



CHSS news
and events
Page 2



Integrated care
research
Page 3



CHSS people
Page 6



Latest publications
Page 7

Newsletter

CHSS
University of Kent

Centre for Health Services Studies

Issue 29 / Autumn 2017

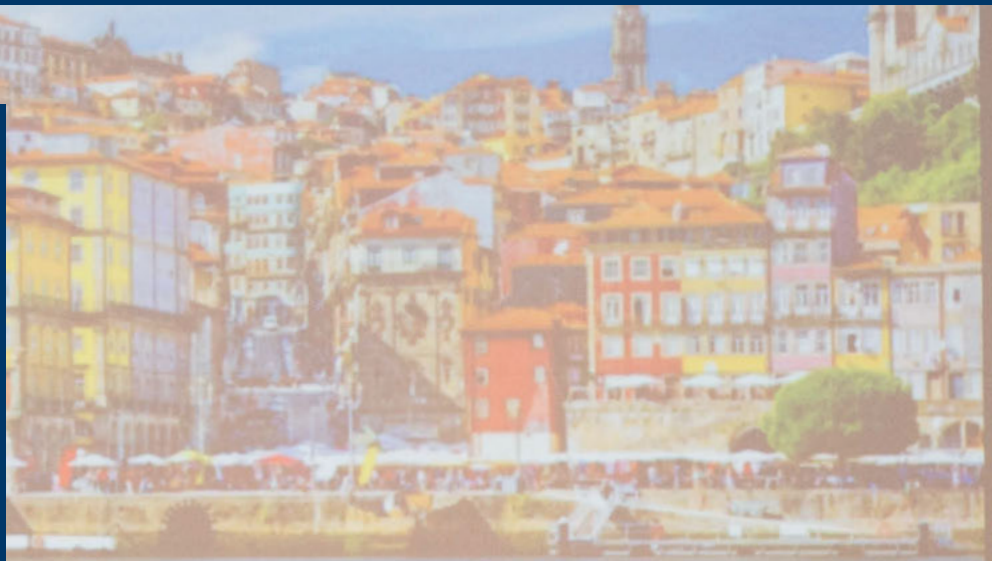
Professor Sally Kendall

Working for better population health across Europe and Australia

Professor Sally Kendall took over the Chair of the European Forum for Primary Care at their September Annual Conference in Porto. EFPC was formed in 2005 and aims to strengthen primary care to improve population health.

In our centre spread we feature Sally's visit to Western Australia and her fascinating project working with Aboriginal mothers.

See pages 4-5



Excellence in health research

CHSS events and news round up

HEE/NIHR Integrated Clinical Academic Programme 2017-18

CHSS welcomes HEE/NIHR ICAP Interns!



CHSS is delighted to welcome its first cohort of health practitioners who successfully applied for the ICAP internship programme. Funding for CHSS from Health Education Kent, Surrey and Sussex covers up to eight ICAP internships for NIHR MRes, Clinical Doctoral Research Fellowship or Senior Clinical Lectureship. The new interns will receive a bespoke learning and development programme. CHSS Research Fellow Ferhana Hashem who leads the Intern Programme said:

'This valuable funding enables CHSS to provide research training opportunities to a range of local health practitioners and will help the University to develop research capability and capacity across the south east region'.

find out more about study opportunities with CHSS on p8

www.kent.ac.uk/chss/study.html

South, West and East Kidney Society (SWEKS) 35th Anniversary Meeting



1

On 30 August SWEKS held its 35th Anniversary Meeting at Woolf College at the University of Kent. CHSS Clinical Professor Chris Farmer and colleagues from East Kent Hospitals University Foundation Trust (EKHUFT) organised the highly successful event, attracting over a hundred guests.

A varied interactive lecture programme brought some thought-provoking issues into focus. They included:

Hippocrates to Montgomery: Disclosure and Understanding in Consent?

Dr Michael Delaney, East Kent Hospitals

Improving deceased donor Kidney Utilisation: a double-edged sword?

Mr Chris Callaghan, Consultant transplant surgeon, Guy's Hospital, London, and the Evelina Hospital and Great Ormond Street Hospital

Capacity and consent issues for extended donor criteria potential recipients

Dr Martin Mansell Consultant Nephrologist, Honorary Senior Lecturer in Nephrology and National Policing Improvement Authority-recognised expert



2

Organ donation following euthanasia, the Dutch initiative

Professor Joost Schudel MD PhD, Professor emeritus and former HoD of Psychiatry, Erasmus University, Rotterdam.

There were also some excellent poster presentations to view and in the evening the Society held a reception for invited guests.

For more information on Kidney research and SWEKS, contact Professor Chris Farmer
E: C.Farmer-357@kent.ac.uk

Integrated care

How are the new 'Vanguard' sites working?

CHSS joins national evaluation of new models of care

The 2014 NHS England Five Year Forward View saw the beginning of an ambitious programme to develop new models of care to address longstanding problems in the UK health system. 50 'Vanguard' sites were established around the country piloting new ways to organise health services.

They aim to improve:

- population health and wellbeing;
- quality of and access to care;
- service efficiency.

Working with the University of Manchester (lead organisation), The London School of Hygiene and Tropical Medicine and PSSRU at the University of Kent, CHSS will be part of the national evaluation team.

The four year evaluation is funded by the Department of Health Policy Research Programme to investigate the overall effects of the Vanguards on the NHS. How well have they been able to implement changes? What are the major barriers and facilitators? What are the effects on service users and NHS costs?

The team will build a national picture of the backdrop and economic issues and conduct in-depth analysis of six chosen Vanguards' experiences. Clear messages will emerge about this approach to improving services. The team will share these to ensure rapid learning from the evaluation.

SUSTAIN in Milan Transforming Care Conference

CHSS Research Fellow Dr Julie MacInnes works in the University of Kent Integrated Care Research Unit (ICRU) led by Professor Jenny Billings. In June she presented on behalf of the SUSTAIN (Sustainable Tailored Integrated Care for Older People in Europe) project consortium in Milan at the 3rd Transforming Care Conference, 'Innovation and Sustainability'.



1



SUSTAIN was part of a session on co-production between new care arrangements and informal practices for chronic conditions, showcasing challenges to implementation of integrated health and social care at UK, Austrian and Catalan sites. Differences in funding and commissioning of health and social care services in the three countries add complexity to the integration of services. There are limited resources to deliver comprehensive, integrated care.

These challenges are driving the need for new models of care and integrated working. Creativity, flexibility and a commitment to person-centred care can help overcome the barriers. A key feature for success is multi-level, multi-stakeholder engagement, requiring cooperation between organisations and across sectors.

Find out more about the SUSTAIN project and the work of ICRU on our website www.kent.ac.uk/chss/research/units/icru.html

Jenny Billings' *Think Kent* lecture unpacks the realities of integrated care

CHSS Professor of Applied Health Research Jenny Billings recently gave a lecture on integrated care as part of the University's prestigious *Think Kent* series.



2

The presentation offers an overview of integrated care and builds a case for stakeholders to be more realistic about what integrated care can achieve and how it can be measured.

The lecture defines and describes various methods and frameworks, a common set of beliefs about what it can achieve, outlines the evidence landscape, and puts forward new methodology which is more sensitive to evaluating integrated care. The presentation ends with key messages to help ensure the best possible care is provided.

- Integrated care is multi-faceted and complex but it can be pieced together provided implementation can be slowed down.
- Integrated care delivery needs to be made personal – for service providers it is about understanding roles and relationships and developing trust. For service users, it is vital that services start from their person-centred care needs.
- Politicians, service providers and evaluators need to be realistic in what they can achieve and measure, and take advantage of implementation science approaches.

'How can I be sure?' *Building realism into the complex world of integrated care evaluation* is available on the *Think Kent* website www.kent.ac.uk/global/GEA/think-kent.html

Watch the video: <http://bit.ly/2vapmA0>

Jenny is Director of the Integrated Care Research Unit (ICRU).

CHSS international research updates

Professor Sally Kendall in Western Australia



1

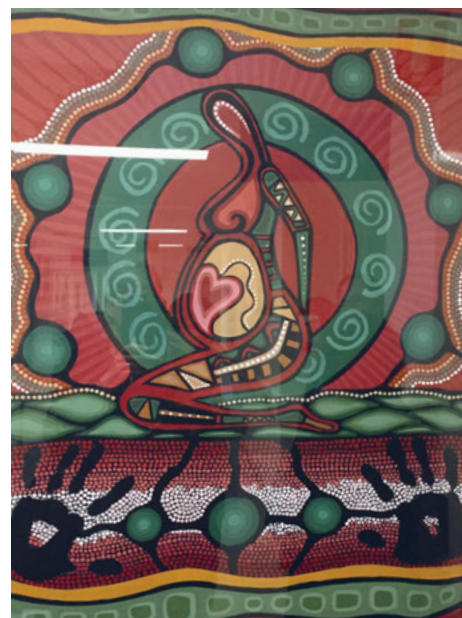
Sally Kendall is Professor of Community Nursing and Public Health at CHSS. During May and early June 2017, she was a visiting fellow at Murdoch University, Perth, Western Australia (WA). The visit formed part of her role on a project funded by the National Health and Medical Research Council (NHMRC), Birthing on Noongar Boodjar. Sally talks about the project and her visit ..



Inequalities in health care provision and health outcomes are highly unfavourable for Aboriginal communities in WA, especially children and pregnant women. The infant mortality rate is 6.3 for boys, 4.8 for girls. This compares with 3.5 for non-indigenous boys and 3.1 for girls.

The Close the Gap policy has had some positive effect but as a qualitative researcher I hear stories of continuing intergenerational trauma; expressed through young pregnancy, domestic violence, substance and alcohol abuse (leading to foetal alcohol disorder), and perinatal mental health problems. All these issues are made worse by poverty, poor housing, poor access to services, racism, and a constant fear of authority and the removal of children.

'This is a four-year study that aims to improve the cultural experience of childbirth for Aboriginal mothers on Noongar land in the Perth district of WA. Historic and political practices have meant that women have been denied the cultural security they need to give birth on their own land – for example the presence of extended family or even an Aboriginal midwife.



2



3

Through in-depth interviews with midwives and women across the Perth district, the project aims to achieve a better understanding of women's experiences of maternity services and how a more culturally sensitive service could be provided to enable indigenous women and their children and families to give birth more securely. One of the outcomes will be to provide much better education for midwives, informed by this study, to enable cultural competence and understanding. A further stage in the research will examine the linked data between childbirth in Aboriginal communities, health outcomes and life chances.

Whilst I was there, the inaugural Forum on Aboriginal Health in WA was launched at Murdoch. This 2-day event brought together Aboriginal and non-Aboriginal researchers from across WA to present, explore and discuss health care issues.

My part in this was a presentation on vulnerable children in England, as a comparator for the Aboriginal data. It was interesting, although perhaps not surprising, that some of the most vulnerable children in England, in Kent, display similar indicators to Aboriginal children; parental substance abuse, domestic violence and being looked after by the Local Authority. In Kent twice as many parents are in treatment for substance and alcohol misuse than for the rest of England. This can lead to long-term health and emotional problems in children and young people, particularly depression, anxiety and behavioural disorders.



4

During the two days we also marked the anniversaries of the 1967 Referendum when indigenous Australians became people with a right to vote and be counted in the census. Before that time they were counted as flora and fauna.

The 20th anniversary of the Australian Prime Minister's apology to the Aboriginal people for all the past atrocities (Sorry Day) was deeply moving. The forced removal of the 'lost generation' of children resonated with so many people present.

During my time in WA I also experienced the Australian health care system. Having had a bad fall in a very remote desert area north of Perth, I required sutures and antibiotics. This necessitated driving 150km to Perth at dusk, along an empty road that threatened kangaroos and emus – the only and nearest medical centre available! I received very good care, but the experience made me realise how much we take our local A and E departments for granted!

Find out more about Sally's work on our website, and more about this project:

<http://media.murdoch.edu.au/new-study-to-investigate-maternity-provision-for-aboriginal-women>

- 1 Pinnacles desert where Sally fell
- 2 Aboriginal art in Perth's only birth centre for indigenous women
- 3 Sally, Dr Fiona Stanley, Professor Rhonda Marriott
- 4 Women speak out at the Aboriginal Health Forum
- 5 CHSS Research Fellow Dr Rowena Merritt
- 6 EXCEPT workshop
- 7 Round table discussion

EXCEPT workshop in Greece

In August, the EU Horizon 2020 funded EXCEPT project held its sixth workshop in sunny Thessaloniki, Greece. There the CHSS team presented the latest UK findings from the research, and a series of policy recommendations to reduce youth job insecurity.



5

During the final day of the workshop, the EXCEPT team held a round table discussion with invited stakeholders, which was chaired by CHSS Research Fellow Dr Rowena Merritt.

EXCEPT researchers presented main findings and policy recommendations from the project. Among the round table participants were representatives from NGOs working with youth across Europe, career officers from universities, and representatives from the European Centre for the Development of Vocational Training (CEDEFOP), the European Commission, and the Centre d'études et de recherches sur les qualifications (CEREPQ).

Find out more on the EXCEPT project website www.except-project.eu/home



6



7

CHSS people

A passion for global health

Dr Erica Gadsby, Senior Research Fellow

Erica joined CHSS in 2012. Her research interests are in public health and policy and global health. Current projects include the evaluation of 'Go Golborne' – a community health project aimed at preventing childhood obesity. In January she travelled with colleagues to Guinea to identify health and social care research priorities with and for Ebola survivors (see our spring 2017 newsletter).



Where did you grow up?

I was born and grew up in Kent near Romney Marsh. My first jobs were cleaning – when I was about 12 – and cafes. In my student days was a catering assistant at the William Harvey Hospital and liked the hospital atmosphere. I became very passionate about Human Rights and was quite an active campaigner for organisations like CND and Greenpeace, even before University.

Did you go to University straight from school?

No, after A levels I had a year out and travelled alone to Nepal. I taught in a Tibetan refugee camp – an amazing experience. Back home I began a Psychology degree at the University of Birmingham but my growing passion for social issues led me to change to Social Policy after the first year. My interest in health policy grew from that. After graduating in 1999 I stayed in Birmingham and worked as a Community Development Worker on health initiatives.

Did you plan to be an academic?

No, and a PhD was never part of the plan! Then in 2000 a funded PhD studentship at Oxford Brookes University came up and I went for and got it. Stephen (Peckham) supervised my four PhD years. I studied a Postgraduate Diploma in Public Health at the same time so was busy! For a year I worked at Picker Institute as a qualitative researcher on prostate cancer decision aids. I loved my time in Oxford, and lots of good things happened, including meeting and marrying my husband Chris.

What came next?

Before having children Chris and I wanted to work abroad for a humanitarian aid organisation. We spent an amazing year in Uganda with international aid charity GOAL, on an emergency programme in refugee camps near Sudan.

We worked with Ugandan subsistence farmers who became refugees when home-grown terrorism flared up via the Lord's Resistance Army (LRA).

That sounds quite treacherous!

It was quite hairy! We were miles from anywhere and when we landed (on my 30th birthday!), helicopters were doing spiral landings in case of gunshots! We lived in a shipping container (no electricity), within a hospital compound and worked in HIV prevention, food security and birth attendance. After two months, the Public Health Coordinator left and I took over. At that time there was a cholera outbreak threat, so we set up an emergency treatment centre.

How did you follow that?

Back in the UK, I was thrilled to be appointed Teaching Fellow at the University of Leeds' Nuffield Centre for International Health and Development. I undertook international health policy/systems research, teaching, and technical assistance projects for the World Health Organisation, the European Commission and others. Through it I really developed my love for international health. What brought you back to Kent?

Having children. We relocated to Kent from Yorkshire in 2010 to be near family. I was a fulltime Mum for two and half years but I was really ready for work when I came to CHSS.

How is CHSS?

It is a great place to work with really friendly people. I love applied research, working closely with people in practice in public health or the NHS to identify the nub of a challenging situation and how it might be improved. I love the diverse range of research that CHSS is involved with too, especially internationally.

What's been your career highlight?

There have been a few, but I'd have to say my three weeks in Guinea working with Ebola survivors probably comes out on top.

And your biggest challenge?

Getting back into work in a different field after a two and a half year break. It was certainly challenging moving from international health to the NHS after being seconded to the Department of Health Policy team working on personal health budgets.

Any unrealised career or personal ambitions?

I would love to learn a language really well – probably French or Spanish.

How is your work/life balance?

It's always a challenge managing small children and working. Both are at primary school at the moment. But being near family and my Mum has helped make it work.

How do you relax?

I'm a keen walker and recently walked Hadrian's Wall with my Mum, which was great. I'd love to do some more challenging walks and mountain climbing. On a less adventurous note I love to cook. I'm a good bread-maker (but a bad cake-maker!)

Tell us something surprising about yourself?

After my A levels I did a fundraising skydive which was fabulous. I love heights! It was my very first time in a plane!

Find out more about Erica's research on our website:

www.kent.ac.uk/chss/staff/research/gadsby.html

Publications

Recent selected CHSS Publications

Peckham S (2017) Integrated primary care may be the answer but do we really know what it is? *Primary Health Care Research and Development* 18 (4) pp 301-302 ISSN 1463-4236

Hashem F, Calnan M W and Brown P (2017) Decision-making in NICE single technological appraisals (STAs): How does NICE incorporate patient perspectives? *Health Expectations* ISSN 1369-6513. E-ISSN 1369-7625. (In press)

Peckham S, Hann A, Kendall S and Gillam S (2017) Health promotion and disease prevention in general practice and primary care: a scoping study. *Primary Health Care Research and Development* ISSN 1463-4236

Coulton S, Heather N, and Dienes Z (2017) Using Bayes Factors to evaluate evidence for no effect: examples from the SIPS project. *Addiction* ISSN 0965-2140 (Full text available)

Anderson P, **Coulton S**, Kaner E, Bendtsen P, Kloda K, Segura L, Wojnar M et al (2017) Delivery of Brief Interventions for Heavy Drinking in Primary Care: Outcomes of the ODHIN 5-Country Cluster Randomized Trial. *Annals of Family Medicine* 15 (4) pp 335-340 ISSN 1544-1709 (Full text available)

Law F D, Diaper A M, Melichar J K, **Coulton S**, Nutt D J and Myles J S (2017) Buprenorphine/naloxone versus methadone and lofexidine in community stabilisation and detoxification: A randomised controlled trial of low dose short-term opiate-dependent individuals. *Journal of Psychopharmacology* ISSN 0269-8811.

Peckham S, Lowery D and Spencer S (2017) Response to Grimes and Newton. *Journal of Epidemiology and Community Health* (71) p 317 ISSN 0143-005X

Dale V, Heather N, Adamson S, **Coulton S**, Copello A, Godfrey C, Hodgson R, Orford J, Raistrick D, and Tober G (2017) Predicting drinking outcomes: Evidence from the United Kingdom Alcohol Treatment Trial (UKATT). *Addictive Behaviors* 71 pp 61-67 ISSN 0306-4603 (Full text available)

Kendall S and Bryar R (2017) Strengthening primary health care nursing in Europe: the importance of a positive practice environment. *Pflege & Gesellschaft (Nursing & Society)* 22 (1) (In press) (Full text available)

Braun A, **Kendall S**, Cole C, Smeeton N and Angus-Leppan H (2017) Development of the Epilepsy Risk Awareness scale (ERA scale) for people with epilepsy. *Seizure-European Journal of Epilepsy* 46 pp 13-18 ISSN 1059-1311.)

Donaghue K, Rose H, Boniface S, Deluca P, **Coulton S**, Fasihul Alam M, Gilvarry E, Kaner E, Lynch E, Maconochie I, McArdle P, McGovern R, Newbury-Birch D et al (2017) Alcohol Consumption, Early-Onset Drinking, and Health-Related Consequences in Adolescents Presenting at Emergency Departments in England. *Journal of Adolescent Health* pp 1-9 ISSN 1054-139X. (In press)

Saddi F C and **Peckham S** (2017) Brazilian Payment for Performance (PMAQ) Seen From a Global Health and Public Policy Perspective: What Does it Mean for Research and Policy? *Journal of Ambulatory Care Management* ISSN 0148-9917 E-ISSN 1500-3267

Forbes L J L, **Marchand C**, Doran T and **Peckham S** (2017) The role of the Quality and Outcomes Framework in the care of long-term conditions: a systematic review. *British Journal of General Practice* bjgp17X693077 ISSN 0960-1643 (In press)

Featured publication

Performance-related pay does not promote better care of people with long-term health conditions

A CHSS study has found that offering general practices more money according to the number of people with long-term health conditions they treat – such as diabetes, cancer or dementia – does not lead to improved care for patients. The study led



by CHSS Senior Clinical Research Fellow Dr Lindsay Forbes was recently published online by the British Journal of General Practice. Commissioned by NHS England, the study looked at the world's largest pay-for-performance scheme in primary care – the Quality and Outcomes Framework (QOF). Around 99% of GPs in England are part of the QOF and around 10-15% of income for general practices derives from the scheme.

CHSS carried out a systematic review of the QOF's effect on a range of patient outcomes including personalised care, self-care, patient experience, coordination of care and mortality rates. The study found no evidence that the QOF leads to better coordinated care, more holistic care, better encouragement to self-care, or improved patient experience or involvement in decisions. It also had no effect on mortality rates. It found that the QOF may be associated with some very modest positive effects in limited areas.

CHSS concluded that NHS should consider more broadly what constitutes long-term high-quality care and find other ways of motivating GPs and primary care teams beyond monetary rewards.

Read the article online:
www.ncbi.nlm.nih.gov/pubmed/28947621

CHSS staff news

Information about all CHSS staff is available on our website: www.kent.ac.uk/chss/staff

Welcome to:



Dr Naren Srinivasan

Naren joined us in September working two days a week as a General Practice Clinical Research Fellow.



Rhiannon Barker

Rhiannon is our new CHSS PhD scholarship student. She will work with Professor Tricia Wilson on end of life care research.



Susan Potter

Susan joined CHSS in September to study a PhD in applied health research working in community and clinical settings with Bexley CCG to evaluate a new social prescribing model. Her supervisor in CHSS will be Dr Sarah Hotham.



Boniface Oyugi

Boniface joins CHSS after winning a Commonwealth Commission scholarship to study for a PhD. His supervisor will be Professor Sally Kendall.

New PhD opportunity with CHSS

Are you enthusiastic about health services research? CHSS is offering a PhD studentship (3 years full-time or 5 years part-time) to start in Autumn 2018.

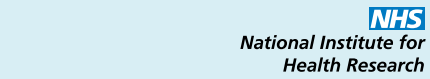
Find out more about this exciting opportunity on our Study with CHSS page: www.kent.ac.uk/chss/study.html

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



NIHR Research Design Service South East



Need help applying for health research funding?

RDS SE – FREE advice and support on all aspects of research design

Since 2008 CHSS has hosted the RDS SE at the University Kent. The service also operates from Brighton and Surrey Universities. Funded by the National Institute for Health Research (NIHR) the RDS supports teams and individuals preparing applications for health and social care research funding.

See more at: www.rds-se.nihr.ac.uk

Follow us!



www.twitter.com/chss_kent