinic" column, in which LHSA has been mentioned on more than one occasion. The move towards genealogy and the potential greater use of LHSA by social historians is likely to change usage figures in the future. Over time, more of the patient records will become publicly available and genealogical enquiries are likely to increase yet further. Promotion and accessibility will also encourage further use and demands on staff time, which digitisation and cataloguing will relieve to some extent. As noted in section 1.1. above, the Main Library refurbishment programme involves the dispersal of some holdings into the Research Annex. Two Main Library basement stores will be used to hold the remainder. This will significantly increase the time spent on user support with respect to fetching, making records available and answering enquiries based upon information they contain.

4.7. Outreach and promotion

LHSA has regularly curated exhibitions in the Library and elsewhere. A recent major display was entitled "Your Hospital, Your Heritage: the RIE, 1729-1948" and coincided with the final closure of the former Lauriston Place site in 2003. A 30-page printed catalogue was produced and circulated. Another 2005 exhibition, "Clinics, Clubs and Societies" celebrated the 25th anniversary of the LNHSB and UE's partnership. It focused on some of the less well known collections that illuminate wider aspects of Edinburgh professional medical culture and the history of care in the local community. It commenced 25 years to the day after the original "Medical Archive Centre" opened, was an excellent public relations exercise and, like all such exhibitions, helped to make the public more aware of the surprising diversity of LHSA's non-hospital holdings. LHSA also supports public arts exhibitions and other displays via the RIE Arts Committee. (See, for example Scotland on Sunday 'At Home Magazine', 11 June 2006.)

UE does not have an academic History of Medicine Centre at present, unlike the University of Glasgow. Nevertheless, in spite of the lack of a central focus of this kind, excellent efforts have been made within the University to encourage academic use of this Archive. The Edinburgh Medical History Group, established in 1997 with Wellcome Trust support, has a very active programme and the Archivist has worked to create and maintain strong contacts with academics locally, nationally and internationally. He has built up an excellent reputation of assisting such researchers and is a former Wellcome Trust history of medicine award holder and a former member of the Scottish Records Advisory Council.

The collections have been well used, cited and acknowledged over the years. A number of books, articles, PhDs, MScs, final year honours projects and occasional school assignments have used the holdings, for example the images available remotely via SCRAN. Visual resources are also regularly reproduced to illustrate academic and other publications, for example the Open University Course books and videos on the history of medicine and health published in 2004. Recent monographs, other publications and work in progress that have made extensive use of LHSA holdings include:

- Christopher J. Lawrence, *Rockefeller money, the laboratory and medicine in Edinburgh 1919-1930: new science in an old country* (University of Rochester Press 2005).
- Guenther B. Risse, *New medical challenges during the Scottish Enlightenment* (Rodopi 2005).
- Roger Davidson, *Dangerous liaisons: a social history of VD in 20th-century Scotland* (Rodopi 2000).
- Michael Barfoot, "*To ask the suffrages of the patrons*": *Thomas Laycock and the Edinburgh hair of Medicine, 1855* (Wellcome Institute 1995).
- Various history of medicine related journal articles by A. M. Nuttall, G. L. Davis, and M. McCrae, based on original doctoral research.
- A. W. Beveridge and R. A. Houston have published widely on the history of Scottish asylums and psychiatry, a main LHSA subject strength. MSc students in Economic and Social History, Scottish History and Nursing Studies have also written dissertations.
- Several researchers and research groups have used LHSA's hospital and domiciliary birth records to chart the historical relationship between birth weight and health, most recently also taking into account factors such as intelligence, as in Ian Deary *et al.* 'The impact of childhood intelligence on later life: following up the Scottish Mental Surveys of 1932 and 1947', *Journal of Personality and Social Psychology*, 86 (2004):130-147.
- A. Nuttall is currently undertaking Wellcome Trust funded post-doctoral research on the medicalisation of childbirth at the Edinburgh Royal Maternity Hospital (Simpson's), 1844-1939.
- Helen Coyle is working on an ESRC-funded PhD on the history of AIDS policy in Edinburgh, 1982-1994.
- G. Davis has received a 2006 Wellcome Trust University award to work on the history of infertility in Scotland, 1950-1990 (commencing January 2007). LHSA's records relating to the RIE Gynaecology Out-Patients Department Infertility Clinic (established 1947) and other related material, will be extensively used during her 5-year research project.

It is likely that more could be done to extend the audience, especially since history of medicine is now part of the school curriculum. Distance learning might be encouraged were there an outreach post, something that could perhaps be explored with UE.

The Deputy Archivist conducts tours for NHS staff, UE groups and other medical-related professionals. The Conservator has presented talks about how LHSA developed its national conservation profile. Since 1988, the Archivist has also given regular lectures, talks and presentations to a wide range of NHS staff, professional bodies, local societies, clubs, conferences as well as seminars on the history of particular hospitals and other history of medicine topics.

4.8. Recent projects

LHSA has initiated and participated in many projects as follows.

Finding the Right Clinical Notes: developed an online resource for locating personal health records in Scotland 1600-1994. This was a low cost, high value 2.5 year project funded by the Research Support Libraries Programme, 2000-02. It aimed to assist

researchers to gain better intellectual access to surviving personal health records across Scotland. LHSA/UE took the lead, with partners from the University of Glasgow/GGNHSBA, the University of Dundee/Tayside Health Board Archives, the National Archives of Scotland and the RC of Physicians of Edinburgh. Post-project, the web site (www.clinicalnotes.ac.uk) is maintained by the Archivist (content) and UE computing services staff (I.T. support). Extending the survey, enhancing and revising the database and investigating the condition and any possible destruction of case notes since the original survey would be a worthwhile future project.

Archives Hub: contributed LHSA collection level descriptions covering c95% of its holdings to this Higher Education gateway to university and college archives, thus making them more accessible (www.archiveshub.ac.uk).

Scottish Cultural Resources Access Network (SCRAN): selected c1,500 LHSA images (mainly photographs) relating to the Edinburgh medical community c1850-1950 for digitisation, which were then made available on the web. Copyright is free to schools and a charging system is in place for other users via SCRAN (www.scran.ac.uk).

Scottish Archive Network (SCAN): contributed collection-level descriptions of LHSA holdings online, in a project sponsored by NAS (www.scan.org.uk).

National Preservation Office surveys and RRMH: enabled a great deal of informed and prioritised conservation and preservation work to be undertaken on selected holdings, thereby prolonging their survival and making them much more accessible for use. (See 4.3. above and Appendix, Fact Sheet 4.)

The Biochemistry Laboratory of the Royal Infirmary of Edinburgh: a Wellcome Trust funded 2-year academic research project which was supported by the Archivist, who was also a co-award holder. It involved supporting a salaried research associate's access to RIE's clinicians' case notes in order to gather data about the use of early-20th-century laboratory techniques in diagnosis.

HIV and AIDS Collection Survey and Report: commissioned by LHSA in order to plan the care and cataloguing of several sets of internationally-important collections relating to the Edinburgh AIDS epidemic in the late 1980s and early 1990s.

Archiving the Old RIE: commissioned by RIE to identify and preserve historically-important paper records and objects in buildings on the hospital's former Lauriston Place site prior to closure in 2003, funded by NHS Endowments.

Valuing and assessing the LHSA object collection: created an objects database containing digital images, independent financial valuations and LHSA historical assessments of each item in order to determine future curatorial policy. This on-going work grew out of the Old RIE project and is funded by LHSA's own running costs.

It is greatly to the credit of the Archivist that he has been able to initiate and deliver a number of very successful externally-funded projects. As noted above, non-NHS external funding has amounted to £278,824 over the last 7 years. He has taken advantage of collaborative schemes and built on advice from colleagues in the academic, archival and library spheres. The work done in the Archive has not only helped ensure the physical longevity of records in the collections, it has also improved

access by enabling greater use of materials that would otherwise have had to remain either closed or unavailable to users.

5. Issues and opportunities

5.1. Partnership

LHSA's relationship with LNHSB on the one hand and UE on the other is an unusual cross-sectoral one and, over the last 25 years, the parent institutions have themselves undergone an unprecedented period of change.

LHSA has undoubtedly gained a great deal by being housed in an academic setting and making use of the storage, I.T. and other facilities available in the Library. Sharing mail and information systems, security arrangements and joint supervision of users have been significant benefits. UE has gained in terms of hosting a well-regarded centre of medical archives expertise with an excellent track record of external funding. The academic research use of LHSA material is consistent with UE's fundamental mission to advance and disseminate knowledge through research and teaching. The Library has also gained financially from hosting LHSA and NHS-funded staff share a number of duties within SC.

On the other hand, the size of LHSA holdings and its perceived semi-autonomy have sometimes been seen as problematic within a rapidly changing UE Information Services containing a Library, Museums and Galleries planning unit, which, in turn, has recently created a Collections Division (CD) to help standardise procedures within the wider support group.

Common interests and perceived differences are regularly discussed in useful six-monthly meetings of the LHSA Advisory Committee, during which every effort is made to balance the interests of stakeholders. Any current diverging or conflicting interests should be resolved as soon as possible. LHSA has forged a successful path, which is beneficial to both LNHSB as 'owners' and to UE as hosts. It has also served users. The specialist nature of many of the enquiries, the energy with which its staff have been able to develop the Archive, and the detailed knowledge of the collections that has been gathered over time, are important continuity factors during a time of great change for both partners. As noted above there are UE holdings of great medical historical interest and it would be sensible to improve shared knowledge between SC and LHSA staff.

As noted above in relation to LHSA user support (section 4.6.) imminent changes in storage arrangements during Main Library refurbishment will involve a temporary transfer of LHSA and Special Collections holdings to three different locations. Shortage of space will entail a random shelf location system, rather than shelving the holdings close to catalogue order as at present. Therefore, storage space and physical access to holdings are likely to become issues for LHSA in the short-term and, probably also long-term after it returns to the refurbished building.

LHSA represents the end point of LNHSB record creation, use and relegation, at which historically important archives are permanently preserved. The often less than satisfactory circumstances of acquisition referred to in section 4.1. above and, particularly, the lack of systematic NHS administrative records management (See 5.2.

below) have contributed to an appraisal backlog that, in turn, has made cataloguing more time-consuming. After the move, a systematic review of post-1948 administrative material could be undertaken to identify duplicates and any historically unimportant material that could be safely discarded. This may enable future savings upon the space provided by UE.

The storage of objects, and the best way of ensuring that they are accessible and known to museum curators, should be reconsidered after the current external valuation and internal historical assessment project is completed. Some of the medical equipment may be duplicated in holdings elsewhere, but needs to be safely kept until this has been confirmed. Now they have been digitally recorded, a decision whether to keep the collection of physical plaques is also required.

While not a full partner like LNHSB and UE, the NAS has supported LHSA since its inception. The Keeper approves local arrangements for repositories holding permanently preserved NHS Public Records. His involvement as a member of the LHSA Advisory Committee has been of direct benefit to the main partners and further liaison and sharing expertise between LHSA and NAS staff is also to be encouraged, especially in the areas of legislative records compliance and liaison with the wider Scottish archives community.

5.2. Records management

LHSA does not have any direct responsibility for records management (RM) in LNHSB or in NHS Lothian generally. It would actually be very difficult for LHSA to undertake hands-on RM work on behalf of the NHS, given that it is physically separate from it, located in a different organisation and already has a very full programme of archive work. At the same time, it is evident that LHSA functions are made much more difficult while there is no dedicated LNHSB non-clinical RM post. The sorting of administrative records prior to transfer would be routinely handled within a systematic NHS Lothian RM process. Improving links between the latter and LHSA through better control of the NHS records cycle of creation, use, relegation and destruction/archiving, is a crucial future issue with respect to space, legislative compliance, efficiency and cost-effectiveness.

However, despite the absence of satisfactory NHS RM arrangements for administrative records, LHSA has produced general advice at policy level, for example to the RIE prior to its relocation and, more recently, to the Mental Welfare Commission. LHSA played a significant role in advising the Scottish Executive Health Department on archival aspects of the NHS FOI model publication scheme. It has also been very pro-active in developing national guidelines for the retention and disposal of NHS administrative (HDL [2006] 28) and clinical records (MEL [1993] 152). The former guidance appeared recently and had its origins in a draft prepared by the LHSA Archivist, in consultation with other Scottish NHS Archivists that was submitted to the Scottish Executive Health Department via the NAS. Its implementation at Board, Divisional, hospital and other levels is essential from LHSA's perspective of being able to identify future archive material that must be permanently preserved. LHSA is also active in making representations about the successor to MEL 152 with respect to retention and closure dates and long-term retention of samples of clinical records for future research.

5.3. Electronic records

The NHS will increasingly use electronic records for databases, correspondence, finance, emails and spread sheets etc. It will, in fact, create information electronically such that a paper copy may never exist ('born digital'). If LHSA is to retain its full complement of archival functions, it will need to be able to handle this ultimately. RM processes should also be involved here to help plan so that the Archive is able to receive and house e-records in the future. LNHSB's ability to observe best practices and be well-informed about developments regarding the saving of e-records for posterity should be a key item on its agenda.

5.4. NHS archives in Scotland

Although NHS health archives serve Scotland's four main population centres, provision is patchy overall. It is also very varied, with different institutional arrangements being made in different areas. There is no clear sectoral pressure group *per se* although the Health Archives and Records Group has performed this function to some extent in England. Shared concerns about the impact of FOI and DP on access to records and the possibility of new archive legislation for Scotland may bring closer working. However, post-FOI, the perceived need to appoint NHS administrative records managers has not generally been taken up and this hampers the efficiency and effectiveness of all Scottish NHS archives, as noted above.

5.5. Use by NHS staff, historians and genealogists

The use of LHSA by staff in LNHSB and more widely within the Scottish NHS will remain important, and their need to be able to refer to staff they know and trust should be recognised in any future long-term provisions for LHSA in UE. Use by historians and genealogists is likely to increase significantly. Active encouragement and assistance by LHSA staff remains an essential role for them to undertake. The very positive and responsive role LHSA undertakes in arranging access for researchers at all levels, as well as negotiating the complexities of access conditions and arrangements, has helped promote current levels of academic use. University staff do, however, need to be still more aware of LHSA and its research potential. The fact that academics are in Economic and Social History, Science Studies and other departments means that there is a dispersed academic audience in Edinburgh, which has reduced the potential impact of LHSA. However, the recent appointment of a new Wellcome Trust-funded UE History of Medicine Award holder will undoubtedly help produce more cohesion in the future. The LHSA Advisory Committee should actively promote this Archive to UE's Colleges and the academic and HE community generally.

5.6. New ways of using material

Digitisation and use of the web are recent ways of allowing access to original records. They remain fairly expensive options if undertaken to good standards, and cannot at present be seen as an alternative to cataloguing or retaining originals. Nevertheless, digitisation is a key method of reaching audiences and should be used further by LHSA. Systematic digitisation to accepted standards will require a project-based approach based upon additional financial, staffing and technical resources.

5.7. Future projects

Bearing in mind the subject of Dr Davis's research (see section 4.7. above) LHSA recently submitted a fourth RRMH preliminary bid to preserve its folder-based reproductive and sexual health case notes. If funded, it will continue LHSA's remarkable recent success in attracting project-based external funding. In discussion, LHSA staff also suggested a number of future in-house projects that would assist them in their work and encourage greater use in the future. Some have already been alluded to above. They include: appraising LHSA's post-1948 non-clinical records, refining the object collection and improving access to it, creating better finding aids for GDs such as the Ernst Levin and George Venters papers, improving finding aids for hospital patient indexes, particularly RIE and REH, digitising more photographs and frequently used texts, creating finding aids to material already digitised such as x-rays and microfilmed case notes, cataloguing LHSA's historical books, journals and pamphlets and enhancing the content and functionality of the LHSA and Finding the Right Clinical Notes websites.

6. Main recommendations

- LNHSB should celebrate with UE the financial and intellectual value of LHSA as a priceless local, national and international cultural asset that can never be replaced.
- LNHSB should update its 25-year partnership with UE in a manner that safeguards the distinct identity of LHSA collections, staff and services.

7. Conclusion

In 1986, when Dr Derek Dow, then Archivist at GGNHSBA, wrote about medical archives in Scotland (*Society for the Social History of Medicine Bulletin*, 1986, pp. 88-91) the appointment of archive professionals in the NHS was a recent event. All archives have developed and improved their services over the last 30 years, but health archives have seen some of the greatest changes. Starting from a position where many hospitals had no idea of the importance or value of their historical records, not even a sense of what such evidence consisted of and what to do with it, many can now see their records boxed, shelved, listed, accessible and being well used by a wide range of researchers from all sections of the community. LHSA has undoubtedly been one of the most successful health archives in the UK and is now also known internationally because of the importance of its holdings, the publications using them and the quality of its research support. It has achieved an enormous amount in the last 25 or so years and, in some areas, has set the standards for others to follow, especially since 1999, when more LNHSB funding was made available.

It is likely that increased genealogical use of the material will add still further to the number of enquiries LHSA receives in the future, especially when leisure activities and interest in family history is on the increase. In order to assist the service provided and reduce wear and tear on documents, surrogate copies and digitisation will play a key part. Good links with related medical archives in Scotland and elsewhere are important and the input of archival professionals and advice of bodies such as the National Archives of Scotland should be maintained and strengthened.

LHSA has demonstrated a high level of professional work in all the vital activities, such as acquisition and record processing, cataloguing, conservation and dealing with researchers. In addition, several successful external bids for funding have led to a variety of invaluable projects, each involving strategic planning, management and reporting. This work has paid off in many ways and increased the value of the Archive. The size, range and content of the holdings are all very important factors in making LHSA one of the key holders of medical archives in the UK, and the foremost when it comes to clinical records for the 20th Century, a research period given priority by the Wellcome Trust's History of Medicine Grant Programme and one frequently exploited from the unique patient perspective offered by such case notes.

LHSA is, and will continue to be, of great importance and interest to a wide range of users, from professional scholars to medical staff and members of the public. It is a major resource in the history of health and medicine from the early-18th Century onwards. Anyone interested in patient care during that period will need to check what's available in LHSA. In addition to its undoubted intellectual value, there is also a potential financial value, although this would be a difficult figure to fix. The Archive's value has undoubtedly been increased by the work that has been done on it over the last quarter of a century, transforming a large body of documentation into an ordered series of materials with good means of searching and retrieving information. It is the additional quality service and support that ensures greater availability that makes LHSA stand out.

This remarkable body of records is an asset that LNHSB and UE in partnership can both be proud to preserve. The Board gets excellent value for the money it spends on this appreciating asset, but its value is directly linked to the quality work that is consistently done in maintaining and managing LHSA. The University hosts a remarkably important Archive which adds immeasurably to the resources in its care, attracting researchers and assisting the academic community. A means of ensuring LHSA's physical safekeeping for the long-term, as well as recognising the importance of a dedicated and knowledgeable staff to run the Archive, is essential. LHNSB should now strive to find a durable mechanism, which will allow this by further strengthening their partnership with the University.

8. Appendices: LHSA Fact sheets

(See overleaf.)