

newsreview



Integrated care for older people in Europe

CHSS hosted a conference at the end of March 2003, for representatives of the nine European countries participating in the EU Fifth Framework funded "PROCARE" project.

PROCARE aims to refine the new concept of integrated health and social care for older persons by comparing and evaluating different modes of care delivery.

CHSS has a particularly strong involvement in the project and has produced a conceptual paper on integrated care, identifying emerging opportunities for greater integration.

The purpose of the conference was to take the project forward to the next, empirical stage for which CHSS is designing the methodology.

By focusing on successful organisations, using a 'case study' approach, the project will

identify features of best practice in joint working.

The impact of organisational barriers (and solutions) on integrated health and social care is a surprisingly poorly researched area, so part of the aim is to develop an evidence base, as well as looking for indicators of improved outcome for older people who are receiving care in their own homes.

Each partner country has already produced a national report on integrated care and how it is realised.

Kirstie Coxon, who manages the project on behalf of CHSS said:

"The Canterbury conference provided a good forum for discussing emerging findings, the methodology and meeting European colleagues. Although much of the project communication works very well by email it

was really beneficial to sit around the same table where linguistic differences could be discussed and ironed out!

This conference was particularly well attended, and the Cathedral International Studies Centre provided an ideal environment for a very busy weekend."

If you would like to know more about the project, contact Kirstie Coxon on 01227 827641 or email k.coxon@kent.ac.uk

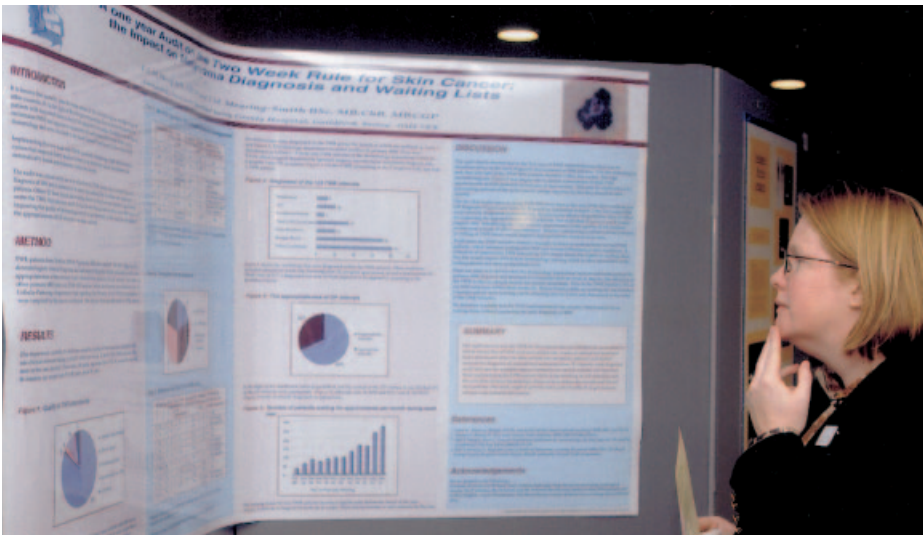
The UK National Report is available at: www.kent.ac.uk/chss/publications/ukprocarereport.pdf and at: www.euro.centre.org/procare/



PROCARE
 Providing integrated health and social care for older persons issues, problems and solutions

Building research

Developing research capacity is a key aim in the health service. Building capacity is about changing culture and one of most immediate ways of achieving this is to get like-minded people together. Members of CHSS attended and spoke at a series of events over recent months, which were designed to develop research capacity in Kent and Surrey trusts. Medway Maritime NHS Trust, Maidstone and Tunbridge Wells NHS Trust, the Royal Surrey NHS Hospital Trust and East Kent NHS Hospitals Trust each hosted a day or evening with researchers presenting projects to an invited audience.



Poster competitions were a successful element at research events.



Such events are hard work to organise and successful ones deserve thanks! Here Joy Bradford with the team of the Kent Surrey Sussex primary care facilitation service – KSSNet receives flowers in recognition of her hard work in organising a research day with a theme of older people. The day was held in Keynes College and jointly hosted by CHSS. It featured four keynote lectures followed by workshops.



Breaks between presentations provided the opportunity to network, bringing together universities and trusts, as Bridget Carpenter of CHSS and Professor Ros Lawrenson of the Kent, Surrey Sussex Primary Care network demonstrate.



LRDO Professor Gordon Ferns was host to more than 160 guests who attended the Royal Surrey NHS Hospital Trust research evening in January. The Trust showcased its research themes of nutritional and metabolic causes, prevention and treatment of cardiovascular disease, increased exploitation of modern technology to deliver health and social care and improving the patient experience.



Patients and their representatives, research colleagues and supporters also attended research evenings, spreading the word of excellence in this area.

capacity in the NHS

Tailored training to develop research capacity



East Surrey Hospital is pioneering a new research training programme offered by CHSS as part of the R&D Support Unit function.

Julie Short, the R&D manager at Surrey and Sussex Healthcare NHS Trust, knew that front-line staff needed better support to move them from having a research idea to completing a research project.

"Staff had attended and enjoyed CHSS research training sessions at the Trust, but despite increasing their knowledge, their overall capacity to undertake research had not changed" admitted Bridget Carpenter, Development Manager at CHSS.

A recent CHI report identified the need to improve the emergency care pathway and with help from CHSS, a training programme for selected individuals was developed to address this. Delivery of eight workshops was split between CHSS and the trust. The programme will conclude with a mock research ethics committee to prepare for submission of a proposal.

Developing research supervision skills at QVH East Grinstead

A similarly tailored course is being delivered at the Queen Victoria Hospital in East Grinstead. The QVH is a specialist acute

hospital and regional centre for burns, plastic and maxillofacial surgery. The trust has been picked to become one of the first "foundation" trusts in England.

R&D manager Dot Helme found there was a group of staff responsible for supervising research activity who needed to refine their skills. Yvonne Cornish, who is the CHSS programme lead commented that:

"This programme is precisely targeted at a key group of people and I very much hope we can make a measurable difference to their research supervision skills."

Developing evidence based practice at Frimley Park Hospital

Frimley Park Hospital is one of the largest district general hospitals in Southern England, employing over 2,500 staff. The trust is committed to best practice in the management and development of its staff, but a recent CHI report was critical of the support provided to staff in reading and using research evidence. Jenny Billings of CHSS was commissioned to undertake a training programme to enable staff to distinguish and use good quality research.

If you would like to discuss how your organisation could benefit from tailored training, contact Bridget Carpenter on 01227 823681 or email b.carpenter@kent.ac.uk

New induction course for NHS research ethics committees

CHSS recently ran the first of a new training course for NHS research ethics committees. The two-day residential course aims to develop participants' individual skills and knowledge to competently fulfil their role as committee members. The course is aimed at new members or those wishing to refresh their knowledge.

The first day introduces the role of ethics committees and provides basic training in research methods. The second day focuses on new developments in ethics, legal issues, group dynamics and research fraud.

The course will be repeated on October 30 and 31 2003 and March 24 and 25 2004 at the Goodenough College, which is close to Russell Square in London. For further information please contact Jackie Newton on 01227 827851 or email j.r.newton@kent.ac.uk. To apply on line go to: www.kent.ac.uk/chss/forms/ethics.html

Director of the Kent Law School, Dr Biggs has a special interest in medical law and ethics in relation to consent, death and dying, malpractice, medical negligence, reproduction and clinical research. Hazel collaborates with Jenny Billings of CHSS to deliver this course.



Here Cheryl Curtis, administrator and Chairman Dr Hazel Biggs of the Metropolitan Multi Centre Research Ethics Committee, relax in the Goodenough Club at the end of the first days training. The Goodenough College is a charitable organisation offering superior training facilities to academics and a very high standard of accommodation in the Goodenough Club.

Informal carers to benefit from CHSS report

A recent CHSS study concluded that informal carers want to be involved in decision making and need a better package of care. The findings will be implemented in the East Sussex Hospitals NHS Trust's Code of Practice for Involving Carers.

Professor Alaszewski said:

"Informal care – that is care that is not paid for – has become a focus of government policy. It is the degree of dependency rather than membership of a specific category of user that creates a need for care and we are looking at how the lives of people managing others' dependency can be improved."

The study evaluated support that informal carers receive from the trust, looking at the types of help and information required when the person they are caring for is admitted to hospital either as an inpatient, for emergency or for outpatient treatment. A questionnaire was sent to 600 carers of older people, young adults and parent carers in the Hastings and Rother district.

The study revealed that:

- Carers need access to appropriate information to be involved in decision-making.
- Staff should be trained in the use of sign language and problems with physical access to hospitals addressed.
- Carers must be trained in treatment practices before the patient is discharged from hospital.
- Carers of children and young adults with learning difficulties identified a number of areas where the Trust could improve services such as being seen promptly for appointments.

An important principal of the Code is guaranteeing that care for the carer is incorporated into care for the patient.

The code of practice was launched by East Sussex Hospitals NHS Trust on June 11th 2003. Copies of the report are available at: www.kent.ac.uk/chss/publications/pif.pdf



Collaboration with Cancer Network

An ambitious national target of doubling the number of cancer patients recruited into trials by April 2004 will have a big impact on cancer services in Kent and Surrey. The recently formed Kent and Medway Cancer Research Network (KMCRN) is part of the fourth and final wave of 34 networks nationwide. The KMCRN involves five acute trusts of Dartford and Gravesham, Medway, East Kent, Maidstone and Tunbridge Wells and Queen Victoria Hospital and a total population of 1.6 million people.

KMCRN manager Barbara Mercier said:

"The main goal is to increase recruitment to trials. However, longer term we aim to think more broadly. The KMCRN has established an academic sub-committee to develop research collaborations with other networks and universities."

A research meeting is planned for October 16th 2003 hosted by the Kent Institute of Medicine and Health Sciences at Darwin College, the University of Kent. For further details contact Barbara Mercier on 01622 713146 or email barbara.mercier@wkent-ha.sthames.nhs.uk

Information needs for cancer supportive care

CHSS recently completed a study for the Kent and Medway Cancer Research Network on information needs for cancer supportive care. The study included a literature review, a survey of cancer networks in England and a series of telephone interviews with cancer supportive care professionals in the Kent and Medway Cancer Network.

The study provides a recent picture of activities, information and good examples of innovation from around the country. It also lists useful references from web sites and networks. The study of professionals' views provides different perspectives across the network, revealing valuable insights for planners and decision makers. The key findings for information provision in Kent were that:

- Those working outside the acute setting were less aware of the availability of written information.
- The quality of information relating to patient admission varies.

- Each professional group should be made aware of the literature provided by others in order to deliver an integrated approach to care.
- Information accessible to ethnic minorities and those with special needs is limited.
- Some professionals were better able or equipped to access up to date information and education than others.
- The more peripheral care becomes the more variable the standards of information gathering and use.
- Although provision of information to patients is important, it is not likely to empower them without empowerment of front line staff.
- Some think that performance management is incompatible with empowering patients and their carers.

The report 'A study of cancer supportive care information needs for the Kent and Medway Cancer Network.' Declan O'Neill, Hilary Bungay and Tolulupe Osaba. CHSS April 2003 can be downloaded at: www.kent.ac.uk/chss/publications/incsc.pdf

New projects

Longitudinal study of post-stroke rehabilitation in younger people

The Stroke Association has funded CHSS to undertake a three-year study of the ways in which individuals seek to actively manage stroke and the ways in which carers and professionals can understand, support and develop such management.

Much research has concentrated on the negative and harmful effects of stroke and the ways in which services seek to minimise these effects, but this misses much of the positive and creative work which individuals undertake.

This project will undertake a longitudinal periodic interview study of 40 younger people who have had strokes over an 18 month period, starting four to eight weeks post discharge.

Participants will be invited to keep a diary during the study, either using a traditional, audio or email format.

If you would like to know more about the project contact Helen Alaszewski on 01227 827641 or email h.p.alaszewski@kent.ac.uk

Focus on Dr Iain Carpenter



Iain in 1982 as a Senior Registrar in Geriatric Medicine

Formerly a Consultant Physician in Geriatric Medicine, Dr Iain Carpenter is now a half-time Consultant Geriatrician, East Kent Hospitals NHS Trust and Reader and Associate Director (Older People) at CHSS. His research began with a trial of screening older people in the community, which he undertook to complete his MD.

His primary research interests are screening and evaluation of quality and effectiveness of acute, community and long term care services for older people. Iain's work is increasingly linked to intermediate care and the single assessment process.

Iain is a founding member of interRAI, an international research collaboration of cross-national studies for older people. He is also a founder member of interRAI-UK, a registered charity established with the Joseph Rowntree Foundation and Norwich Union to promote the use of standardised assessment for care delivery, performance monitoring and research in hospital, community and long term care services for older people. He is chair of the British Geriatrics Society Health Services Research Special Interest Group.

Iain, you were brought up and worked in East Africa, did this influence your view of life?

Yes, I think that experiencing other cultures inevitably changes you. More than anything, Africa taught me that good health is not just dependent on medicine, it is the result of a whole host of interrelated activities. That is why I am so interested in looking at the impact of both health and social care on the lives of older people.

Why did you leave full time medicine?

I had been a consultant physician for fourteen years, head of acute care of older people, initiated a head injury service and been clinical director for medicine and I wanted a new challenge.

You are known for your work on comprehensive, standardised assessment of older people. Why do you think that is so important?

A quarter of the US population will be over 65 by 2030 (that is over 90 million people) and about 12 million in the UK. Roughly 80% of people turning 60 each month are from less-developed countries. We have got about a decade or so to sort out the challenges of long-term care before demand for it soars all over the world.

If you conduct the same validated, reliable assessment around the world, you can compare results and find solutions faster. This might sound fantastically ambitious, but the instruments already exist and are being used Australia, Canada, Czech Republic, Finland, France, Denmark, Germany, Hong Kong, Iceland, Israel, Italy, Japan, the Netherlands, New Zealand, Norway, South Korea, Spain, Sweden, Switzerland, Taiwan, the UK and the US. If you want to read more about this work see the report: Milbank Electronic Reports. Implementing the Resident Assessment Instrument: Case Studies of Policymaking for Long-Term Care in Eight Countries. It is available at: www.milbank.org/ltc8.html

What do you think is the most exciting challenge for healthcare services in the future?

For older people? The challenge is to persuade people, you and me as well as policy makers, to take seriously the equitable provision of services for older people. At the moment it is a lottery when reliable assessment instruments are not used.

Find out more about Iain's work programme at www.senectus.org/



Thank you Iain

Fruit and veg helps boosts Sussex survey results

Thousands of East Sussex residents were asked in May this year 'How healthy are you?'

Five primary care trusts and two community programmes invited the new Health and Social Survey Unit to carry out the survey.

The survey "Health Counts" was sent out to 13,384 residents asking about their health and lifestyle. The aim of the survey was to help match health services with what people in Sussex need if they are to stay fit and well.

To boost response rates all respondents in one of the community programmes, were entered into a prize draw. The winner will receive an organic fruit and vegetable box delivered free for two months.



The survey asked people:

- How much their physical or mental health affects their day-to-day lives.
- How well they feel compared to their friends and relatives
- How often they see a doctor, dentist, pharmacist or optician, or how long they recently spent in hospitals
- How often they consult alternative therapists such as osteopaths, chiropractors, homeopaths or herbalists
- How recently women have had cervical smear tests or mammograms
- Lifestyle and habits, such as smoking, drinking, exercise, and diet.



Researchers were surprised to open a questionnaire with an added photo of the participant completing the survey on Eastbourne seafront.

Brighton's acting Director of Public Health, Dr Tom Scanlon, said:

"This survey will establish a baseline profile of the health of people living in Brighton and Hove, and will help us work towards creating a healthy city. It will tell us if there are parts of the city where people have better or worse health than others, or if there are particular health issues among younger people, homeless people or ethnic minority groups.

"It will also help us find out if people's lifestyles are damaging their health, so we can take action to help prevent them from becoming seriously ill in the future."

Results of the survey will be available in the Autumn. Further details from the survey unit head, Linda Jenkins on 01227 823680, or email l.m.jenkins@kent.ac.uk

Recording Ethnicity at Birth and Death Registration

Over the last twelve months, CHSS has been working with the London Health Observatory's Ethnic Health Intelligence Programme to make the case for collecting ethnicity data as part of the registration process. Now that less than half the population in minority ethnic groups are migrants, the public health arguments for collecting ethnicity as well as country of birth information are strong. Also, such data is needed to undertake population projections by ethnicity.

The 2002 White Paper set out plans for modernisation and improvement of the civil registration service in England and Wales. Plans include wider use of technology to simplify and speed up registration and new ceremonies.



Special Committees in both Houses of Parliament will simultaneously scrutinise the proposed order(s), including CHSS's evidence as part of a detailed public consultation.

A report assembling the evidence has been produced which will be placed on the LHO website (www.lho.org.uk) The LHO and London Health Commission are to produce a

booklet summary with arguments that will be widely disseminated.

PJ Aspinall (CHSS), B Jacobson (LHO), and GM Polato (LHO). *Vital Record: The Case for Including Ethnicity on Birth and Death Certificates in England and Wales*. London: London Health Observatory, 2003 (April). [90pp].

Recent Publications

Drug dependence in the prisons

The effectiveness of treatment for drug dependence within the prison system in England: A Review. Larry Harrison, Rose Cappello, Geoff Cooke, Andy Alaszewski and Sarah Appleton, CHSS May 2003. The report can be downloaded at: www.kent.ac.uk/chss/publications/etdd.pdf

Welsh Assembly considers CHSS evidence for minority service provision



The Welsh Assembly is considering CHSS evidence to help develop healthcare services for gypsies, refugees and asylum seekers. The assembly will shortly publish two reports:

Peter J Aspinall. A Systematic Review of the Literature on the Health Beliefs, Health Status, and Use of Services in the Gypsy Traveller Population, and of appropriate Health Care Interventions.

Peter J Aspinall. A Systematic Review of the Literature on Health Status, Health Needs, and Use of Services in the Refugee and Asylum Seeker Population and of appropriate Health and Social Care Interventions.

Peter Aspinall Research Fellow at CHSS

Health & Lifestyles in Kent

A survey of Health & Lifestyles in Kent and Medway – what have we learned? Dr Ann Palmer CHSS March 2003. Copies available from Jackie Newton Tel 01227 827851 email chssenquiries@kent.ac.uk

New SIBR reviews

The CHSS rapid review service focuses on current service innovations. This service has been developed in association with the Department of Health to provide an expert view on rapid changes and innovations occurring in the health service at a regional level. The reports identify the most useful strategic approaches to evaluation.

If you would like to find out more about the rapid review service, contact Dr Declan O'Neill on 01227 823940 or email: d.f.o'neill@kent.ac.uk

Five new reviews have been published in 2003 and are downloadable at the addresses below:

SIBR3 Report 5 Effective strategies for shaping the demand for care. www.kent.ac.uk/chss/publications/sibr5.pdf

SIBR3 Report 6 A review of strategies to design an emergency and an elective care system. www.kent.ac.uk/chss/publications/sibr6.pdf

SIBR3 Report 7 Review of the evidence underpinning the optimum skills in primary care. www.kent.ac.uk/chss/publications/sibr7.pdf

SIBR3 Report 8 Review of the evidence on the proportions of older people now in residential and nursing home accommodation who could at "equivalent" cost live and be cared for in their own homes. www.kent.ac.uk/chss/publications/sibr8.pdf

SIBR3 Report 9 Review of the evidence on the relative methods of different approaches to implementing exercise strategies. www.kent.ac.uk/chss/publications/sibr9.pdf



Russians soak up sun on fact finding mission

April saw new record high temperatures set across the UK this year, which was good news for a group of six Russians visiting CHSS from St Petersburg. With the warmest April day since 1949, the Russians were happy to pose outside for this photo. Temperatures are above 0°C from early April in St Petersburg, but only by late April has all the snow normally melted.



The group spent time with Dr Iain Carpenter finding out about intermediate care services (ICS) for older people in Kent through the results of the ICON project.

The aim of the ICON project was to explore whether intermediate care services reduce the use of hospital beds and the number of admissions to long-term care. The project took place in the Shepway District of Kent, while ICS were being developed. It included hospital inpatient rehabilitation beds, a Community Assessment and Rehabilitation Team (CART), recuperative care services and a Day Hospital Rapid Response Team.

The project report can be downloaded at: www.kent.ac.uk/chss/publications/icon.pdf
More information on the Icon project is available at: www.icon-uk.net/



End of an era for CHSS

CHSS celebrated the end of an era at a retirement party for Executive Officer, Linda McDonnell and Research Officer, Barbara Wall in June. Barbara worked at the University of Kent for 30 years and Linda for 26 years. Both played key roles in the development of CHSS with Barbara ensuring CHSS kept abreast of the latest computing developments and Linda ensuring it was financially stable.

Latterly, Barbara managed the day-to-day running off CHSS's Health and Social Survey Unit, undertaking all aspects of large-scale surveys from design to data analysis. Reflecting on her career, Barbara said in the early days of survey work, data was entered into mainframe computers using punch cards and before she had a telephone at home, contact with the office was via the public

phone box outside. If the job wasn't entered before 10.00am, the results didn't arrive until the next day. Barbara was CHSS's key contact for SPSS and helped many NHS employees with their surveys. Staff of the Health and Social Survey Unit will take on Barbara's work. For assistance with surveys and SPSS contact Charlotte Hastie on 01227 823680 or email c.l.hastie@kent.ac.uk.

As Executive Officer, Linda was responsible for the smooth running of CHSS finances, estate, health and safety, the CHSS seminars and just about everything else imaginable. Linda's cheerful assistance with all aspects of CHSS's activity will be sorely missed. Her work has been taken over by Peta Hampshire, assisted by Paula Loader and Sylvia Francis. Contact Peta on 01227 823940 or email p.r.hampshire@kent.ac.uk

Do you remember Barbara and Linda when they first joined the University?



Barbara and one of her babies



Linda and her boys

This review is published by CHSS, George Allen Wing, Cornwallis Building, University of Kent, Canterbury, Kent CT2 7NF, United Kingdom

If you would like further information on any of the features in this newsletter please contact Peta Hampshire on: Telephone: 01227 823940 or International +44 1227 823940 Fax: 01227 827868 or International +44 1227 827868 www.kent.ac.uk/chss/

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.