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## From the Chair

### NEW YEAR MORE CUTS

Writing in the newsletter last Spring before the results of the general election were known, Martin McKee was hopeful that a hung parliament might be the result and that it would lead to 'a real opportunity for evidence-based policy making' as political leaders were forced to persuade colleagues rather than simply drive through opinion-driven laws.

One year later, we can see the results of a hung parliament and we are contemplating a full-scale, and apparently evidence-free, reorganisation of all the public health functions. 2011 is going to be a tough year for everyone working in public health as the music stops and there is a race for new jobs. At the same time, the ivory towers allegedly occupied by academics are under siege; funding is being savagely cut and there is talk of some universities going under.

Notwithstanding all the chaos and uncertainty I am certain about two things. **Firstly**, that *the Society will not only weather the storm, but will continue to thrive*. I have been attending the Society's annual meeting for over 30 years, and, on looking back, I am struck by the many changes I have seen both in the people that attend the conference and in the topics that are discussed. The Society has constantly adapted and refocused as the world about it has changed, and it will do so again. The disciplines and approaches that characterise our work – exploring, appraising, and evaluating causes of health and ill-health, health needs in populations and the delivery of health care – will be needed more than ever in the coming year.

**The second** thing I am certain of is that *we are going to have a splendid annual conference in 2011*, not least because it is to be held in my own home institution of Warwick University, giving everyone who comes a chance to explore our extensive grounds and admire the nature reserve, the lake and the sculpture trail. It is also going to be splendid because we have such a splendid committee organising it, under the eagle eye and driving force of Aileen Clarke. With all the challenges that members of the Society face, *we are also sure to have plenty of discussion and debate, and maybe a little mutual moral support*.

Margaret Thorogood,

Chair Society for Social Medicine

## Social Medicine in Action: Health Reforms in Australia

Australia is undergoing significant health reform, although perhaps not quite on the scale of the USA. In 2008 a number of experts were invited to join taskforces to look at the evidence and develop draft strategies for Primary Health Care, Preventive Health and the National Health and Hospitals reform. The reports were published in mid 2009 and since then there have been opportunities for comment.

It has been interesting, as an English expat, to observe the discussions and controversy surround some of the recommendations. One topic that has stirred debate is around the issue of patient registration with a GP. This is something that most people in the UK take for granted or probably don't even think about. Australians can make an appointment and see any GP they want and they like this. They see it as their freedom of choice and they could see a different GP for almost every organ in their body if they wished!! This makes preventive health care and population health interventions tricky as many practices do not really know who their "population" is. Many people are "loyal" to one practice but there are many that also engage in Dr-shopping and this can result in fragmentation of care with negative impacts on patient health.

Currently there are some funding mechanisms, via Medicare, to support the care for people with long term conditions in a fee-for-service primary care environment. The Enhanced Primary Care (EPC) items provide funding for the GP and patient to prepare a care plan and to cover additional visits or longer consultations. There are also funds to provide five allied health visits a year related to their chronic disease. One of the drawbacks of not being registered with one GP

or practice is making sure that it is the patient's regular GP who completes the care plan and claims the funding for that patient's care for 12 months. We have interviewed patients who say they have a regular GP who looks after their diabetes however they also visit other GPs. Their regular GP completed a Care Plan and submitted the paperwork to Medicare only to find that that another GP had already submitted one. The result is that the usual GP effectively locked out of the available Medicare funding to provide comprehensive diabetes care for that patient for 12 months.

Often the patients are unaware that this has even happened. The reform recommends a system of partial registration where people with diabetes voluntarily register with one GP for their diabetes care and this GP would receive a fee (\$1200) for providing diabetes care and organising care from other health professionals for 12 months. Many GPs agree in principal but are concerned that more complex patients may be less attractive if they require more than \$1200 of care (this does not include medications etc) particularly as it is proposed that additional practice payments would be related to their performance and improvements in patient outcomes. Many patient groups oppose being forced to receive care from one GP for a year.

It seems to me that for most of us the benefits of registration outweigh being able to visit any GP you chose. It allows for a population approach to primary health care and provides a "home" for your medical records. Unfortunately some people are marginalised but they would still be marginalised in the Australian system. It will be interesting to observe how this unfolds and provides a research opportunity to assess the impact of registration on patient care.

Dr Sarah Dennis, Senior Research Fellow, Centre for Primary Health Care & Equity University of New South Wales

The view of Sydney across Randwick Racecourse



# SocSocMed News

## In the News: Understanding Society

### *Announcing the Initial Data Release of Understanding Society*

*Understanding Society* – the UK Household Longitudinal Study is the new, larger, and more complex successor to the British Household Panel Survey (BHPS), conducted from 1991 forward. The initial release has data from approximately 14,000 households from the general population sample collected in the study's first year.

There are several features of the study's design which are important for health researchers to know. These include

- Household design with data about all members and individual level survey data from adults (age 16 or older) and young people (age 10-15). This makes it possible to study the association of behaviours of different members.
- Covers the UK – England, Scotland, Wales, Northern Ireland
- Large sample size with 4 sample components – a new general population sample of 27,000 households, an ethnic minority boost sample, a continuation of the BHPS sample, and a separate panel for methodological testing.
- The ethnic minority boost sample is intended to have 1000 adults in five major ethnic groups (Indian, Black, Caribbean, Pakistani, Bangladeshi).

*Understanding Society's* health module has questions on general self-rated health, the SF-12, height and weight, long-term and limiting long-term illness, health conditions and psychological well-being. Questions on health-related behaviours, e.g., smoking, alcohol consumption, physical activity, will be included in wave two and then asked every three years. More detailed questions on health-related behaviours will be included in wave five and then asked every six years.

During the wave two collection period (wave 3 for the BHPS sample), nurses will visit a random sample of households to collect blood samples and take measures of lung function, blood pressure, pulse, height, weight, waist circumference, percent body fat, and grip strength. A further sample will have a smaller set of biomeasures taken by trained non-clinical interviewers. The wave 3 interview will have a set of cognitive function measures.

*Understanding Society* is taking steps so participant data can be linked to health registers and hospital records. Links to various geographical units are being prepared and will be released early in 2011.

The principal investigator is Nick Buck, with additional scientific leadership from the Institute for Social and Economic Research (ISER), University of Essex, the University of Warwick and the Institute of Education. The survey research organizations are National Centre for Social Research (NatCen) and for Northern Ireland, the Central Survey Unit of the Northern Ireland Statistics and Research Agency.

Support for *Understanding Society* is from the ESRC using resources from the Large Facilities Capital Fund and from a consortium of governmental departments including the Department of Work and Pensions, the Department for Education, the Department for Transport, the Department of Culture, Media and Sport, the Department for Community and Local Government, the Scottish Government, the Welsh Assembly Government, the Department of Environment and Rural Affairs, and the Food Standards Agency.

*Understanding Society* will be a unique resource for tracking the health of the UK population into the future. Data can be obtained through the Economic and Social Data Service of the UK Data Archive: <http://www.esds.ac.uk/findingData/snDescription.asp?sn=6614>.

Dr. Stephanie McFall, Senior Research Fellow,  
ISER, University of Essex

## Public Health Reforms: Weathering the Storm

1<sup>st</sup> February, the first day of Spring in Ireland. *Yahoo!* has headlined a massive storm heading for Australia, not unlike what we are awaiting here in public health land. Up to 66% of Primary Care Trusts' workforces are being cut in some areas. There are protests across London about public health being subjected to current cuts as there may only be a seven month wait before they are subjected to restructuring in local authorities. Rumours abound that the emergence of Public Health England in April 2012 will incur another cut, this time 30% compared to 2009/10 staff.

Right now public health teams are moving into local authorities across the country amidst great uncertainty. There is confusion over what is expected from public health in the future from NHS, local authority and how it will operate with GP consortia and NHS Commissioning Board. Public Health funding is to be ring-fenced but there is a lack of clarity over how much of that funding will actually lie with public health. For instance, the delivery of health promotion is absent. Will public health teams be expected to deliver health improvement or will they be commissioners within local authorities? It will be difficult to get a population to 'stop smoking', 'change4life' and run immunisation campaigns when there will be no budgets to even print off posters.

Public health skills will be needed more than ever working in partnership to prioritise health needs and ensure that in these testing times, health inequalities do not increase substantially.

It is not all doom and gloom. The publication of the Public Health White Paper *Healthy Lives, Healthy People* (2010) heralds a new approach to public health, aiming to 'reach out and reach across'. The coalition government is committed to strengthening public health, committing to a new national public health service called Public Health England. Directors of Public Health (and their teams) will move to local authorities and will be jointly appointed by both Council and Public Health England. They will be strategic leaders for health improvement, public health and health inequalities, supported by teams with specialist public health and commissioning knowledge. Directors of Public Health will be required to report on the health needs of the population and the extent to which they are being met. They are also central to helping local government to adapt to their new

role in commissioning strategies across NHS, social care, public health and others. While this move to local authorities will require radical restructuring, it is not entirely an alien concept. From 1929 to 1974, public health (and health protection) sat within local authorities when they had responsibilities for community health services. Indeed, a key component of public health and social medicine is the tackling of 'upstream' factors. Public health specialists have been frustrated in the past of being unable to a real preventative difference when much of the 'upstream' work sat with local authorities (such as housing and child poverty) rather than with the NHS. The new radical changes offer a fantastic opportunity to rectify this.

Other positive elements include the strengthening of academic public health and its encouragement to engage more consistently with practice. A constant struggle within public health work is applying evidenced-based approaches to the local population when the emphasis is on identifying and addressing local needs within cost-savings. Collaborations between academic and practical public health could enhance contribution to the body of knowledge (as the practitioner can identify emerging problems or raise issues that may not have been previously addressed for a UK population) and academics can apply their expert theoretical and methodological knowledge to local projects ensuring that outcomes are achieved and effectiveness realised. This could lead to more cost-effective initiatives being utilised and better results for patients, people and communities.

So, is this a new Spring for Public Health? As I write this, my colleagues and I have been busy 'spring-cleaning' our portfolios, outlining our core public health functions in case of cuts to capacity. We have also been busy planting the seeds of new partnerships with the emerging GP consortia, NHS Commissioning, community and hospital trusts as well as within our new homes at local authorities. Yes we are getting ready for the summer but as all British residents know, the weather could go either way – downpours and floods or long sunny spells. One thing is for sure, we'll continue to champion the people's health.

Catherine Heffernan,  
Consultant in Children's Public Health  
NHS Hounslow

# SocSocMed News



## From the Honorary Secretary

At January's Committee's meeting, we discussed:

- Feedback from the 2010 ASM in Belfast (some of you will be pleased that this year there's an online submission system for abstracts for 2011)
- Arrangements for the ASMs in 2011 and 2012
- Finances – including continuing to provide free places for a substantial number of ECRs
- Using the website more (note the new item on the home page about how to get the RSS feeds on your mobile phone), including whether we want a Members only section
- Supporting ECRs
- Amending the constitution to bring it into the 21<sup>st</sup> century; and links with EUPHA and the IEA. (Minutes will be posted on the SSM website)

I am trying to achieve the correct balance between disseminating useful information while not overloading your inboxes. In months where we are not sending the 'quarterly' newsletter, I am sending an email containing important news from the Society (e.g. ASM abstract submission details plus information, I am sent by organisers of conferences, courses, etc) if I think it will be of interest to SSM members.

This information also goes onto the SSM website as a hyperlink on the RSS. Charles Florey, our fantastic web master, to write an item about using RSS feed to get the most of the RSS website.

Reviewing proposed new members, it's sometimes surprising who is not already a member. The more members we have and the more people who attend the ASM, the cheaper it is for you, as many costs are fixed. Please encourage your colleagues to join or attend. If you are

reading this newsletter but are not a member, please join us. The annual fee is currently £20 p.a. and gives you a discount at the Annual Scientific Meeting. If you do not know anyone who is a member to propose you, try your Head of Department. If you don't know anyone at all, please contact me.

### Committee News

Welcome to Bernd Rechel and Dermott O'Reilly, our new Committee members (2011-13); Mark Kelly, from the ECR sub-committee, who has been seconded to the Committee to replace Gita Mishra (2010-12). We should like to thank Anna Pearce, who is stepping down as chair of the ECRs' sub-committee and the ECR representative on the SSM Committee, as in future this position will rotate, being held for one year. Her place is being taken by Anna Goodman.

I thought you'd like to know not only who your 2011 Committee members are (which you can also find on the SSM website at [www.socsocmed.org.uk/committee1.htm](http://www.socsocmed.org.uk/committee1.htm)), but where they are based. If you are in an institution or a part of the country that is not mentioned, how about standing for election this autumn?

The 2011 Committee is:: Prof. Margaret Thorogood (Chair, Warwick), Prof. Martin McKee (previous Chair, LSHTM), Prof. Martin White (Chair Elect, Newcastle), Prof. Mark Gillthorpe (Hon. Treasurer, Leeds), Dr Jennifer Mindell (Hon. Secretary, UCL), Dr David Batty (Representing IEA European Epidemiology Federation, UCL), Dr Elizabeth Breeze (Hon. Senior Research Associate, UCL / LSHTM), Anna Goodman (Early Career Researchers representative, LSHTM), Dr Mark Kelly (Early Career Researchers representative, Cardiff), Dr Dermot O'Reilly (Belfast), Dr Bernd Rechel (LSHTM), Prof. Neil Raymond (Warwick), Alastair Leyland (EUPHA Representative, Glasgow), Charles Florey (Webmaster), Prof. Aileen Clarke (ASM Representative, Warwick)

To contact SSM, ask questions, raise issues, or find out more:

- Check our website [www.socsocmed.org](http://www.socsocmed.org)
- Speak to or email a committee member who is local to you
- Email me at [secretary.ssm@gmail.com](mailto:secretary.ssm@gmail.com)

Jenny Mindell, Honorary Secretary

# SocSocMed News

## Early Career Researchers

### The ECR Website

The ECR pages on the SSM website can be accessed directly using the URL <http://www.socsocmed.org.uk/ECR>

### New sub-committee member

We are delighted to welcome Peter Tennant as our new and 6<sup>th</sup> member of the ECR sub-committee; feel free to check out his profile on our webpage <http://www.socsocmed.org.uk/ECR/ECR%20Committee.htm>. We will be recruiting two new members to the group every year, so please bear us in mind for the future!

The ECR sub-committee now comprises: Anna Goodman (Chair LSHTM), Anna Pearce (ICH, UCL), Ian Forde (Web, UCL), Joanne Coster (Sheffield), Dr Mark Kelly (Cardiff), Peter Tennant (Newcastle).

### Gig Trail

Not long ago we launched an [ECR Gig Trail](#) to provide ECR's with opportunities to visit and speak at different institutions or host a seminar at their home institution. Potential speakers and hosts keep an eye out for people you can team up with – contact details are provided on the list. Twenty people have signed up already, please add yourself to the list if you're interested.

### More conference feedback

Quotes and reports from some of the delegates who received free places at the Annual Scientific Meeting in Belfast are now up on the website

<http://www.socsocmed.org.uk/ECR/ECRASM%20FullReports.htm>.

Please highlight this to any ECRs who might be interested in attending the 2011 meeting.

ECR views were also collected in the conference survey last year and we are delighted with the response.

15 of the survey respondents had attended the early career researchers' speed-dating session and 80% rated it as good or very good.

27 had attended the lunchtime seminar with Nick

Mays 'How to publish in leading journals'. 89.8% rated it as good or very good. Some respondents felt that next time it would be beneficial to have extra time at the end of the seminar for the ECRs to meet other ECRs.

Suggested activities for ECRs future SSM meetings included seminars on preparing for presentations (and questions), applying for grants, getting published, and career advice.

Additional activities or resources that could be held at other times throughout the year included assigning representatives in major UK cities to organise quarterly get-togethers, annual career development workshops or summer schools hosted by senior members of the society, and an email network or discussion list.

Thanks to everyone who has provided us with feedback via the various channels; your input will be considered carefully when planning our future events, which we hope to update you on soon. In the meantime if you have any other ideas then we'd love to hear them!

**World Congress of Epidemiology**, Edinburgh 7-11<sup>th</sup> August, 2011. Early registration deadline 29 April 2011. Many of you will know that the next IEA World Congress of Epidemiology is in the UK. We will be organising an evening social event for SSM ECRs as part of this, so keep an eye out for info!

## News from the ESRC: Delivery plan 2011-2015

Have you read their delivery plan published a while ago?

Basically, there are no more postdoctoral and mid career development fellowship, and small research grant schemes as of 1 Feb 2011.

Instead, the lower threshold of the standard grant will be £200K and the upper threshold will be £2M (Hooray!).

Also introduced is "New Future Leaders Scheme" for early career researchers.

For further info, please visit:

[http://www.esrc.ac.uk/ESRCInfoCentre/Images/ESRC%20Delivery%20Plan%202011-15\\_tcm6-37630.pdf](http://www.esrc.ac.uk/ESRCInfoCentre/Images/ESRC%20Delivery%20Plan%202011-15_tcm6-37630.pdf)

# SocSocMed News

## Annual Scientific Meeting 2011

We are looking forward to welcoming you to the 55th meeting of the Society at the University of Warwick 14<sup>th</sup>-16<sup>th</sup> September 2011

This year our guest speakers are Professor Debbie Lawlor Head of Division of Epidemiology, Department of Social Medicine, University of Bristol; famous for her work on causes of chronic disease and Professor Peter Groenewegen, Director of NIVEL –the national institute for health services research in the Netherlands. His publications range across primary care, health-seeking behaviour, screening, consultation rates and length of hospital stay. We are delighted to extend a warm welcome to you to join us in Warwick in September.

You can submit an abstract (**deadline 14th March 2011**) via the Society for Social Medicine website with decisions notified in early May. From the beginning of February and very soon our conference registration site will be open to take your bookings. Come and enjoy a return to luxury student campus life and to the pleasant promenades and shady glades of the Warwick Campus! Further information will be available on the SSM website: [www.socsocmed.org.uk/meetings.htm](http://www.socsocmed.org.uk/meetings.htm) and the ASM website: [www.ssmconference.org.uk/](http://www.ssmconference.org.uk/). Both will be updated regularly.

Only one oral presentation can be given by any one person; this has been extended such that only one abstract can be submitted for oral presentation by a given researcher - you can be co-author on more than one submission but not down as the presenter. However you can submit an abstract for a poster (or two) as well as an oral presentation. Abstracts are limited to 400 words max.

## ASM 2011 Workshops

Proposals are invited for workshops to be held on Thursday afternoon during the ASM.

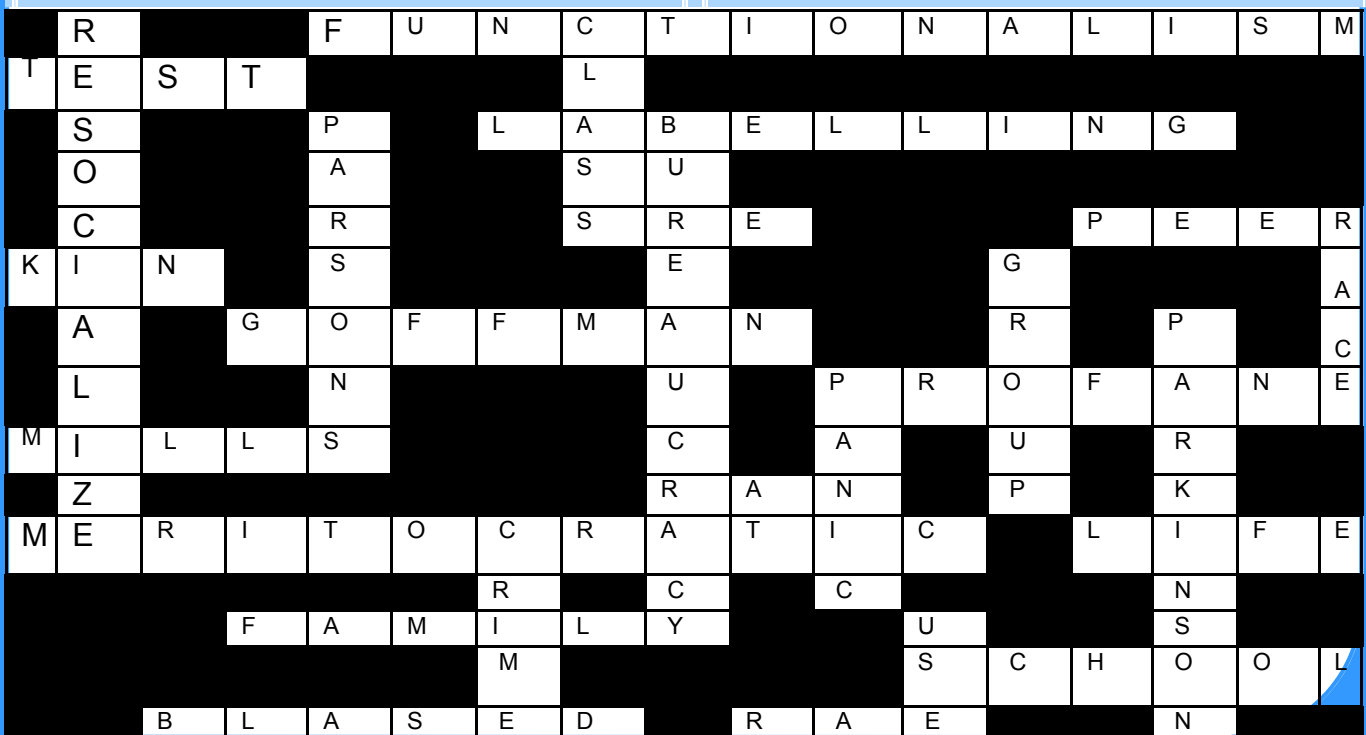
Workshops should be planned to last for approximately 2-2½ hours, and encourage participation of those attending. Workshops should not be used to promote or further research from one department, simply group together a disparate selection of presentations, nor present a large amount of information not yet in the public domain – most of the 'scene-setting' presentations would usually be based on published work.

Useful types of workshop include:

- Part of a consensus process, e.g. to standardise / agree definitions of exposure / disease.
- Discussion of merits / uses of a new methodological technique / data source etc.
- Discussion on addressing / dealing with a new / topical issue.
- Discussions on what research in a particular area has led to and where it should go from now.

Guidance on planning a workshop can be found at <http://www.socsocmed.org.uk/workshopguide.htm>

Proposals for a workshop should be sent to the Honorary secretary at [secretary.ssm@gmail.com](mailto:secretary.ssm@gmail.com) by Friday 1st April 2011.



## DATES FOR THE DIARY

### Summer School on Longitudinal and Life Course Research, University of Antwerp 4-8 July 2011, Antwerp Belgium

Jointly organised with the International Centre for Lifecourse Studies, University of Antwerp will run a summer course for PhD students and post-doctoral fellows who are interested in lifecourse. To apply your place, please visit this link before 1 March 2011: <http://www.ua.ac.be/cello/summerschool>

### 22nd International Conference on Epidemiology in Occupational Health

EPICOH, the International conference on Epidemiology in Occupational Health will be held 7<sup>th</sup>–9<sup>th</sup> September 2011 in 2011 in the University Examination Schools Oxford, with pre- and post-conference workshops on 6 and 10 September in St Catherine's College.

This is the first time EPICOH has been held in the UK or Ireland. To submit abstracts or to register, visit <http://epicohoxford2011.org.uk/>.

The abstract submission deadline is 14/03/11 and earlybird registration closes on 30/06/11. Send suggestions for minisymposia and satellite workshops, to [kate.venables@dphpc.ox.ac.uk](mailto:kate.venables@dphpc.ox.ac.uk)

### Public Health Conference, International Conference 2011 Health and Well-being-the 21st Century Agenda, 8-9September 2011, London UK

Royal Society for Public Health is organizing this conference jointly with the journal, Public Health. Keynote speakers include:

Professor Sir Michael Marmot, Jonathon Porritt, Professor Sir Andy Haines, Professor Dame Carol Black, Lord Hunt of Kings Heath..

The deadline for abstract submission (oral, poster or speed presentation) is 1April 2011.

For further info, please visit: <http://www.rsph.org.uk/en/courses-conferences-and-events/public-health-international-conference/index.cfm>

### Understanding Society/BHPS conference 30June-1 July, University of Essex

Abstract deadline 15March. For more detail visit: [www.essex.ac.uk/understanding-society-bhps-conference-2011/](http://www.essex.ac.uk/understanding-society-bhps-conference-2011/)

### 2011 HSRN/SDO Network Annual Conference, Liverpool 7-8 June 2011

The deadline for abstract submission has now passed, but this is a wonderful opportunity to attend for those who are interested in the field of health service research and health care policy. For further info, please visit: <http://www.nhsconfed.org/Networks/HealthServiceResearchNetwork/Events/Pages/2011Callforabstracts.aspx>

### The 40th Annual Scientific Meeting for the SAPC Abstract deadline 11 Feb 2011

Society for Academic Primary Care will hold the 40th ASM during 6-8 July at the University of Bristol. For more info: [www.sapc.ac.uk/2011](http://www.sapc.ac.uk/2011)

#### Erratum:

We apologise for errors in the last issue.

Pg1: Pembroke Lecture should be 'Pemberton lecture'

Pg3: 'Bernard Rachet ' should be 'Bernd Rechel'

The corrected version of the last newsletter is on our website now.

## HOUSEKEEPING

PLEASE keep your contact details up-to-date. Following-up bounced back emails takes a lot of time, so please let us know as soon as you change any part of your contact information - work address, home address, but most importantly \***email address**\*.

The easiest way of doing this is to go to SSM website and click on Membership and then Online update.

<http://www.socsocmed.org.uk/Updatefrm.htm>

## From The Editors

It is almost one year since we took the editorial role on the SSM newsletter. To mark this occasion, we are planning to publish a special edition of the SSM newsletter. Would you like to be a part of this? If you have any ideas/suggestion or article contribution, please write to:

Dr Catherine Heffernan, [hefferc@yahoo.com](mailto:hefferc@yahoo.com)

Dr Noriko Cable, [n.cable@ucl.ac.uk](mailto:n.cable@ucl.ac.uk), or

Dr. Elizabeth Breeze, [e.breeze@ucl.ac.uk](mailto:e.breeze@ucl.ac.uk)

The deadline for submissions to the April edition is 15<sup>th</sup> March 2011. Please keep articles to 500 words.