



New MA in Health Services Research launched

CHSS is launching a new masters course aimed at experienced NHS professionals and recent graduates seeking a career in health services research.

This course provides a way of accessing a range of career opportunities in health and social care research and an opportunity for either a career change, or to enhance career development.

The MA aims to give graduates the necessary skills in health services research and a critical understanding of current health issues and the research agenda. Graduates will have the ability to contribute to the development of health and social care locally and nationally.

The course is flexible and can be completed full time over one year, or part time over two years and includes the following modules:

- Research Design and Data Collection
- Using Secondary and Qualitative Data
- Philosophical Approaches to Research
- Quantitative Analysis
- The Management of Health Risks
- The Formation and Implementation of Health Policy
- Health Care Ethics
- Current Issues in Health Policy

Students will have the opportunity to make seminar presentations synthesising evidence to support an analysis. They will undertake assignments, identifying, critically analysing

and using evidence to support a sustained analysis. They will have the opportunity to design and carry out a small research study and use the data as the basis of a 12,000-15,000 word dissertation.

Each student will have a personal tutor who will be responsible for monitoring their progress and providing support. The course team will seek to stimulate group formation and mutual support. The course director will meet the group regularly to monitor progress. Students will have access to the Templeman library and a dedicated library with a range of databases within CHSS.

If you are interested in finding out more about the course please contact Jackie Newton, telephone 01227 827851 or email j.r.newton@kent.ac.uk

New Primary Care Research Network for Kent



Dr Simon Warfe

CHSS has recently been awarded funding by the Department of Health to create a NHS Primary Care Research Network for Kent and Medway. The Network is one of 43 such organisations throughout the country. Dr Simon Warfe, who is a General Practitioner from Chartham, Canterbury, will lead the network. "We are delighted to have appointed Dr Warfe to this position. Simon's background and experience made him an ideal candidate for the post," said Professor Andy Alaszewski, Director of the Centre.

Dr Warfe, a GP of 30 years was an Associate Medical Director at East Kent Community Trust and has worked with Pfizer Ltd. Research Facilitator for Kent, Joy Bradford, will support the network and Dr Declan O'Neill, Associate Director at CHSS, will take the academic lead.

The Network aims to foster development of a research culture in primary care in Kent and Medway. Such research will contribute to the achievement of government priorities and the needs of people and patients.

The Network will be accountable to an executive committee of key stakeholders recruited from primary care, general practice, local universities and hospital trusts. It has already attracted a great deal of interest from NHS staff from across the county. Road Shows publicising the network in primary care trust and protected teaching afternoons are taking place during 2004.

Further information about primary care networks can be found at <http://www.ukf-pcrn.org/>

Early successes for the network research support groups for professionals

Therapists in Kent and Sussex are reaping early benefits of the network through the creation of research support groups. These profession-based groups are an opportunity to find partners for research ideas and to access the skills of others. Regular meetings have been held and new members are very welcome to come and join. Consultant Physiotherapist, Dr Jane Greening of Dartford, Gravesham and Swanley PCT recently led a fact-finding trip to the Centre for Sport and Exercise Science at Greenwich University.

Therapist, Marco Ronchetti of Maidstone Weald PCT reported that the trip to the centre was extremely useful, "It gave us loads of ideas about the kind of high tech equipment that is available for research projects like a 3D motion analyser and a diagnostic ultrasound/lumbar spine force analyser. In Maidstone Hospital we're not doing anything that would require such equipment, but now that we know that it is there, it opens up the possibility of considering research that may make use of it. Something we couldn't have considered before."

Dr Anne Mandy and Professor Ann Moore of the University of Brighton Clinical Research Centre for Health Professions have both offered support to the group.

Dr Eve Pringle, a senior lecturer in occupational therapy from Canterbury Christ Church University College, is keen to help develop collaborative projects between the NHS and universities. Eve said, "This kind of network is the way to develop practical ideas into research questions and to make best use of one another's skills."

Groups are also being set up for podiatrists and nurses in primary care.

If you would like to know more about the research groups or the network and how to become involved please contact: Joy Bradford, Research Facilitator, East Kent Coastal PCT, Protea House, New Bridge, Marine Parade, Dover, CT17 9HQ. Telephone 01304 222249 or email joy.bradford@ekcpct.nhs.uk



Centre for Sport and Exercise Science, Greenwich University



April deadline for Single Assessment Process boosts CHSS's Senectus programme

Implementation of the Government's Single Assessment Process for older people in April 2004 has boosted CHSS's Pfizer funded Senectus programme. By April, care trusts and councils have to ensure that older people receive appropriate, effective and timely responses to their health and social care needs. This is being achieved through a single assessment of older people's circumstances and needs for care.

Currently, independent bodies, such as universities, councils and NHS bodies are putting "off the shelf" assessment tools to the Department of Health for accreditation for national use.

The Senectus team were delighted when the MDS Home Care (Minimum Data Set for Home Care) was fully accredited for use. Team leader Dr Hilary Bungay reports that the independent panel described the MDS as delivering "...an excellent person-centred assessment." The panel went on to say, "The purpose of asking questions and the way the questions are incorporated into a person-centred assessment are exemplary. The older person's contribution to the assessment and the way in

which his/her views are sought throughout are a striking feature of the tool. The coverage of most of the domains of the assessment is impressive and at times excellent."

Another coup is an agreement with The Stationary Office (TSO) to publish the MDS assessment forms and supporting manual. The MDS forms and manual can be purchased at www.care-assessment.org.uk



Marion Scholes

Marion Scholes, who provides training for those using the MDS, is in demand across the country. So far she has run workshops in Oxford, Bournemouth, Southampton, Cheshire, Ipswich and Dorset.

The instrument is also available in an electronic form enabling organisations to migrate to full electronic systems over time and Marion is linking with software companies to combine training and implementation. Currently AIS Systems and Liquid Logic support MDS software.

Dr Mathew Mackenzie helps MDS users keep a keen eye on quality. Nursing and residential homes who subscribe to the Personalised Client Report Service, submit assessment data. Mathew analyses the data to produce customised reports for care planning, resource allocation and quality control.



Kathy Kotiadis

Operational research techniques are being used by Research Associate Kathy Kotiadis to evaluate the operational function of different care services for older people. Kathy has demonstrated how the technique can be used to intermediate care staff in East Kent.

If you wish to find out more about the Senectus programme, or require help with implementing systems for the SAP contact email.enquires@senectus.org <http://www.senectus.org> Further information on the SAP can be found at: <http://www.doh.gov.uk/sap/>

Life after stroke

RAMSAY ST

Church going vegetarian Harold Bishop of the soap opera "Neighbours" recently had a stroke and it is impacting on all aspects of his life and apparently having a big impact on his personality. A one-year pilot study of the ways in which stroke survivors reconstruct their lives conducted by Helen and Andy Alaszewski found that stroke did have a major impact, but unlike Harold, it rarely causes major personality changes. "Stroke is a unique and personal experience," commented Andy, "Each survivor experienced his or her own physical, psychological and social challenges and in trying to 'get back to normal' they set their own personal goals and develop personal strategies to help them achieve this." Helen and Andy are now working in partnership with Dr Jonathan Potter, Consultant Physician with responsibility for the Canterbury Stroke Unit, on an in-depth 3 year study funded by the Stroke Association.

The pilot study showed that survivors were mainly satisfied with their support from professionals, especially if they were admitted to a stroke unit. Follow up by community rehabilitation team and support from the Stroke Association were both thought valuable. But most interventions were time limited and recovery from stroke often lasts years, leaving people feeling abandoned and isolated. Younger stroke survivors felt that services for them were particularly under-developed.

Helen and Andy have disseminated the findings of the pilot through a report which is available on the CHSS website and through seminars on the limitations of the bereavement model on stroke survivors (Canterbury Christ Church University College, 26th November 2003) and on life after stroke (The Stroke Association seminar, QEOM hospital, Margate, 9th March 2004). The researchers are currently working on a series of research papers which they anticipate publishing in journals such as Disability and Rehabilitation and Social Science and Medicine.

Work on the follow-up project started on the 1st September 2003. It provides an exciting opportunity to follow younger survivors for 18 months following their stroke. Andy said: "This is a unique and challenging opportunity. All previous studies have been one-off snap shots. By using repeat interviews and diaries we will be able to follow stroke survivors through the recovery period. We have started recruiting and completed several initial interviews. These are beginning to confirm the findings of our pilot, stroke is a traumatic event, which disrupts every-day life, but stroke survivors begin to reconstruct their lives almost immediately. As the project progresses we will get more insight into how survivors reconstruct their lives and the ways in which professionals can support this process."

Copies of the report are available at: [Life after Stroke: Reconstructing Everyday Life www.kent.ac.uk/chss/abstracts/las.htm](http://www.kent.ac.uk/chss/abstracts/las.htm)

Older people's views in developing NHS standards of care



Older people in Bournemouth, Camden and Islington recently helped CHSS in a project to involve service users in the development of standards in continence services for the Royal College of Physicians. The study is part of the Clinical Effectiveness Unit of the Royal College's work to develop audit standards on behalf of NICE. The project follows a three-stage model, beginning by developing a list of care and treatment standards that people should expect from their continence service. Next 300 service users are to be asked to rate the standards according to the degree of importance attached to them. Finally those users not represented in the survey will be identified and interviewed for their opinions about standards of care.

Research Fellow Jenny Billings has just completed the first stage of the study. Focus groups and follow-up interviews generated ideas about developing continence services and through their experiences, good and bad, devised standards for best practice. Key themes of the groups were:

- "Having equipment such as pads delivered on time to where I live"
- "Being given a choice of treatments by specialists"
- "Being able to fully understand my condition and what the future holds for me"

These ideas have been incorporated into a questionnaire in preparation for stage two of the project.

For further information contact Jenny Billings by telephone on 01227 823876 or email j.r.billings@kent.ac.uk

Ministerial launch for work on ethnicity and health

Work undertaken by CHSS's ethnicity expert, Peter Aspinall in collaboration with Middlesex University is now finished and commissioners, the Welsh Assembly, are planning to launch the findings to ministers. The reports, four of which were prepared by CHSS – three systematic reviews and a report on databases and statistical sources on ethnicity, are to be published by the Welsh Assembly Government, with a ministerial forward.

Peter, who is now seconded part time to the Department of Health's Race and Health Equality Strategy Group, will be part of a new initiative to support primary care trusts across England in implementing the Department of Health's race and health transformational change programme. The work being undertaken in collaboration with the London Health Observatory has already started with a baseline survey of all Directors of Public Health of primary care trusts, strategic health authorities, regional bodies and public health observatories in England on their progress with health equality audit.

To find out more about ethnicity reviews contact Peter Aspinall by email at p.j.aspinall@kent.ac.uk

Consumer involvement in NHS research

People who use health services are helping researchers at CHSS identify and prioritise research topics. Involving consumers is a well recognised way of identifying and prioritising research issues which are important to people. A panel of local people are helping to review projects at an early stage and assist in the development of protocols. Over time, it is hoped that this group will help identify how to access marginalised groups and assist recruitment to studies.

This support is essential to help maintain research quality. CHSS has been carrying out large-scale surveys for over twenty years, but response rates especially from younger people have fallen in recent studies. Studies that miss out large chunks of the population cannot give robust results.

Being a member of the consumer panel mainly involves giving views about the value of research and generally helping with developing research ideas. This is usually managed via email or over the telephone. The commitment is as little or as much as preferred.

The CHSS Registry

Become a research volunteer! You can contribute to research and find out more about what is happening at CHSS. If you are a patient or potential patient, an unpaid carer or somebody who uses health and social services, then your experience and views are important. If you are interested in joining a consumer panel please contact Jenny Billings by telephone on 01227 823876 or email j.r.billings@kent.ac.uk

To find out more about consumer involvement in NHS research go to: <http://www.invo.org.uk>

Standing room only at CHSS seminars

Attendance at CHSS open seminars rose dramatically in response to a special Spring term seminar programme on issues related to ageing.

January

Professor John Bond, Professor of Social Gerontology and Health Services Research at the University of Newcastle upon Tyne spoke on the cultural representations of dementia and quality of life. As the film "Iris" showed, Iris Murdoch's husband was forced to become a virtual parent as the novelist's mind succumbed to the ravages of Alzheimer's – a typically negative stereotype of old age Professor Bond would argue. He discussed the politicisation of dementia, through the marketing activities of drug companies and the advocacy of Alzheimer's societies. He presented evidence from his studies, which showed that people with dementia continue to be marginalized by caring professions, and oppressed by caring relationships.

February

As the TV adverts say, one in four women over the age of forty suffer some stress incontinence. The Clinical Effectiveness Evaluation Unit of the Royal College of Physicians is addressing the need to improve continence services through a project run by CHSS Honorary Senior Lecturer, Dr Jonathan Potter, Director of the Programme for Health Care of Older People, Dr Potter showed how multi-professional audits have been used to raise standards of care, in for example myocardial infarction and stroke. He discussed how the work of the College has supported NICE in the development of guidelines for cardiac failure, multiple sclerosis, type 1 diabetes and Parkinson's disease.

His current work in developing audit standards for continence services resulted in a good question and answer session with many of the representatives of the service who attended the seminar.

March

Prof Keith Wilson, from the Centre for Healthy Ageing, University of Sheffield gave a seminar entitled "Intermediate Care: From Innovation to Post Mortem?" He drew on his experience as a policy maker and consultant to argue that a mismatch of expectations between policy makers and implementers could lead to the arrested development of intermediate care, if not its premature death. Professor Wilson put forward a model of effective management which is looking to influence policy development.

April

Jenny Billings, Research Fellow at CHSS presented the results of her study of "NHS Staff Perceptions of Ageist Practice in East Kent." Commissioned by East Kent Coastal Primary Care Trust in response to the audit requirements of the NSF for Older People the study explores whether ageist practice existed in the clinical setting. The study found that greater choice and control for older people needed to be key features of future developments.

The lectures are held once a month during term time and are free and open to everyone. If you would like to be added to the email alert for the seminars, please send your email address to Peta Hampshire at p.r.hampshire@kent.ac.uk



An honorable role in CHSS!



Professor Mike Bury

On-going relationships between CHSS and distinguished individuals from outside the University are recognised with the conferment of honorary titles. The department is keen for the development of mutually beneficial relationships and honorary members become involved with student and staff activities. Professor Mike Bury is the latest recruit to the list of over 24 honorary members of CHSS.

Professor Mike Bury was formally Professor of Sociology and Head of Department at the Department of Social Policy and Social Science, Royal Holloway, University of London. He has published widely on sociological aspects of chronic illness, disability, ageing and cultural dimensions of health and medicine. Mike is currently a member of the Health Development Agency's Public Health Steering Group, and recently served on a Medical Research Council/Human Fertilisation and Embryology Authority working group, advising on research needs on Assisted Reproduction Technology.

Mike, you are best known for your work on chronic illness, what does this teach us?

From the patient's viewpoint, chronic illness is often disruptive, challenging their and their family's assumptions and plans for the future. Chronic illness constitutes a profound change in the person's social as well as physical status.

How did your work come about?

It began in the 1970s, when I joined an arthritis research unit in the University of Manchester, as a research sociologist. I interviewed patients about their experiences and participated in devising a new scheme for gathering information on disablement, which was adopted by the World Health Organisation in 1980.

You developed the idea of 'biographical disruption', which has become widely influential in the study of chronic illness, examined the active ways in which people respond to chronic illness, and the strategies they adopt to overcome the problems it creates. What does this mean for health services?

The challenge for health care systems, which have been built on the treatment of acute illness, is to recognise the social effects of chronic illness and work with the grain of the patient's responses. Policies to promote 'self management' in chronic illness, including the Chief Medical Officer's Expert Patient programme, are showing how this more social approach is being put into practice.

Thank you Mike

Scotland's smallest health board calls on CHSS training

The CHSS "Induction Course for NHS Research Ethics Committees" aims to develop participants' skills and knowledge to fulfil their role as committee members.

The course is offered twice yearly in London and can also be taken out to individual committees. It was never envisaged that demand would come from very far, but Orkney Health Board had other ideas!

Orkney is the smallest health board in Scotland, responsible for 20,000 people scattered through seventeen island communities. In December, Jenny Billings, Research Fellow at CHSS, Dr Hazel Biggs Senior Lecturer in Law, Kent Law School and Dr Jane Barrett, Consultant Medical Advisor Medico Legal Investigations Ltd travelled up to Kirkwall to run the two-day course for the local research ethics committee.

The first day of the course introduces the role of ethics committees and provides basic training in research methods. The second day focuses on new developments in ethics and legal issues, and uses self-assessment methods to explore how participants can work more effectively in a group. It is aimed at new members, or those wishing to refresh their knowledge.

If you would like to know more about the course, please contact Jackie Newton on 01227 827851 or email j.r.newton@kent.ac.uk



Drug-related health risks of prisoners in Kent, Surrey and Sussex

Prisoners tend to be left out of national health surveys and statistics, so information on their drug-related health needs is scarce. The three-year 'Prisons Project', jointly funded by the Prison Service, the East and West Kent Health Authorities and the Drug Action Teams for Kent and Medway and East Sussex, aimed to identify current drug use and risks of male prisoners in Kent, Surrey and Sussex, and to evaluate how well services are able to meet these needs.

The project, which concludes in April 2004 involved three phases: firstly a review of the evidence for the effectiveness of different drug misuse treatment regimes in prisons, and a profile of the needs, risks and services in Kent, Surrey and Sussex. Phase two studied prisoners to identify their drug use and treatment experiences. 106 prisoners were tracked through the system to explore these issues further. Phase three used existing data to evaluate current service provision.



Rose Cappello

Study findings highlight health risks

Research assistants Rose Cappello and Sarah Appleton report that the survey showed smoking was a major problem.



Sarah Appleton

More than twice as many prisoners smoke as the general population (59% of prisoners smoke daily compared to 25% of the general population in Kent and Medway). This is

significant because of the future health consequences for both prisoners and prison staff.

There was a high prevalence of problem drinking, with one in three drinking above the recommended limit in the year before prison.

70% said that they had used illegal drugs, with 53% using drugs in the year before prison. Younger prisoners were more likely to have used drugs before prison; the average age of first use was 16. But Sarah cautions, "Other prison records show first use of drugs can be very much younger. You have to remember that the survey group are the ones who were willing and indeed able to answer the questionnaire."

One in four prisoners said they used drugs in prison at some time. 19% had been in prison detoxification programmes, 19% in rehabilitation, and 10% in both. There were variations in how beneficial prisoners found these programmes.

Impact for local NHS programmes

Only one in ten prisoners had been offered links with local drug and alcohol services for their release. As a result, the findings have been used in local NHS Health Improvement Programmes to set targets for reducing drug use in prison and better provision of treatment programmes. Project leader, Dr Ann Palmer of Dartford, Gravesham and Swanley Primary Care Trust says "The prisoners' experiences suggest that post-release treatment programmes should take account of smoking and alcohol problems, as well as drugs."



Substance misuse treatment services

Few studies have been conducted to explore how prisoners perceive substance misuse treatment services. Focus groups examined the perceived barriers to substance misuse treatment, the effect of prison on drug use, the motivational aspects of seeking treatment, threats to the success of treatment programmes and what prisoners think they will do about drug and alcohol use on release.

The researchers conclude that the solution to entrenched drug use and offending behaviour is accessible, sustained, well funded, and evidence-based treatment and rehabilitation programmes. Interventions in prison are wasted if prisoners are not appropriately supported post treatment and on release. In terms of aftercare, employment and training are as essential as drug treatment and access to housing.

For further information please contact Sarah Appleton, email s.k.appleton@kent.ac.uk

Latest publications

Editorials

Andy Alaszewski 'Editorial, Risk, Trust and Health', *Health, Risk and Society*, 5,3, pp. 235-239, 2003

Journals 2004

Anderson W, Bungay H. Free nursing care and the determination of fully funded NHS continuing care. *Nursing Times* Vol 100 No 2, January 13th 2004

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care for Older People: A European Review, *Journal of Integrated Care*, 12, 1, pp. 3-8. 2004

Journals 2003

A Alaszewski and T Horlick-Jones. How can doctors communicate about risk more effectively? *British Medical Journal*, 327, 27th September 2003, pp. 728-31

Manthorpe J, Alaszewski A, Gates B, Ayer S, Motherby E. Learning Disability Nursing: User and Carer Perceptions. *Journal of Learning Disabilities* 2003 7(2): 119-135.

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disorders. *Pointers from the research evidence. Social Science and Medicine* 2003; 56(2): 285-297.

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Taylor-Gooby P, Hastie C. Paying For 'World Class' Services: A British Dilemma. *Journal of Social Policy*. 2003 32 (2), 272-288.

Jenkins L, Britten N, Stevenson F, Barber N, Bradley C. Developing and using quantitative instruments for measuring doctor-patient communication about drugs. *Patient Education & Counseling* 2003; 50: 273-8.

Perry M, Carpenter GI, Challis D, Hope K. Understanding the roles of Registered General Nurses and Care Assistants in UK nursing home. *Journal of Advanced Nursing*. 2003;42:497-505

McDonald AJD, Carpenter GI, The recognition of dementia in "non-EMI" nursing home residents in South East England. *Int J Psych*.2003; 18:105-108

Taylor-Gooby P and Hastie C. 'Dissatisfaction with the NHS: Too Few Resources or the 'New Consumerism'? *The Political Quarterly*, 2003, 74 (2) 233-240.

Taylor-Gooby P and Hastie C. 'Querulous Citizens: Welfare Knowledge and the Limits to Welfare Reform. *Social Policy and Administration*, 2003 37 (1) 1-20.

Books 2003

Morris JN, Fries BE, Bernabei R, Steel K, Ikegami N, Carpenter GI, et al. *SAP Ability Assessment for Older People: The MDS User Manual*. The Stationery Office, London

Morris JN, Fries BE, Bernabei R, Steel K, Ikegami N, Carpenter GI, et al. *SAP Ability Assessment for Older People: The CAPs Manual*. The Stationery Office, London.

Books 2004

Leichsenring K, Alaszewski A. *Providing Integrated Health and Social Care for Older Persons: A European Overview of Issues at Stake* 2004. Ashgate Ltd.

Staff news



Sylvia Francis

Sylvia Francis has been promoted from secretary to Communications and Support Officer for the Research and Development Support Unit.

Research Associate Kathy Kotiadis was awarded her PhD in March. Her thesis was entitled "Evaluating the Operational Function of Intermediate Care using a Multimethodology of Soft Systems Methodology and Simulation Modelling".

Senior Research Fellow Dr Colin Cryer, who is known for his research on injury prevention and the advice on statistics and methodology that he has given to so many NHS staff, especially in Kent and Surrey, is leaving CHSS.

Colin is heading off to New Zealand where he takes up a post at Otago University in June. Colin's expertise and generous support will be missed by everyone. If you would like to say goodbye to Colin, come to CHSS on June 29th for a farewell lunch. If you would like to attend please let Peta Hampshire know by telephone on 01227 824057 or email: p.r.hampshire@kent.ac.uk

Staff at CHSS

Andy Alaszewski Hon MFPH, BA, MA, PhD
Director of CHSS and Professor of Health Studies

Helen Alaszewski RGN, BA
Research Associate

Sarah Appleton BSc
Research Assistant

Peter Aspinall BA, MA
Research Fellow

Rosalyn Bass
Information Manager/Librarian

Jenny Billings BSc Hons, MSc, RGN, PGDipHV, DipN Research Fellow

Hilary Bungay HDCR, MA, PhD
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Rose Cappello BSc
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Bridget Carpenter BA, DipM ACIM
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About CHSS

Centre for Health Services Studies is an interdisciplinary research centre of the University of Kent which has a programme of national and international health services research. The Centre draws together a wide range of research and disciplinary expertise, including health and social policy, medical sociology, public health and epidemiology, geriatric medicine, health economics, primary care, physiotherapy, statistical and information analysis.