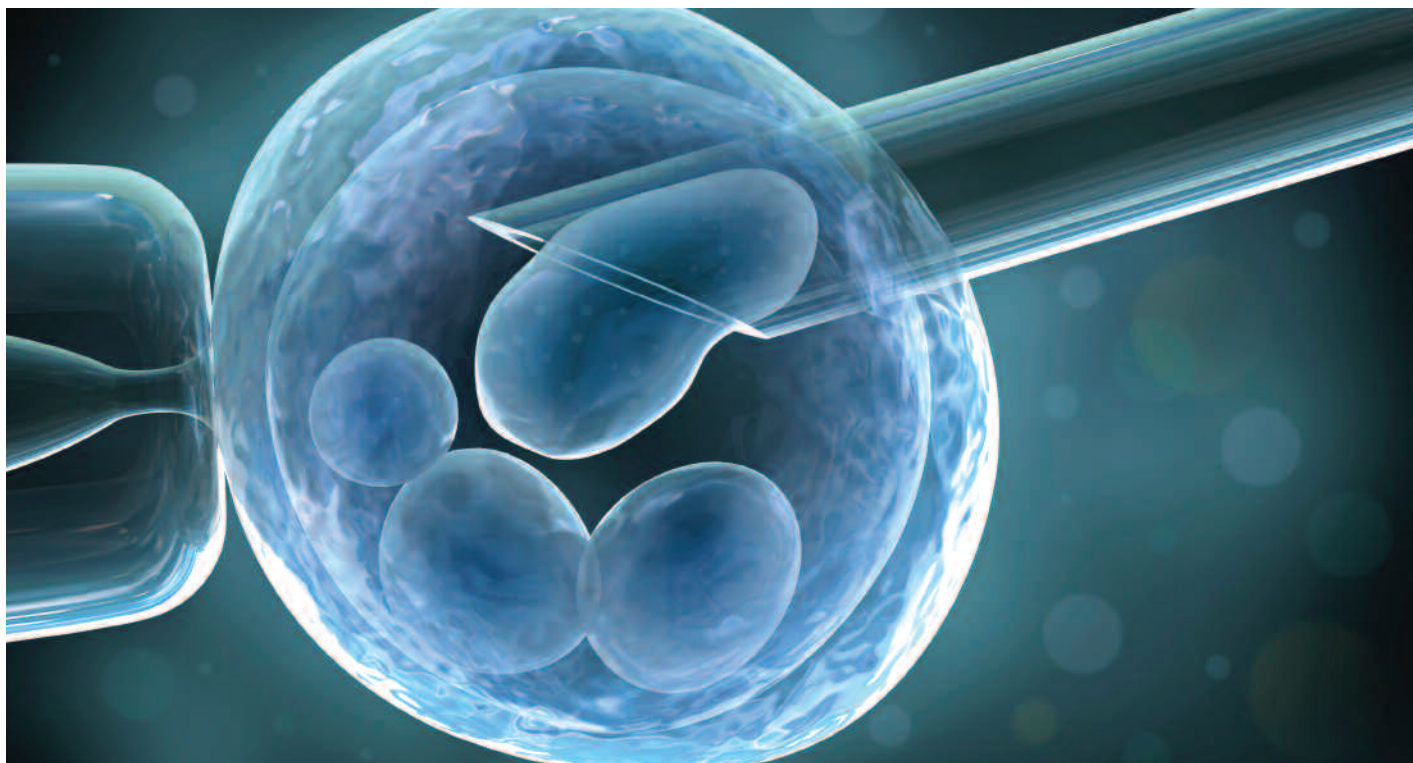


Assessing impact of new IVF law



A research project by Dr Jan MacVarish of CHSS, Dr Ellie Lee of SSPSSR and Professor Sally Sheldon of Kent Law Clinic is exploring the effects of changes in the law on the way that parents seeking IVF are assessed for treatment. The project is funded by the ESRC.

Significant and controversial changes to the existing regulatory framework include recognition of same-sex couples as legal parents of children conceived through IVF and a ban on sex selection on non-medical grounds.

The 1990 Human Fertilisation and Embryology Act refers to 'the need of [a] child for a father', but reforms passed in 2008 have replaced the paternal reference with a need for 'supportive parenting'.

Jan Macvarish explains: 'Infertility affects an estimated one in six to seven UK couples. The reforms of the law and changes in the HFEA Code of Practice reflect significant shifts in our understanding of family and parenthood. We want to find out how these changes are interpreted in practice. By talking to clinic staff to establish how they make their assessments of potential patients, we can build up a picture of what is happening in the service all over the UK'.

The research team will conduct interviews to elicit the views of clinicians, counsellors, embryologists and nursing staff at around a quarter of licensed UK clinics providing fertility services. They will also undertake a detailed analysis of published documentation surrounding the reforms and report on their findings to research users, academics, treatment providers, patients and policy makers.

Before providing fertility services, clinicians are required to take account of the welfare of children born as a result of treatment. New legislation covers technological advances made since the 1990 Human Fertilisation and Embryology Act was passed.

A revised HFEA Code of Practice provides guidance on interpreting the new law, recommending that clinics give consideration to any of the following: previous convictions relating to harming children, child protection measures for existing children, serious violence or discord within the family, history of physical or psychiatric illnesses, risk of any transmissible or inherited disorders and any drug or alcohol problems.

For more information contact j.macvarish@kent.ac.uk

The Centre for Health Services Studies is an international centre of excellence for health service research and research training. The centre draws together a wide range of research and disciplinary experience.

It undertakes commissioned research and has a portfolio of competitively funded studies focusing on addictive behaviours, ethnicity, social exclusion and vulnerable groups. It has a dedicated pragmatic trial

and survey unit. CHSS is funded by the Department of Health to support research in the NHS in Kent, Surrey and Sussex.

Attitudes to health in East Sussex



CHSS is currently undertaking a third survey of the population of East Sussex to find out about their health and lifestyle. Repeating the surveys run in 2003 and 1992, 'Health Counts 2011' asks questions about what people eat, drink and smoke, and how much exercise they take.

The last two decades have seen a decline in survey completion rates, so the 2011 survey offers an online completion option, and cash prizes. New questions based on social marketing approaches will help to identify the different life-stages people have reached and what motivates their lifestyle choices. The new questions – from the Department of Health's Healthy Foundations Segmentation model – focus on how much people feel in control of their health and how worthwhile it is for them to follow more or less risky lifestyles.

Cynthia Lyons, East Sussex NHS Deputy Director of Public Health who commissioned the survey is keen to identify differences in people's circumstances and attitudes to their health and well-being.

Linda Jenkins, Public Health Specialist and project lead said: 'The new questions will allow us to segment the population into those who are fatalistic about their health and lack confidence that they can change it; the health conscious; those with a 'live for today' attitude, and so on. Knowing more about these patterns allows the NHS to tailor health promotion messages more successfully to people according to how ready or motivated they are to make healthy choices'.

The survey runs until July 2011. Results will be presented in the Director of Public Health's annual report and will be used by health promotion staff.

Contact I.m.jenkins@kent.ac.uk

Life after stroke in East Kent

Stroke – the brain equivalent of a heart attack – can have a devastating impact on the lives of survivors and their families. Back at home, survivors often feel vulnerable, fearful for the future and in need of the advice and emotional support which was on hand in hospital.

Each year around 1,000 people the eastern and coastal part of Kent have a stroke and survive it.

A CHSS research team lead Professor Andy Alaszewski has been commissioned by the Stroke Association to evaluate East Kent's Life after Stroke community service. The service uses group co-ordinators to help stroke survivors and their families. The team will assess its impact using a mix of qualitative and quantitative research methods and identify any gaps in the service. Based on the needs of stroke survivors and those involved in their care, the study will inform future developments.

Some stroke survivors comment positively about the service: "I feel more confident physically, socially, in every way", and: "my speech has improved and I feel more confident..."

This project builds on a strong track record of stroke research by CHSS developed by Professor Alaszewski.

People involved with the stroke service, including survivors and families, as well as those who provide and commission the services, are being invited to give their views at focus groups and through structured interviews. Survey questionnaires are being completed after the first meeting between coordinator and stroke survivor, again at four months and at 12 months (or on discharge), tracking the effectiveness of the service over time.

The Stroke Association has developed a range of services to provide support to the whole stroke community. East Kent is already ranked at the top of league tables for provision of acute stroke care and this community service aims to improve life for stroke survivors once they return home.

The final report in 2012 will draw together all the findings.

For more information contact I.m.jenkins@kent.ac.uk

To find out more about Life After Stroke Services, visit www.stroke.org.uk

A learning and development strategy for London children's hospices

CHSS researchers Jenny Billings and Linda Jenkins have been working with education leads from Children's Hospices across London (CHaL) to create a learning and development strategy, with funds from the Department of Health.

Until now, each of the six London hospices have been doing their own training in different ways. The purpose of this project was to see how resources and skills could be shared across the partnership to devise a long term plan for workforce development.

A literature and policy review exploring best practice in education for staff working in hospice and palliative care was followed by a scoping exercise, looking at current training. Similarities in approaches and strengths and weaknesses of existing provision were identified. A second phase of workshops with CHaL education leads focussed on developing a strategy.

A foundation for a sustainable and joined-up approach to learning and development,



bringing together policy, practice and evidence, and putting forward key principles for the future was developed. A key aspect of the strategy has been use of the Care Quality Commission's (CQC) essential standards as a framework for identifying skills deficits and developing training needs. This strategy will help hospices to demonstrate that training is in place to meet standards.

Regulation by CQC has recently been strengthened for hospices and in March 2011 a series of national Children's Hospices UK (CHUK) workshops were convened where CQC officials and hospice staff gave very positive feedback about the strategy.

For further details contact j.r.billings@kent.ac.uk

Research for those who use, manage and provide care in the NHS

The National Institute for Health Research (NIHR) Health Technology Assessment Programme funds independent research about the effectiveness of different healthcare treatments and tests for those who use, manage and provide care in the NHS. It identifies the most important questions the NHS needs to answer and commissions research through various funding routes.

The HTA programme takes technologies that have been shown to work and answers the questions:

- What is the cost?
- What and how big is the group of people it will help?
- How does the new technology compare with the alternatives?

Simon Coulton, CHSS Professor of Health Services Research is currently undertaking a successful HTA funded project in collaboration with the University of York. Titled 'The effectiveness and cost-

effectiveness of opportunistic screening and stepped care interventions for older hazardous alcohol users in primary care', the 'AESOPS' project is a randomised control trial which seeks to evaluate both the effectiveness and cost-effectiveness of screening and 'stepped' care interventions for older alcohol users, where hazardous drinking is defined as consumption beyond 21 standard units a week for males and 14 a week for females.

Around one in five people over the age of 55 consumes alcohol at levels which may expose them to increased risk of serious health problems, including heart disease, cancers and the early onset of dementia. Of that figure, only a small minority ever receive any treatment. Yet alcohol use within this group is seen as being somewhat hidden, due partly to a reluctance to seek treatment and also to wide scale misdiagnosis.

Projects such as AESOPS must go through a two stage application process. Professor Coulton explains: 'Research submissions are first made in outline, then shortlisted

research teams are invited to submit full proposals. The first stage focuses on the design and feasibility of a study and the second stage on what you intend to do with the collected data. There is an 8 week turn around between 1st stage success and 2nd stage submission so you will need to have the full application more or less figured out before you submit the 1st stage. HTA chooses the referees from their group of recognised experts. It can take over a year to get the final outcome of the full application.'

For help with applications to the NIHR HTA programme and peer-reviewed funding programmes in applied health and social care, contact the Research Design Service South East (RDS SE) The RDS SE has research advisors at the Centre for Health Service Studies, University of Brighton or University of Sussex.

For more information go to: www.rds-se.nihr.ac.uk

For further on Professor Coulton's project contact: s.coulton@kent.ac.uk

Exposing health inequalities at heart of Kent's Gypsy/Traveller communities

Gypsy and Traveller communities have traditionally believed in relying on themselves and their families rather than seeking medical care. As one woman recently interviewed for a CHSS study put it, 'you would only see a doctor when you were dying'. Misunderstood and discriminated against, Gypsy and Traveller communities have much poorer health, unsatisfactory access to effective healthcare and lower life expectancy than the general population.

With neither the national census (until 2011) nor the NHS recording Gypsies and Travellers as a separate group, local councils struggle to address discrimination. They are hampered by a lack of accurate information on this community and their experience of health services.

Kent County Council commissioned CHSS to find out what had been tried and what had helped to improve the health of Gypsies and Travellers.

Linda Jenkins CHSS Public Health specialist said: 'An assessment of health needs for Kent Gypsy and Traveller communities is challenging. There is little information about the size and location of the traveller population or patterns of health and illness'.



A search of the internet and research literature on Gypsy and Traveller health for examples of good practice was conducted in spring 2010. CHSS researchers also carried out face to face interviews to build a picture of the state of health of travellers and their perceptions and attitudes towards Kent's health care providers. Linda Jenkins comments: 'It is clear that they experience huge barriers to satisfactory encounters with health services'.

It is hoped to expand on the study using NHS data to build a much more comprehensive picture of this neglected community and help inform efforts to create a better match between needs and services.

For more information contact
l.m.jenkins@kent.ac.uk

Research collaboration aims to help stroke sufferers

A new Medical Research Council (MRC) funded project, involving CHSS and clinicians from Kent & Canterbury Hospital, William Harvey Hospital and Margate Queen Elizabeth the Queen Mother Hospital, will test the efficacy of a new treatment for stroke sufferers diagnosed with a visual-spatial impairment known as hemi-spatial neglect.

Dr David Wilkinson from the University's School of Psychology is the principal researcher on the project, with Professor Patrick Pulicino (School of Biosciences), Professor Simon Coulton (Centre for Health Services Studies) and clinicians

from the hospitals' stroke and neuro-rehabilitation services assisting throughout.

Dr Wilkinson, whose research interests include the cognitive and biological bases of visual perception, explained the aim of the project. He said: 'Advances in acute medical care have increased the number of stroke survivors, yet many are left with debilitating and refractory conditions for which there is little effective treatment'.

'Our new treatment seeks to restore lost function to damaged areas of the visual brain via trans-cranial electrical stimulation, a procedure in which sub-sensory levels of electrical current are injected through electrodes placed on the overlying scalp'.

Post-doctoral research associate Olga Zubko, who will help administer the intervention, added: 'After a stroke, the effects of hemi-spatial neglect are often over-shadowed by more observable impairments affecting movement or communication, yet neglect is far more predictive of general functional recovery. So far, it has proved very difficult to remediate'.

The research is the first MRC funded stroke study in which East Kent Hospitals University NHS Foundation Trust personnel have been directly involved.

For more information contact
s.coulton@kent.ac.uk

Literature highlights potential to reduce East Kent's hospital readmissions

East Kent Hospitals University NHS Foundation Trust recently commissioned CHSS to carry out a systematic review of the literature about hospital readmissions. The trust wishes to develop interventions to reduce inappropriate readmissions.

High levels of emergency readmission after elective surgery are avoidable and hospitals are encouraged to measure their trends and reduce their rates. The use and cost of acute hospital beds is a key issue for health policymakers and providers.

But the story is not straightforward. High rates of readmission can signify better care, where people with long term conditions are offered a choice of community treatment, with readmission to hospital only if a condition worsens. Sometimes a series of readmissions can be better than a long hospital stay.

The review, carried out by Simon Coulton, Professor of Health Services Research, produced the 'Readmission to Hospital' Project Report 2010 (available to download from the CHSS website).

860 studies, mainly from the US, revealed that two types of intervention stood out as having potential to reduce readmission rates:

- Discharge planning could reduce readmission rates by as much as 20%. Telephone follow-up services enable



patients to voice any concerns after leaving hospital. Translating the US models to the NHS would mean developing either specialist discharge staff, or upskilling existing nursing staff.

- Comprehensive Geriatric Assessment could reduce rates by around 10%. A team of consultants, doctors and nurses, physiotherapists and occupational therapists examine the needs of the patient while in hospital before assessing suitability for discharge.

Within less than a month of being home, half a million patients are readmitted to hospital

each year. Older patients in particular tend to be readmitted and the numbers are growing. At the end of the 1990's, 95,000 were readmitted, but by 2007-8 over 159,000 older people were readmitted within less than a month of being home.

As a result of this literature review, the Trust has submitted a grant application to test models for reducing readmission rates.

www.kent.ac.uk/chss/researchcentre/docs/re-admissions

For more information contact s.coulton@kent.ac.uk

NICE decision-making

Dr Patrick Brown has won ESRC funding to investigate the nature of uncertainties faced within appraisal decisions made by the National Institute for Health and Clinical Excellence. NICE is an independent organisation which was set up in 1999 and provides national guidance for the NHS on promoting good health and preventing and treating ill health.

NICE is known for addressing the 'postcode lottery' of cancer drugs but also covers diagnostics, medical technologies and public health. For example, NICE recently published guidance on increasing the uptake of HIV testing to reduce undiagnosed infection and prevent transmission among black African communities living in England.

The NICE decision-making process is undertaken by a specially convened project team, comprising an executive lead, director, analyst, health economist, project manager, patient involvement lead, communications manager and implementation lead. This team work together for 18 months or so to produce the guidance.

The volume, contestability and complexity of information means the decision-making process is often very difficult. Along with Professor Mike Calnan from the University's School of Sociology, Social Policy and Social Research, Patrick will observe committee meetings and interview committee members, analysts and a range of representatives from the various interest and expert groups. He will also look at committee documentation.

Patrick said: 'I hope to find out what decision mechanisms for coping with

uncertainty are used by the teams. The regulatory role of NICE has important ethical implications for access and resource use, yet its implicit neutrality and objectivity is not straightforward'.

NICE is emblematic of the 'neutral' and 'objective' approach of modern regulatory institutions. Cost-effectiveness recommendations ensure more standardised access to medication across the NHS, as well as regulating the imperfections of the market in terms of over-priced medication.

Since the granting of the research funding, the role of NICE has become open to change – and this changing role will also be explored within the project.

For more information contact P.R.Brown@uva.nl

Promoting exercise to teenage girls – overcoming the hurdles

A poster produced by CHSS promoting exercise to teenage girls has been given very positive feedback from Kent schools. The poster summarised the findings of a research project aimed at tackling obesity in teenage girls by finding ways to engage them in more sport and physical activity.

The poster and a leaflet were sent out to sports leaders, the Healthy Schools Programme and others. It stimulated comments such as, 'The poster is potentially a fantastic resource for teachers in promoting greater female engagement beyond key stage 2, where we are very aware that there are problems.'

The CHSS 'Am I Bovered' project led by Jenny Billings Senior Research Fellow, found that whilst girls do enjoy taking part in physical activity, they are far more likely to stay involved when certain conditions are in place and it feels right for them. A too serious and over-competitive environment is

likely to put many girls off. For many girls, self-consciousness, body image and worries about having to participate with boys are a significant barrier to staying involved. Girls who took part in the project said things like, 'In PE I was in a mixed group...but there were few girls and loads of boys and I didn't like that, that's why I didn't do PE at school'.

The poster was produced by CHSS as part of the project's dissemination plan, following the field work and final report. It features a checklist, with emphasis on planning and choice and has proved a useful tool for teachers and sports providers.

Dr Ferhana Hashem, Research Fellow said, 'The poster aims to get the message across that it is really important for teenage girls to have a relaxed, fun and less pressured environment, so they can feel confident and supported while participating in sporting activities. It recommends positive steps that sports leaders can take to ensure continuing interest and involvement, both within and outside school'.



The project was funded by the Big Lottery as part of chances4change, a programme of health-related projects running across the South East.

For more information about the project contact f.hashem@kent.ac.uk or j.r.billings@kent.ac.uk

New appointments

Tracy Higgins

Tracy recently joined CHSS as statistician and researcher for the National Institute for Health Research (NIHR) Research Design Service South East (RDS SE). Part of her role involves supporting and advising health researchers who wish to apply for NIHR funding. She has worked in health research for over twenty years and has technical expertise in the design and analysis of randomized controlled trials for new medicines, stochastic simulation, pharmacokinetic and pharmacodynamic modelling, knowledge management and model based meta-analysis. Her main research interests are in palliative care, counselling and psychotherapy and mindfulness based therapeutic approaches.



Tracy Higgins

Dr Kate Hamilton-West

Kate recently joined CHSS as Quantitative Research Advisor to the NIHR Research Design Service South East. Kate, an accredited Health Psychologist, graduated from the University of York and worked in medical education and training before completing a PhD in Health Psychology at Kent in 2003. With a background in health psychology research, Kate has published widely in medical and psychology journals and patient publications.

Sarah Phillips

Sarah joined CHSS early in 2011 as project manager for the EU-funded SHELTER project. Sarah previously worked as a research assistant for the SHELTER project collecting data in nursing homes in West Kent and London. Previously she was a researcher for Oxford University on a project funded by the Alzheimer's Society to determine the effect of a focused intervention training and support package on the management of severe dementia. She has a wide range of experience in clinical research. Her current research interests are evaluation of nursing home residents' psychosocial wellbeing and interventions to enrich family visits.

Farewells...

We were sad to say goodbye to the following CHSS staff:

Helen Alaszewski has now retired.

A former registered nurse, her particular interest was risk and older people. As a Research Associate with CHSS, her projects included privacy and dignity in continence care, and many aspects of stroke care.

Dr Patrick Brown left in Autumn 2010 to take up the post of Assistant Professor in Sociology at the Universiteit van Amsterdam. Patrick's research during his time in CHSS included trust in healthcare, pensions and mental health.

Yachien Huang who was our SHELTER project manager, has taken up a post as Assistant Professor at the Department of Multiculturalism and Linguistics at Tamkang University in Taiwan.

Mathew Mackenzie left CHSS at the end of 2010 to pursue a new career in photography.

We wish them all the very best for the future.

Recent CHSS selected publications 2010/2011

2010

Billings, J., & Macvarish, J. (2010). *Self-Efficacy: Addressing Behavioural Attitudes Towards Risky Behaviour – An International Literature Review Final Report: European Regional Development Fund: The European Union, investing in your future.*

Coulton, S. & Coulton, K. (2010). Promoting and sustaining independence in a community setting. Kent TeleHealth Evaluative Development Pilot A. A study into the management of people with long term conditions

Holdsworth, L., & Fisher, S. (2010). A retrospective analysis of preferred and actual place of death for hospice patients. *International Journal of Palliative Nursing*, 16(9).

Holdsworth, L., & King, A. (2010). *Developing a Patient Preference Questionnaire for Place of Care when Dying Phase 2: Nursing home primary care and secondary care settings.* Canterbury: Centre for Health Services Studies.

Kenyon, S. (2010). What do we mean by multitasking? – Exploring the need for methodological clarification in time use research. *Electronic International Journal of Time Use Research*, ISSN 1860-9937, 42.

Kenyon, S. (2010). Widening participation: a role for transport? UK higher education policy and mobility-related educational exclusion. *Widening Participation and Lifelong Learning*, 12(2), 36-53.

Klein, A. (2010). Drug control in the 21st century: from private passion to systemic confusion. *Amsterdam Law Forum*, 2(4), 47-58.

Klein, A., & Metaal, P. (2010). A good chew or good riddance – How to move forward in the regulation of khat consumption. *Journal of Ethnopharmacology*, 132(3), 584-589.

Krizova, E., Brzyski, P., Strumpel, C., Billings, J., & Lang, G. (2010). Health Promotion for Older people in the Czech Republic in a European Perspective. *Central European Journal of Public Health*, 18(2), 63-69.

Lee, E. J, Mcvarish, J., & Bristow, J. (2010). Risk, health and parenting culture. *Health, Risk & Society*, 12(4), 293-300.

Macvarish, J. (2010). The effect of 'risk-thinking' on the contemporary construction of teenage motherhood. *Health, Risk & Society*, 12(4), 313-322.

Perry, A. E., Marandos, R., Coulton, S., Johnson, M. (2010). "Screening Tools Assessing Risk of Suicide and Self-Harm in Adult Offenders : A Systematic Review." *International Journal of Offender Therapy and Comparative Criminology* 11

Song, M., & Hashem, F. (2010). What does "White" Mean? Interpreting the choice of "Race" by mixed race young people in Britain. *Sociological Perspectives*, 53(2), 287-292.

2011

Aspinall, P. J. (2011). The Health and healthcare of vulnerable migrant children. *Poverty*, 138, 13-14.

Aspinall, P. J. (2011). Who is 'Black African' in Britain? Challenges to official categorisation of the sub-Saharan African origin population. *African Identities*, 9(1).

Aspinall, P. J., & Chinouya, M. (2011). Determining the identity of 'black Africans' in UK population and health policy contexts: ethical issues and challenges. *Social Identities*, 17(2), 255-270.

Aspinall, P. J., & Hashem, F. (2011). Responding to minority ethnic groups' language support needs in Britain. *Equality, Diversity and Inclusion: An International Journal*, 30(2).

Brown, P., Alaszewski, A., Pilgrim, D., & Calnan, M. (2011). The quality of interaction between health service managers and frontline clinicians: a question of trust. *Public Money & Management*, 31(1), 43-50.

Brown, P., Alaszewski, A., Swift, T., & Nordin, A. (2011). Action speak louder than words: the embodiment of trust by healthcare professionals in gynae-oncology. *Sociology of Health & Illness*, 33(2).

Brown, P., & Calnan, M. (2011). Braving a faceless new world? Conceptualising trust in the pharmaceutical industry and its products. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*. doi:10.1177/1363459309360783

Brown, P., & Calnan, M. (2011). The Civilizing Process of Trust: developing quality mechanisms which are local, professional-led and thus legitimate. *Social Policy and Administration*, 45(1), 19-34.

Brown, P., & Flores, R. (2011). Making Normative Structures Visible: the British National Health Service and the Hospice Movement as Signifiers of Compassion and Hope. *Acta Sociologica*, 54(2).

Chinouya, M., & Aspinall, P. J. (2011). Ethical Issues in Targeted HIV Prevention Work among 'Black African' Migrants in London. *International Journal of Migration Health and Social Care*, 6(4), 20-33.

Coulton, S. (2011). "Alcohol Misuse." *BMJ Clin Evid*: 1017.

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Fox C. B. M., Crugel M., Coulton S., Maidment I., Ballard C., Katona C., (2011). "MAGD Trial-Memantine for Agitation in Alzheimer's Dementia." *Journal of the American Geriatrics Society* 18.

M. Kalli, J.E. Griffin, S.G.Walker (2011); "Slice Sampling Mixture Models." *Statistics and Computing*, 21(1), 93-105.

Klein, A., & Martin, S. (2011). Two dilemmas in dealing with workplace bullies – false positives and deliberate deceit. *International Journal of Workplace Health Management*, 4(1), 13-32.

Skingley A., Clift S., Coulton S., Rodriguez, J. (2011). "The effectiveness and cost-effectiveness of a participative community singing programme as a health promotion initiative for older people: protocol for a randomised controlled trial." *BMC Public Health* 11(142).

Farewell to Andy Alaszewski CHSS Director



After leading CHSS for more than ten years, Professor Andy Alaszewski has taken early retirement from the University of Kent. He will however continue his involvement with CHSS through various research projects and as Emeritus Professor.

Andy joined CHSS in 2001 as Professor of Health Studies and Director of CHSS. Previously Professor and Director of the Institute of Health Studies at the University of Hull, Andy, an applied social scientist, has been engaged in health services research since 1972. His main areas of interest include risk management and analysis, and management in health and service development for vulnerable groups. Andy has also undertaken wide-ranging research into stroke and stroke care.

A founding editor of Health, Risk and Society, Andy has acted as an expert panel member for the ESRC and has served on several editorial boards and academic associations. He is an experienced research supervisor and examiner and was Director of the MA in Health Services Research.

Our thanks and best wishes go to Andy for the future and a long and happy retirement.

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About CHSS

The CHSS website contains information about CHSS and details of research groups, and a searchable databases of past and present projects and publications.

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