Public engagement – spreading the word...

This issue’s centre pages are devoted to what CHSS is doing to increase public engagement and involvement as part of a growing initiative within higher education. CHSS’ public engagement strategy aims to increase our local profile and take our research out to the wider community.

The more people get involved, the more they can ultimately guide and influence health and social care research for the good of society.
CHSS recent events

CHSS Pre Election Health Policy Debate – 20 April 2015

On Monday 20 April a crowd of up to 150 gathered in the Gulbenkian Theatre to hear what six local Parliamentary candidates had to say about the NHS and health policy. With May 7 fast approaching, this was their chance to set out plans and promises for the health of the constituency, and the nation, for the next Parliament. More importantly, it offered local people a forum to ask probing questions about their future health and social care services.

As Chair for the evening CHSS Director and Professor of Health Policy Stephen Peckham welcomed and introduced the six candidates:

- Julian Brazier, Conservative (current MP for Canterbury)
- Robert Cox, Socialist
- James Flanagan, Liberal Democrat
- Jim Gascoyne, UKIP
- Stuart Jeffery, Green
- Hugh Lanning, Labour

The politicians had three minutes to introduce themselves and summarise each party’s plans, before Stephen opened the floor to audience questions. The candidates were given two (timed!) minutes in turn to respond to each one.

Local health

So, what were the main topics of the evening? There was a wide variety, but integrating health and care services, mental health and funding were all recurring themes. The panel were asked what they thought were the two most pressing local health service issues. The debate became more animated and the applause got louder as the candidates outlined their chosen topics. Lack of local A&E facilities, resources wasted on bureaucracy and privatisation featured on the list, as well as public health and gaps in social care.

Good humoured

Despite some heated audience response to proposals to fund the NHS by cutting international aid, and a lively discussion about the Health and Social Care Act – eliciting a question as to whether candidates would introduce NHS policies after the election that were not in their manifestos, the debate was good humoured and well-ordered. There was no shortage of questions and the candidates mainly kept to their allotted time. After two hours of at times intense political debate, Stephen thanked the candidates, audience and the CHSS staff who organised the event, and drew proceedings to a close.

Reflecting on the evening, he said: ‘We are really delighted that so many local people came out to hear what their would-be local MP has to say on health policy. We are very grateful to the six candidates for making the evening such a success’.

Throughout the evening there were lively contributions on the Twittersphere. You can get a flavour of the evening by logging onto Twitter, @CHSS_Kent and searching the event hashtag; #chsshustings.

KAPCU Inaugural Seminar – 25 March 2015

In 2014, CHSS launched the Kent Academic Primary Care Unit (KAPCU) led by Professor of Primary and Community Care, Patricia Wilson. Around 40 primary and community care practitioners and researchers attended KAPCU’s Inaugural Seminar.

Tricia gave her vision of KAPCU as a hub for research excellence in the South East before introducing speaker Dr Kate Hamilton-West, Health Psychologist and Senior CHSS Research Fellow.

Kate’s topic was Helping patients to self-manage their long-term condition (LTC); evidence-based approaches. 15 million people (and rising) have one or more LTCs, such as diabetes, arthritis and cardiovascular disease. The NHS is facing a significant challenge in ensuring it has relevant knowledge and skills to support self-management.

The focus was on what qualitative research and health psychology research (based around models and theories of behaviour), can tell us about self-managing LTCs. As an expert in health behaviour change, Kate used examples of her research to show how the two approaches have added to the evidence in areas such as diabetes.

A YouTube video of the seminar, and the PowerPoint slides, are available. http://www.kent.ac.uk/chss/news/?view=693

The next KAPCU seminar is Dementia: muddling along? By Professor Steve Iliffe, University College, London on 10 June 2015 at the University of Kent, Medway Campus.

Book for this and subsequent seminars: www.kent.ac.uk/chss/docs/KAPCU-Seminar-Programme-2015.pdf
Better outcomes after emergency laparotomy

Emergency laparotomy is a high-risk procedure involving an incision to access the abdominal cavity. 30 day patient mortality is reported at 14.9%, rising to 24.4% for those over 80 years old. Patients surviving may face post-operative complications and long hospital stays. Reports have shown widely varying care standards.

In collaboration with Royal Surrey County Hospital and the Academic Health Services Network (AHSN), CHSS has been awarded a two-year Health Foundation scaling-up grant. The project will roll out a programme to improve patient outcomes in emergency laparotomy; adopting an evidence-based quality improvement care bundle known as the Emergency Laparotomy Quality Care pathway (ELPQulC). Twenty hospitals are involved spanning three AHSN areas including Kent, Surrey and Sussex.

The care bundle comprises elements based on accepted standards of care. It was developed and introduced at the Royal Surrey and three other hospitals. Results have shown improvements in care standards, with 30 day mortality reduced by 25% and risk adjusted hospital mortality by 42%. The current programme aims to deliver similar reductions in mortality across at least 20 hospitals.

CHSS will undertake an evaluation, examining the process of rolling out the programme, uptake in the 20 hospitals, and whether it delivers expected levels of patient benefit. The research is led by Stephen Peckham and Simon Coulton and involves Annette King, David Lowery and Katerina Gousia.

South East primary and community care workforce strategy

What kind of workforce will best meet patients’ evolving primary and community care needs across our region in the future? Health Education Kent, Surrey and Sussex (HEKSS) have commissioned CHSS to work with nominated South East Clinical Commissioning Groups (CCGs) to develop a strategic workforce plan, based on patient needs and preferences.

As the NHS England Five Forward View highlights, there is a need to develop primary care and community health services to meet the challenges of the health needs of older people and people with long-term conditions.

We face a national shortage of GP and community nursing staff at a time of growing demand for primary and community care services. Government policies to extend service access at weekends and evenings, and shifting care from hospitals makes developing community health services and general practice increasingly important. The right numbers and types of staff will be crucial if the NHS is to support the growing demand for community based services.

The CHSS project team is led by Professor of Primary and Community Care Patricia Wilson and Director Stephen Peckham. Supported by HEKSS funding they will work with South Kent Coast, Thanet and other CCGs.

In formulating the plan, the project will examine likely models for a future workforce to address a range of issues, including the impact of population profiles on service demand, technology, cost implications and opportunities to increase access to care.

The project runs until September 2015.
Engaging with the local community
By Amanda Bates

With support from the University of Kent’s Public Engagement with Research Fund Nicola Enright (see opposite) and I have been visiting local service user and community groups. Groups we have met with so far include:
• Cancer support group Ashford
• Diabetes UK Canterbury and Coastal group
• Fibromyalgia in Thanet Support Group
• Whistable Carers’ Support Group run by Carers’ Support – Canterbury, Dover and Thanet
• ‘Breathe Easy’, Canterbury and Coastal group (British Lung Foundation)

Nicola says: ‘Going out to the patient groups is fascinating and rewarding. These are great and welcoming people who are often very open about their experiences — it is a real privilege to hear their stories.

‘They in turn are really interested in how researchers are working to improve health services — it’s rare for them to hear about local projects which could have a personal impact. A lot of their perceptions are around commercial research — why would their involvement count for anything? This is one of the things we hope to challenge’.

In its commitment to carrying out applied health research, a fundamental part of CHSS’ work is making sure that it is relevant and important to those it seeks to benefit.

Many thanks to all the groups for their interest and hospitality, we look forward to seeing them again!

Public engagement and involvement – it’s growing!
By Amanda Bates, CHSS Public Engagement Officer

It is fantastic to see how PE and PPI in research has gathered momentum in recent years. In fact, many funding applications now require researchers to demonstrate how talking with the public has impacted on the research design and how they will be involved throughout the lifetime of the research project.

Two major national organisations strive to embed PE and PPI in research; the National Coordinating Centre for Public Engagement (NCCPE) (www.publicengagement.ac.uk) and INVOLVE (www.invo.org.uk). Both offer a wealth of information for the public and researchers alike so do take a look if you would like to know more!

Nothing about us without us!
As a disabled person working in academia, I am passionate about PE and PPI. I understand the difference that engagement and involvement can make to the research, the researcher and the public. ‘Nothing about us without us’ is a statement which I wholeheartedly believe in. Health research affects us all in some way.

We all help to fund it and people have a right to be involved in research that could affect them.

Impact and benefits
The impact of engagement and involvement is increasingly documented over time. Some of the reported benefits are:
• enhancing research design and ensuring questionnaires, patient information sheets and other research documents are fit for purpose
• increasing self-worth and enabling people to acquire new transferable skills
• helping researchers to gain a better understanding of their local community

(see Brett et al. (2010) and Staley (2009) for further information).

PE and PPI are not without challenges but at CHSS, we work hard to ensure as far as possible that members of the public are valued and supported — we recognise the experience and expertise that the public bring to our work, and it’s very important to us!
A graduate in Social Psychology, Nicola is a passionate enthusiast for public, patient and carer involvement in research. She has long standing links with CHSS and is currently working with Amanda Bates in the community.

‘Before university I participated in research to discover any genes associated with Multiple Sclerosis (MS). I learned how valuable research is. Later I learned how patients can contribute as experts. It’s great to feel that you can make a difference. Involvement has given me a sense of contributing to society and self-esteem.

Working with CHSS
My involvement with CHSS began through Amanda (Bates). I started as a public reviewer for the NIHR Research Design Service South East. I review research applications for grants to cover the costs of PPI. I love this as I get to see the cutting edge of health research. Looking after the needs of those involved is a big part of why I participate.

Managing chronic pain limits what I can do, but CHSS allows me the flexibility to fit things in as and when I can. I can carry out voluntary work from the comfort of my own home which means I can contribute at the speed health allows.

Valuing carers
One of my passions is promoting the value of carers in research. They bridge gaps and can highlight holes in services. These people are in the unenviable position of seeing how a person’s life changes after illness.

Looking ahead
There’s a drive to get the PPI/PE message out to the wider public and I hope the great work CHSS is doing will continue. It’s not just the public who need to see value in PPI; it’s also for researchers to be more aware of how vital the patient experience is. I hope to see PPI become an intrinsic part of research. Dissemination is also vital – I think it is vital to tell people what their participation led to. Through dissemination in the community, people will learn the value of their experience, promoting further involvement. I’m always encouraging other service users to get involved, because I think they, like me, will never look back if they do!

Stop Press!
We are planning a big CHSS public engagement event, open to all, in Canterbury later this year! Our website and Twitter will have all the details once we finalise arrangements.

Tricia has a national and international profile in PPI. Before joining CHSS she was a Reader in Patient Experience at the University of Hertfordshire, where she led the national RAPPORT (ReseArch with Patient and Public InVolvement: a RealisT Evaluation) evaluation. This gave a clear picture of the state of PPI in research. In some research centres PPI had become second nature, with public being involved from start to finish in the research process.

However, Tricia says: ‘We also found that public information about PPI and how it works in practice was very limited. It was hard to find studies which could give examples of the impact PPI makes, and there was huge variation between studies, regions and topic areas. In some areas there was a strong regional history of embedding PPI within research’.

The study also found that some researchers lacked understanding of differences between involvement, engagement and participation. Tricia is now using the findings to help NHS and social care organisations to think differently about PPI in integrated care organisations. She comments: ‘So much of our learning from PPI in research can be transferred to PPI in health service delivery’.

Tricia is a member of the NIHR INVOLVE advisory board and the Self-Management UK (formerly the Expert Patients Programme) national advisory panel. She also sits on the Editorial Board of new journal Research Involvement and Engagement.
Dr Ferhana Hashem
She's all about teamwork – but she likes to Do It Herself!

Ferhana is a CHSS Research Fellow specialising in qualitative methods and an NIHR RDS SE Research Adviser. She is also Director of Studies for the CHSS MSc in Health Research.

Tell us about your beginnings Ferhana
I was born in Clapham. Dad was a biology teacher and Mum a school lab technician. Dad also had a property lettings business. I used to take calls from potential tenants, so it was both a scientific and entrepreneurial environment! I was quite a geek – my first job was in the local library on Saturdays and originally I planned to follow my grandfather and father into teaching.

What happened to school teaching?
I realised I wasn't ready for teaching, and in 1999 I moved to the North East to undertake my PhD research in Political Sociology at the University of Sunderland. I then did a two year post-doctoral fellowship at Anglia Ruskin University on the employment, promotion and retention of black and minority ethnic groups and women within the Fire Service.

Is that what led you to CHSS?
Yes, in 2006 through my research on identity issues of minority ethnic groups in Britain. I worked on an ESRC funded project 'The ethnic options of ‘mixed race’ people in Britain' with CHSS and SSPSSR. Concurrently, I also worked on a project about reducing teenage pregnancy in Kent with CHSS Reader Jenny Billings.

What do you enjoy about working here?
Teamwork, comradeship and conviviality. I love how everyone brings something different to the research team. I like to think of myself as a team player – I think it's my greatest strength. Being part of a cohesive, friendly team is more satisfying to me than individual achievement.

You're an outgoing ‘people’ person – is that what drew you to qualitative research?
Partly yes, but qualitative research has taught me to be methodical and thorough, and go through fine details. I love thematic analysis – seeing patterns coming through when you're analysing data. But I'm not fazed by quantitative methods and am happy with standard deviations and confidence intervals, thanks to an excellent clinical trials course at Oxford University.

What are you working on now?
As well as teaching and putting together the MSc, I'm gathering data for the British Lung Foundation ‘Breathe Easy’ groups project. I’m excited about the upcoming BETTER project, and I'm also advising on several projects through the Research Design Service (RDS).

Tell us about the RDS role?
I joined the RDS team in 2010. It’s important to do a stint as a research adviser as it gets you known. It takes time to build up a client base but over the years quite a few people have come back and I now have some ‘regulars’ which is great. You need to look at an entire project and identify any skills gaps and must have empathy and awareness of the researcher’s needs. You also have to be positive, neutral and able to deliver feedback constructively.

And teaching?
I've taught since 1998, from GCSE to postgraduate level. I did some teaching at the University of Durham and the University of Sunderland, and since 2007 I have been teaching undergraduates and postgraduates for the School for Social Policy, Sociology and Social Research (SSPSSR).

And the CHSS MSc?
My teaching experience is what led to being asked to develop the MSc and it's very exciting to be leading the programme! Although in the past we delivered modules through the SSPSSR Health Services Research MA, this is our own MSc, delivered by CHSS academics. I think it will really help to raise CHSS' profile within the wider health research community.

What are your CHSS highlights?
I've worked on great projects and enjoy teaching. The forthcoming BETTER project stands out – it's a prestigious NIHR award and a great team effort. It moves our specialism into a new arena of rehabilitation post cancer surgery. Looking back I'd say the Nuffield Project on Language skills and Bangladeshis, and the project on how NICE (National Institute for Health and Clinical Excellence) manages uncertainty in decision making.

How is your work life balance?
Moving to Canterbury from London last year has made more time for work and for my three-year-old little boy. Not driving all the time has certainly helped to cement our relationship.

Any skills or hobbies you want to share?
I'm quite good at DIY (including fitting a kitchen in our new house) and I like decorating. For relaxation, I love seeing a film at the new Canterbury Curzon cinema.

Find out more about Ferhana on her webpage: http://www.kent.ac.uk/chss/staff/research/hashem.

We have a few remaining places on our MSc, for information, see p8 and our website: http://www.kent.ac.uk/chss/study.html?tab=msc
New CHSS papers; RDS support

Selected CHSS Publications 2015


Peckham S, Lowery D & Spencer S (2015) Are fluoride levels in drinking water associated with hypothyroidism prevalence in England? A large observational study of GP practice data and fluoride levels in drinking water. *J Epidemiol Community Health* ISSN 1470-2738


Gousia K & Yang W (2015) A literature review of Commissioning on Quality and Innovation payment framework on maternity and children’s services. NHS South East Commissioning Support Unit


Preparation of a funding application? NIHR Research Design Service South East

The RDS is a national service delivered in ten regions in England funded by the National Institute for Health Research (NIHR).

The RDS operates from the Universities of Kent (CHSS), Surrey (Faculty of Health & Medical Sciences) and Brighton (School of Health Science). The service supports researchers in preparing proposals for submission to peer-reviewed funding programmes in applied health and social care.

Advice and support is free.

Visit the RDS SE website for more information. http://www.rds-se.nihr.ac.uk/

Follow the national RDS Twitter account. https://twitter.com/NIHR_RDS

Details of all CHSS current and past research is available on our website: http://www.kent.ac.uk/chss/research/current.html
Study opportunities with CHSS

CHSS MSc in Applied Health Research – apply now!
Limited availability for September 2015!

For more information download our flyer – pdf, or go to the Study with CHSS page http://www.kent.ac.uk/chss/study.html?tab=msc

For informal enquiries please contact:
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CHSS Annual Lecture
Monday 29 June 2015, 6pm
Collyer-Fergusson Music Hall,
University of Kent, Canterbury Campus
What are the prospects for the NHS in the new parliament?
Professor Chris Ham, Chief Executive, Kings Fund
5pm Drinks reception in foyer, lecture at 6pm.

Kent Academic Primary Care Unit seminars
Wednesday 10 June 2015, 1.30-3pm
University of Kent at Medway
Dementia - muddling along?
Professor Steve Iliffe, University College London

Wednesday 23 September 2015, 1.30-3pm
University of Kent, Canterbury
Telehealthcare for long-term conditions: hopes, hype and reality
Dr Hilary Pinnock, University of Edinburgh

CHSS seminar
Wednesday 7 October 2015, 1.30-3pm
CHSS, University of Kent
Still elegantly muddling through?
Trust and the management of uncertainty in healthcare rationing decisions in England
Professor Michael Calnan, University of Kent

Further details on our website news page and on Twitter

About CHSS

CHSS is a centre of research excellence which undertakes high quality research into a wide range of health systems and health services issues at local, national and international levels. CHSS also supports and advises health care staff to develop and undertake research projects. CHSS collaborates with a wide range of partners in Kent, the UK and in other countries to improve the links between research, policy and practice.

Please see the CHSS website for details of current and previous research and publications
Details of current CHSS vacancies and studentships can be found at: www.kent.ac.uk/chss/vacancies.html

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