*Rough guide to placements 2016*

A guide to public health placements for specialty health registrars in the East of England

*Rachel Bath and Constance Wou*

*August 2016*

 *ST2s in Public Health*

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The information in this guide is current as of July-August 2016.

# **1. Local authority placements**

## 1.1 Bedford Borough Council and Central Bedfordshire Council Public Health

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| **Address** |
| Bedford Borough Council: Borough Hall, Cauldwell Street, Bedford, MK42 9AP[www.bedford.gov.uk](http://www.bedford.gov.uk)Central Bedfordshire Council: Priory House, Monks Walk, Chicksands, Shefford, SG17 5TQ[www.centralbedfordshire.gov.uk](http://www.centralbedfordshire.gov.uk)  |
| **Demography**  |
| **Bedford Borough:**Unitary Authority (Lib Dem elected Mayor with Liberal/Labour Executive)Portfolio Holder for Public Health: Cllr Louise Jackson (Lab)c. 160,000 populationHWB Strategy: [*http://www.bedford.gov.uk/health\_and\_social\_care/idoc.ashx?docid=083e37f4-2f46-4ce8-8dcf-9c5de0e5c462&version=-1*](http://www.bedford.gov.uk/health_and_social_care/idoc.ashx?docid=083e37f4-2f46-4ce8-8dcf-9c5de0e5c462&version=-1) JSNA: [*http://www.bedford.gov.uk/health\_and\_social\_care/bedford\_borough\_jsna.aspx*](http://www.bedford.gov.uk/health_and_social_care/bedford_borough_jsna.aspx) Most recent annual DPH Report: [*http://www.bedford.gov.uk/health\_and\_social\_care/idoc.ashx?docid=81c09e62-77cc-47a1-ab47-1800f9462273&version=-1*](http://www.bedford.gov.uk/health_and_social_care/idoc.ashx?docid=81c09e62-77cc-47a1-ab47-1800f9462273&version=-1)**Central Bedfordshire:**Unitary Authority (Conservative majority, ‘strong leader’ model)Executive Member for Health: Cllr Maurice Jones (Con)c.270,000 populationHWB Strategy: [*http://www.centralbedfordshire.gov.uk/health-social-care/public-health/health-wellbeing-board/overview.aspx*](http://www.centralbedfordshire.gov.uk/health-social-care/public-health/health-wellbeing-board/overview.aspx) JSNA: [*https://www.jsna.centralbedfordshire.gov.uk/*](https://www.jsna.centralbedfordshire.gov.uk/) Most recent annual DPH Report: [*http://centralbeds.moderngov.co.uk/documents/s51843/Annual%20Director%20of%20Public%20Health%20Report%20-%20Appendix%20A.pdf*](http://centralbeds.moderngov.co.uk/documents/s51843/Annual%20Director%20of%20Public%20Health%20Report%20-%20Appendix%20A.pdf) |
| **Public health team**  |
| Single DPH across Bedford Borough (BB), Central Bedfordshire (CB) (and Milton Keynes). Bedford Borough and Central Bedfordshire team c. 60 staff including Bedford Borough and Central Bedfordshire specific teams, and a shared ‘core team’ providing public health evidence and intelligence, health protection, NCMP and some commissioning/business support.Single Senior Management Team for BB and CB comprising of the DPH and four Assistant Directors (Consultants in PH). Some services are commissioned on behalf of both authorities by one, e.g. sexual health and weight management services are commissioned by BB; healthy child programme and substance misuse services by CB.  |
| **Clinical supervisors**  |
| Name  |  Email   |  Key projects/interests  |
| Muriel Scott | Muriel.scott@bedford.gov.uk | DPH |
| Celia Shohet | Celia.shohet@centralbedfordshire.gov.uk | AD for Central Beds |
| Sanhita Chakrabarti | Sanhita.chakrabarti@bedford.gov.uk | Healthcare PH |
| Bharathy Kumaravel | Bharathy.kumaravel@bedford.gov.uk | Health protection |
| **Recent registrars (last 2 years)**  |
| Name  | Stage of training  | Year of placement  | Key projects  |
| Ian Brown | ST4-5 | 2014-2016 | ST4* Long term conditions GP ‘pathways on a page’
* Learning disabilities joint commissioning protocol
* PH team skills audit

ST5* Heavy menstrual bleeding pathway
* JSNA annual summary
* Leading Bedford Borough PH team
* Chairing JSNA Steering Group
* Leading on Joint Health and Wellbeing Strategy
* STP prevention workstream lead for Bedfordshire, Luton & Milton Keynes
 |
| Helena Jopling |  ST2-3 | 2011-2015 | * Production of 2015 Joint Strategic Needs Assessment
* Implementation of 2014-16 Joint Health and Wellbeing Strategy
* Monthly briefings to Mayor and councillors
* Secured £100K investment for warm homes programme
* Successfully raised profile of health inequalities in Bedford Borough with primary care
* Coordinated development of 2014-16 Joint Health and Wellbeing Strategy
* Performed a health needs assessment of independence in older people
* ?which ST level for each project
 |
| Rebecca Hams | ST3 |  | * Service evaluation of a local smoking in pregnancy service
* Dementia needs assessment
 |
| Victoria Hall | ST2-3 | 2013-15 | * Designing & implementing a new policy ‘Get fit for your Op’ across primary care
* Sexual Health Needs assessment to inform joint reprocurement of sexual health services across Bedfordshire
* Evidence review of the Health impacts of community water fluoridation to inform the decision of Bedford Borough Council on whether to continue fluoridating drinking water
* Reengaging the Bedfordshire Blood-borne Virus network
* Developing & evaluating the ‘Lifestyle Hub’ programme
 |
| Hannah Goodchild | ST1-3 | 2012-16 | * Multiple sclerosis Health Needs Assessment
* Data presentation handbook
* Drug and alcohol JSNA
* Drug and alcohol service evaluation
* Report re reducing emergency admissions in Central Bedfordshire
* Community Health Services Health Needs Assessment
* Elderly quantitative health needs assessment
* School readiness in Bedfordshire
* Report looking at evidence into raising age of NHS Health Checks eligibility
* TB new entrant screening
* Drug related deaths protocol
* Heavy menstrual bleeding pathway and evidence review
 |
| Clare Ebberson | ST2-3 | 2013-15 | * Child and adolescent mental health needs assessment
* Offender health needs assessment
* Child vaccination uptake improvement plan
 |
| **Useful information re location, parking, etc**  |
| Bedford Borough’s Borough Hall is situated on the river, a 10 minute walk from the town centre. Registrars are eligible for free parking permits through the policy for “work experience placements, student placements and volunteers”. It is also a short walk from the railway station.Central Bedfordshire’s Priory House has permit parking. Registrars are eligible for free permits. The office is difficult to access by public transport. |

## 1.2 Cambridgeshire County Council

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| **Address** |
| Shire Hall, Castle St, Cambridge CB3 0AP[www.cambridgeshire.gov.uk](http://www.cambridgeshire.gov.uk)0345 045 5200 |
| **Demography**  |
| The population of Cambridgeshire is approximately 635,000.Cambridgeshire is a relatively affluent county, but significant pockets of deprivation exist across the area, most notably in Fenland, north Huntingdon and north of Cambridge City. Life expectancy for both males and females is significantly higher in Cambridgeshire when compared to England. However, life expectancy is 6.8 years lower for men and 5.0 years lower for women in the most deprived areas of Cambridgeshire than in the least deprived areas. |
| **Public health team**  |
|  |
| **Clinical supervisors**  |
| Name  |  Email   |  Key projects/interests  |
| Emma De Zoete  | name.surname@cambridgeshire.gov.uk  | Public Health Consultant, Mental Health  |
| Raj Lakshman  | Public Health Consultant, Children & Maternity  |
| Linda Sheridan  | Public Health Consultant, Health Protection  |
| Angelique Mavrodaris  | Public Health Consultant, Older People  |
| Liz Robin | Director of Public Health  |
| **Recent registrars (last 2 years)**  |
| Name  | Stage of training  | Year of placement  | Key projects  |
| Sandra James | ST1 | 2014-present(mat leave 2015-16) | * Mental health and long term conditions
* Chronically excluded adults
* Suicide audit
* Seasonal flu immunisation
* Special educational need and disability needs assessment
* EHC in pharmacies
 |
| Emmeline Watkins | ST2 | 2014-2015 | * Transport and health JSNA
* Long term conditions JSNA
 |
| Sara Dunling-Hall |  |  | On maternity leave until Dec ‘16 |
| Peter Barrett  |  |  | Left Programme  |
| **Useful information re location, parking, etc**  |
|  Registrars are based at Shire Hall. No parking is available and the use of city Park & Ride service is advisable.  |

##  1.3 Essex County Council

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| **Address** |
| Essex County Council, County Hall, Market Road, Chelmsford, CM1 1QHhttp://www.essex.gov.uk/Health-Social-Care/Health/Pages/Our-Services.aspx |
| **Demography**  |
| The Essex PH Team work within Essex County Council which covers the majority of the historic county of Essex with the exception of Southend and Thurrock which are separate unitary councils. The council serves a population of around 1.4 million making it one of the largest local authorities in England. It works with five CCGs and there are four major hospital trusts in the geographic area.  |
| **Public health team**  |
| The Public Health Team in Essex is restricted to consultant posts as previously PH specific staff were moved to more generic roles in 2013. There is a DPH and three consultants who cover the 5 CCG areas and hold key area portfolios.  |
| **Clinical supervisors**  |
| Name  |  Email   |  Key projects/interests  |
| Maggie Pacini, CPH | Maggie.pacini@essex.gov.uk | Teaching and educationFalls preventionPH economicsCCG liaison |
| Danny Showell, CPH | Danny.showell@essex.gov.uk | Health protectionCCG liaison |
| Krishna Ramkhelawon, CPH | Krishna.ramkhelawon2@essex.gov.uk | FinanceCCG liaison |
| Mike Gogarty, DPH | Mike.gogarty@essex.gov.uk |  |
| **Recent registrars (last 2 years)**  |
| Name  | Stage of training  | Year of placement  | Key projects  |
| Molly Thomas-Meyer | ST2 | 2014-2016 | * Maternity services scoping HNA (ST1)
* Cervical screening technical briefing and public oriented FAQ for screening and imms team, Essex (ST2)
 |
| Mhairi Galbraith |  ST1 | 2015-2016  | * JSNA for Health and Wellbeing Board (ST1)
 |
| Gregory Lewis | ST1 | 2015-2016  | * County-wide Joint Strategic Needs Assessment (ST1)
 |
| Jonathan Fok | ST1-ST3 |  | * Homeless JSNA and Maternity Capacity Review (ST1/ST2)
* Falls prevention media work (ST3)
* 100 day challenge for West Essex CCG (altering service delivery for diabetes care) (ST3)
* IFR audit and re-drafting of the IFR TOR and IFR policy. (ST3)
 |
| Ian Diley | ST3-ST4 |  | * Development of Social Prescribing system for Mid Essex (ST3/4),
* Development of Commissioning Academy Public Health course at Essex CC (ST3/4),
* Audit of inpatient falls support services in Mid Essex (ST3/4)
* Development and lead for communications plan re social prescribing (ST3/4)
 |
| Vicki Peacey | ST1-ST3 |  | * Developing the evaluation of social prescribing projects across Essex (ST2/3)
* JSNA on sensory impairment (ST2/3)
* Split placement with Essex Screening and Immunisations Team (see elsewhere)
* Increasing the numbers of people diagnosed with dementia in North East Essex CCG (ST2)
* Options appraisal for community hospital ward (ST1)
* Other work for NEE CCG on potential ways to reduce admissions
 |
| Clare Ebberson | ST3 | 2015 | * 0.5WTE split placement with South Essex Partnership Trust / Essex CCGs
* Developing health inequalities strategic approach in Mid Essex CCG
* Developing/ implementing partnership winter “stay well” communications plan in South East Essex
* Public health representative on regular individual funding review panels
 |
| **Useful information re location, parking, etc**  |
| This is a good placement due to the small numbers of staff: meaning as a registrar you are likely to get to do projects of some complexity and depth, and things which will actually be used! It is also a placement where the political and financial realities for PH are very apparent, and is a good learning ground for experiencing life at the coal face.Maggie Pacini in particularly tends to look after all the registrars and their movements within the Essex placement, and is very good at involving and making sure that each registrar’s needs are addressed and that suitable projects are found. The main negative aspect is the ‘hot desk’ model of working, which means the PH team are often not around every day, and there is no PH area in which to ‘soak up’ information and learning opportunities. It requires the registrar to be much more proactive about finding work. Each Monday there is a PH team meeting where registrars are expected to attend, and where you are most likely to find out what is going on, and to contribute. DPH, Mike Gogarty is very pro registrar involvement, and very keen to get the team working together so it’s easy to speak up and contribute. However because of severe economic cuts the PH resources such as a library etc are non existent, and again a very self reliant model of working is necessary to get the most out of the placement. There are good opportunities for CCG working, Consultants usually spend a day a week at their nominated CCG and registrars work at the CCG(s) that their Clinical Supervisor is assigned to for part of the week. Additionally there are good opportunities to work with and from other local organisations. These include organisations such as NHS foundation trusts, Healthwatch Essex and the EoE Screening and Immunisation Team. |

## 1.4 Hertfordshire County Council

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| **Address** |
| Hertfordshire County Council, County Hall, Pegs Lane, Hertford SG13 8DQhttp://www.hertfordshire.gov.uk/services/healthsoc/healthherts/ |
| **Demography**  |
|  There were 1, 116 000 people living in Hertfordshire according to the 2011 census. It is estimated that the population of Hertfordshire will increase by 11% between 2012-21 which is higher than the projected increase in England (9%). Hertfordshire is split into 10 district areas. Although Hertfordshire consistently performs above the average for England in terms of health and wellbeing and life expectancy indicators, significant inequalities exist across the county between districts.  |
| **Public health team**  |
| Jim McManus is the DPH, Joel Bonnet is the Deputy Director. He oversees all of the strands of work: Health and social care integrationChildren and young people – with a team of 5Health improvement and mental health – includes a health psychologist in training, tobacco control team, Support to the CCG via 2 consultantsHealth protection, drugs & alcohol, sexual health Evidence and intelligence – with a team of 4There is a project management approach to public health work with a team of 6 project managers.  |
| **Clinical supervisors**  |
| Name  |  Email   |  Key projects/interests  |
| Joel Bonnet | Joel.bonnet@hertfordshire.gov.uk | Deputy Director, health intelligence |
| David Conrad | David.conrad@hertfordshire.gov.uk | Health intelligence |
| Linda Mercy (also ES) | Linda.mercy@hertfordshire.gov.uk | Children and young people  |
| Raj Nagaraj (applying for CS) | raj.nagaraj@hertfordshire.gov.uk | CCG support  |
| Piers Simey | Piers.simey@hertfordshire.gov.uk | Health improvement and mental health  |
| Sue Matthews | Sue.matthews@hertfordshire.gov.uk | Health and social care integration. Currently on maternity leave |
| **Recent registrars (last 2 years)**  |
| Name  | Stage of training  | Year of placement  | Key projects  |
| Kathryn Faulkner | ST1-ST2 | 2014-2016 | * Stroke JSNA (ST1)
* Workplace health service spec (ST1)
* Drug related deaths (ST2)
* Community Engagement for latent TB screening (ST2)
 |
| Elizabeth Elliott | ST1 – ST2 | 2014-2016 | * School nursing (ST1)
* Young carers’ literature review (ST1)
* Domestic Violence review (ST1)
* Suicide audit (ST2)
* Cancer JSNA (St1)
 |
| Ahmed Razavi | ST1 | 2015-2016 | * JSNA of musculoskeletal disorders in Hertfordshire (ST1)
* Review of social isolation interventions (ST1)
* Updating JSNA of healthy weight and physical activity (ST1)
* Modelling the impact of prevention on disease burden in Hertfordshire (ST1)
 |
| Constance Wou | ST1 | 2015-2016 | * JSNA of musculoskeletal disorders in Hertfordshire (ST1)
* Literature review of minor ailment pharmacy services (ST1)
* Updating JSNA of healthy weight and physical activity (ST1)
* Modelling the impact of prevention on disease burden in Hertfordshire (ST1)
 |
| **Useful information re location, parking, etc**  |
|  Registrars are based at County Hall, but some of the public health team is also based in Farnham House, in Stevenage. There is free parking available in both locations. |

##  1.5 Luton Borough Council

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| **Address** |
| Town Hall, Upper George Street, Luton, LU1 2BQ |
| **Demography**  |
| Luton is a vibrant, exciting town to live and work. Luton is home to circa 213,000 people forming a mix of communities speaking as many as 122 languages and dialects. Luton has a highly dense population and has high levels of deprivation, similar to many London Boroughs. Situated 30 miles north of London, the town has excellent road, rail ad airport connections. Luton is a unity authority, has one CCG and one main hospital provider (Luton & Dunstable).  |
| **Public health team**  |
|  You’ll be joining the newly formed Public Health, Commissioning and Procurement Department, which puts Public Health at the heart of the Council. This is an exciting time to join the Council, with the Launch of our Investment framework which aims to invest £1.5 Billion in Luton.The directorate covers Public Health, Commissioning (joint children’s and adults) and community wellbeing (Heritage, and leisure as well as community investment). Luton’s Pubic Health team works closely with the CCG and across the council. Expectations* Wide range of diverse projects available
* High levels of responsibility and autonomy expected of more senior registrars
* You’ll be supported to get out and about across the borough, e.g. presenting work at Board meetings
* Good relationships across other directorates across the Council and the council priding itself on being a “Public Health Council”
* Good relationships with Luton CCG, with a wide range of opportunities to develop policy, service re-design and evaluations.
* Good working relationship with Luton & Dunstable Hospital with opportunities to undertake audits and pathway redesign etc.

Good access to supportive Consultants as all based on one office in town centre with easy rail access.  |
| **Clinical supervisors** |
| Name | Email  | Phone number |
| Stephen Gunther | Stephen.gunther@luton.gov.uk  | 01582 548450 |
| **Recent registrars (last 2 years)** |
| Name | Email  |
| Sally Cartwright –placement to start November 2016  |  |
| **Examples of recent projects** |
| * There will be a large and varied range of projects available and work can be tailored to meet trainee’s needs. These include developing our joint commissioning work with the CCG, involvement in STP, leading clinical projects with Luton and Dunstable hospital and commissioning much wider than Public Health.
 |
| **Useful information re location, parking, etc** |
| No onsite parking. Local parking is at a range of different sites. Many staff use a local temple, costing £40 per month. Street parking is a ten minute walk away. Luton is well served by rail and major roads. Luton Borough Council works agile with a hot desk policy. There are changing and shower facilities available at the Town Hall. Being located in the town centre there are a range of shops and local amenities available right outside the office. The CCG is a five minute walk from the PH office and Luton and Dunstable Hospital a 15 minute bike ride or 10 minute drive.  |

## 1.6 Norfolk County Council

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| **Address** |
| County Hall, Martineau Lane, Norwich, Norfolk, NR1 2DH<https://www.norfolk.gov.uk/care-support-and-health/health-and-wellbeing>  |
| **Demography**  |
|  Norfolk has a population of 859,400, it is a largely rural county with only 40% of the county’s population living in four major built up areas: Norwich, Great Yarmouth, Kings Lynn and Thetford.The health of people in Norfolk is generally better than the England average. Many indicators, including life expectancy, deaths due to smoking and early deaths caused by cancer, heart disease and stroke are all better than the England average. However, there are inequalities, by location, gender, deprivation and ethnicity, which must be prioritised.  |
| **Public health team**  |
| Norfolk Public Health team has over 50 employees based at County Hall. The department is part of the Directorate for Community And Environmental services, under the Communities Committee.The Director of Public Health (DPH) is supported by two deputy DPH’s and an Assistant Director. The DDPHs lead Public Health services (supported by two Consultants in Public Health) this includes, children, young people and NHS Commissioning. The DDPH for Health Protection and Health Improvement covers vulnerable people, health improvement, and community safety. The Assistant Director / Head of Public Health Delivery and Performance leads performance, commissioning and from Spring 2017 Emergency Planning and Resilience for the Council. The Norfolk Public Health strategy 2016-2020 involves:**Promoting Health improvement:** healthy living and healthy placesJoint working with district councils to address wider determinants of healthRolling out workplace health offer to reduce sickness absence and improve productivityAddressing obesity and access to health checksRoad safety**Protecting Health** Delivery of drug and alcohol recovery services in the community and reducing smokingTaking a multi-agency approach to mental health, domestic abuse and substance misuseCommunity SafetyEmergency planning and resilience**Providing Services**High quality healthy child programme and sexual health servicesSTP: strategic support to NHS commissioners**Partnership working**Leading the Health & Wellbeing Board and JSNADeveloping a single, fit for purpose approach to information and analysis across teams at the council |
| **Clinical supervisors**  |
| Name  |  Email   |  Key projects/interests  |
| Suzanne Meredith | suzanne.meredith@norfolk.gov.uk |  |
| **Recent registrars (last 2 years)**  |
| Name  | Stage of training | Year of placement  | Key projects  |
|  Martin Seymour | ST5 | 2015-Current | * Young carers health needs assessment
* Substance misuse health needs assessment and supporting the substance misuse service redesign
* Planning and health (working with local authority planning officers)
* Clinical pathways (spinal pain)
* Connecting arts and health
* Health improvement programme with active Norfolk
* Social prescribing
 |
|  Tara Berger-Gillam |  ST1 | 2015-Current | * Master’s in Public Health –London School of Hygiene and Tropical Medicine
 |
| Rachel Bath | ST1 | 2015-Current | * MPhil in Public Health – Cambridge University
 |
| **Useful information re location, parking, etc**  |
| County Hall is very accessible by foot (15 mins) or on bike (10 mins) from Norwich train station.Pool cars are available at the council to use to attend meeting throughout the day – we are currently investigating if Registrars are allowed to use them.Parking at County Hall can be challenging – you require a permit which can take time to be granted. The council also has a “two no parking day” policy for anyone issued with a permit, these days are issued at random and you will need to find other ways to get to work. |

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## 1.7 Peterborough County Council

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| **Address** |
| Town Hall, Bridge Street, Peterborough PE1 1HF<https://www.peterborough.gov.uk/>  |
| **Demography**  |
| Peterborough City Council is a unitary authority serving a population of just under 193,740 (mid 2014 estimate). Peterborough has a young population with a higher than average number of children and young people and is also one of the fastest growing cities in the UK. The city is ethnically diverse, with 29.1% of residents not self-identifying as White English/Welsh/Scottish/ Northern Irish/British. There are socio-economic inequalities within the local authority area, with areas of significant deprivation close to central Peterborough.For more information see <https://www.peterborough.gov.uk/healthcare/public-health/JSNA/>  |
| **Public health team** |
| There is a small Public Health Team with a shared Director of Public Health across Peterborough City Council and Cambridgeshire County Council. There is 1 WTE Head of Health Strategy, 2.5 WTE Public Health Analysts, 0.2 WTE Public Health Consultant and 1 WTE PA to DPH and a healthy lifestyles delivery team. There is some joint working with Cambridgeshire County Council (CCC), some CCC staff also cover Peterborough. Both areas are served by Cambridgeshire and Peterborough CCG.  |
| **Clinical supervisors** |
| Name | Email  | Key projects/interests |
| Dr Liz Robin | Liz.robin@peterborough.gov.uk | Director of Public Health |
| **Recent registrars (last 2 years)** |
| Name | Stage of training | Year of placement | Key projects |
| Jess Stokes | ST5 | 2016 | Developing CVD Strategy, Review of Family Nurse Partnership, CVD lead for Cambridgeshire and Peterborough STP, Healthy Peterborough Campaign, Deputising for DPH |
| **Useful information re location, parking, etc** |
| The Town Hall is located in the centre of Peterborough and is a 10 minute walk from Peterborough Train Station. Parking is available in a number of pay and display car parks, the cheapest being £3 per day |

## 1.8 Suffolk County Council

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| **Address** |
| Endeavour House, 8 Russell Road, Ipswich, IP1 2BX<https://www.suffolk.gov.uk/council-and-democracy/council-departments-services-and-senior-officers/public-health-and-protection/>  |
| **Demography**  |
| Suffolk is a rural county and has borders with Norfolk to the north, Cambridgeshire to the west and Essex to the south. It has a total population of 738,512 roughly 22% of which is aged 65 or older.Almost 12% (52) of the 441 LSOAs in Suffolk are classified as having nationally high levels of deprivation, being in the top 20% most deprived LSOAs in England. Twenty-one of these LSOAs are in the top 10% most deprived nationally; these are LSOAs exclusively located in either Ipswich or Waveney. Suffolk County Council is the Local Authority. There are 7 districts with borough/district councils. |
| **Public health team**  |
| The Public Health and Protection directorate incorporates the following service areas:•Public Health•Suffolk Fire and Rescue Service​•Trading Standards•Community Safety•Emergency Planning•Health and Safety•Information Team•Localities and CommunitiesNew DPH, Abdul Razzaq, starts August 2016. 2 Assistant DPHs, 6 other Consultants (several part time). On average 2-5 registrars and 1 FY2 at a time. Library services provided by a London NHS Trust, but on site there is still a stock of useful books/textbooks, and relevant journals/publications.For details of JSNA reports, Annual report, HWB strategy etc see [www.healthysuffolk.org.uk](http://www.healthysuffolk.org.uk)  |
| **Clinical supervisors**  |
| Name  |  Email   |  Key projects/interests  |
| Dr Mashbileg Madraig (Mash) | Mashbileg.madraig@suffolk.gov.uk  | Children & Young People |
| Dr Padmanabhan Badrinath (Badri) | Padmanabhan.badrinath@suffolk.gov.uk  | Healthcare Public Health; teaching |
| Dr Jeptepkeny Ronoh (Jep) | Jeptepkeny.ronoh@suffolk.gov.uk  | Older people, integrated care, Cancer |
| **Recent registrars (last 2 years)**  |
| **Name** | **Stage of training** | **Year of placement** | **Key projects** |
| Richard Merrick |  ST2 | 2015-current  | * Education chapter for Children & Young People’s Needs Assessment (ST2)
* CCG Clinical threshold policies –updates and consultation (ST2)
* NHS Atlas of Variation – reports and analysis for local CCGs (ST1)
* Dementia Health Needs Assessment – epidemiology (ST1/2)
* Teledermatology – evidence review for service extension (ST1/2)
 |
| Katherine McHale | ST1 | 2015-current | * Review of children’s incontinence services (ST1)
 |
| Ben Brown | ST2 | 2014-2016 | * Children’s health needs assessment (ST2)
* Evaluation of LD Liaison Nursing Service (ST2)
* Organisation of Safer Sleeping Conferences (ST2)
* Evaluation of Adult LD Befriending Service (ST2)
* Children’s Oral Health Project (ST1)
 |
| Vicki Peacey | ST3 | 2016 | * Suicide prevention strategy
* Children’s incontinence services
 |
| Stuart Keeble | ST4 | 2015-16 | * Needs assessment on children and young people exposed to domestic abuse and violence (ST3)
* Needs assessment on children and young people with emotional and behavioural difficulties (ST3 and 4)
* Led a review of health and social care activity for winter 2014/15 across the Suffolk Health and social care system (ST3)
* Interim head of knowledge and intelligence in a local authority (ST4)
 |
| **Useful information re location, parking, etc**  |
| The train station is a 5-10 minute walk – direct trains from London (80 mins), Cambridge (80 mins), Norwich (40 mins).There is a secure staff multi-storey car park next door (although this can fill up). Pool cars available.Secure bicycle storage & pool bikes available. Showers available.10 minute walk to town centre (free shuttle bus several times per hour).Onsite canteen and café. Registrars use hot desks and have their own SCC laptop, which enables remote working at other council sites or (ad hoc) home working. |

## 1.9 Thurrock Unitary Council

|  |
| --- |
| **Address** |
| New Road, Grays, RM17 6SL |
| **Demography**  |
| Thurrock lies on the River Thames, just to the east of London. With over 18 miles of riverfront, it covers an area of 64 square miles with more than half defined as Green Belt. Thurrock has a population of 162,000 residents. The area is undergoing a major programme of regeneration which is bringing many opportunities for public health, including influencing the environment and place. Thurrock Unitary Council has the added advantage of being co-terminus with Thurrock CCG and links between the Public Health team, council and CCG colleagues are strong, with good relationships built between them.There is a large proportion of young people living in Thurrock, with a growing population of elderly residents. Thurrock’s most deprived areas include Tilbury and Purfleet. There are currently some challenges with primary care provision in these areas as well as across Thurrock as a whole. One of the other concerning PH issues in Thurrock is the increasing tide of obesity both in children and adults; over a third of Year 6 children are overweight or obese and this figure increases to 70% in adults.  |
| **Public health team and council** |
| * Thurrock’s PH team is reasonably small with about 14 members of staff, most working less than full time. However, with a new restructure recently approved, the team is growing in numbers and will attract more public health specialists.
* Thurrock has only one unitary council and one CCG, which makes it easier and quicker to get things done. However, the CCG are facing considerable financial challenges and GP recruitment across Thurrock is difficult.
* There are frequent PH team meetings where there is an opportunity for staff development and registrars will be encouraged to get involved in developing the team.
* There are weekly Public Health Leadership Team (PHLT) meetings where registrars automatically become members and have an opportunity to help shape the direction of our work streams as well as to take advice from senior colleagues on their projects.
* In the May 2016 elections, there was a shake-up which lead to an increase in UKIP and conservative seats and a reduction in labour seats (The Council is now led by the Conservative party).
* Thurrock provides many exciting opportunities for public health at the moment; the team have an excellent relationship with council and CCG colleagues and there are numerous opportunities to apply our specialist public health knowledge and skills. In particular, there might be an opportunity for a registrar to work within the CCG in future, whilst reporting to Ian Wake (DPH) as clinical supervisor
 |
| **Clinical supervisors** |
| Name | Email  | Phone number |
| Maggie Pacini | Maggie.pacini@essex.gov.uk | Mobile: 07921397122 |
| Ian Wake | iwake@thurrock.gov.uk | Mobile: 07742602261 |
| **Recent registrars** |
| Funmi Worrell | Funmi.worrell@nhs.net |
| Tim Elwell-Sutton | tim.elwell-sutton@nhs.net  |
| Sue Matthews | Sue.matthews@hertfordshire.gov.uk |
| **Examples of recent projects** |
| * There has been much work done by public health to inform the development of Integrated Healthy Living Centres (IHLCs), bringing health and social care services closer to the communities that need them.
* Writing the Health and Wellbeing Strategy and gaining agreement from various partners for the direction of travel for the PH team as well as council and CCG colleagues from 2016-2021.
* Writing a Joint Strategic Needs Assessment product for Mental Health
* Working with the CCG to develop a cancer action plan and implement the recommendations of a cancer deep dive in order to improve cancer services from prevention, screening, diagnosis and referral through to treatment and increasing cancer survival rates
* Working with social care colleagues to screen for depression in those aged 65+ with a heart condition
* Redesign and re-procurement of 0-19 services
* Supporting a refresh of our tobacco control strategy by working with the local acute trust and CCG to improve smoking quit rates
* Working with third sector colleagues (Healthwatch and CVS) to remain informed on the views of the public
 |
| **Useful information re location, parking, etc** |
| * **Office style.** PH registrars hot desk with the rest of the PH team, in the same area as social care colleagues. Lockers are available for personal items. There are fixed land lines in hot desk areas which automatically change as you log in from desk to desk.
* **Rail travel.** The Council is based on New Road, 5 mins walk from Grays rail station, a 25min train journey from London’s Fenchurch Street.
* **Parking** is available in the multi storey in Grays Shopping Centre nearby (£5 a day or £60 per month).
* **Other.** The council building has its own café and the building is based in Grays town centre where there are numerous eateries, a shopping centre and a large Morrisons.
 |

# **2. Clinical Commissioning Group (CCG) placements**

## 2.1 Bedfordshire CCG

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| **Address** |
| Capability House, Silsoe**,** Bedfordshire**,** MK45 4HREmail: enquiries@bedfordshireccg.nhs.uk Telephone: 01525 864430[www.bedfordshireccg.nhs.uk](http://www.bedfordshireccg.nhs.uk)  |
| **Demography**  |
| BCCG serves the populations of Bedford Borough and Central Bedfordshire unitary authorities – please refer to their combined placement profile for further info.The CCG is divided into five locality groups. Main providers are Bedford Hospital Trust and Luton & Dunstable NHS FT and the mental health provider is East London NHS FT. Hot issues:The CCG has been in financial turnaround since 2014.There is an ongoing review of the clinical and financial viability of Bedford Hospital and Milton Keynes Hospital, given their proximity, both traditional DGHs and large financial deficits.The primary and community care model is being redesigned with reprocurement of the community services contract due in 2017/18. |
| **Public health team**  |
| Please refer to Bedford Borough and Central Bedfordshire councils placement profile  |
| **Clinical supervisors**  |
| Name  |  Email   |  Key projects/interests  |
| Sanhita Chakrabarti (works across from local authority) | Sanhita.chakrabarti@bedford.gov.uk | Child health; women’s health |
| **Recent registrars (last 2 years)**  |
| Name  | Stage of training  | Year of placement  | Key projects  |
| Emmeline Watkins |  ST4 | 2016-current  | * 111/00H reprocurement and health inequalities impact assessment
* Evaluation of pilot of integrated working
* Implementation of systems approach to address paediatric asthma
* 17/18 planning
 |
| Helena Jopling | ST3/ST4 | 2015-2016 | Priority Lead for "Right Care in the Right Place" programme;* identified £1.5m savings opportunities
* revised Individual Funding process and implementation of existing commissioning policies
* further disinvestment in low priority treatments
* re-specified integrated COPD service and community diabetes service

Devised long-term conditions work plan for 2016/17;* improving outcomes in cardiology, asthma, COPD and diabetes care using a programme budgeting approach

Assistant Director-level contribution to Strategy and System Redesign team, including;* analysis of pressures from non-elective admissions
* member of partnership groups with local authorities
* regular contribution to senior management work plan
* staff development
* in-house public health expertise and advisory role
 |
| **Useful information re location, parking, etc** |
| Location is Wrest Park Enterprise Centre in rural Bedfordshire<http://www.wrestparkenterprise.co.uk/>Parking on site is free. The site is poorly served by public transport.Good café in the building and nice grounds for exercise. |

## 2.2 Cambridgeshire and Peterborough CCG

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| --- |
| **Address** |
| Lockton House, Clarendon Road, Cambridge, CB2 8FHhttp://www.cambridgeshireandpeterboroughccg.nhs.uk |
| **Demography**  |
| Cambridgeshire is broadly affluent, though there are pockets of deprivation particularly in Fenland, north Cambridge and Huntingdon. Peterborough has much more widespread deprivation, with large Pakistani and Eastern European communities. Health outcomes are generally good, with some exceptions, but health services are overstretched and underfunded. Focus of projects likely to be on either the CCG’s clinical priority areas or on projects to reduce system-wide costs.  |
| **Public health team**  |
| Fiona Head leads the small Improving Outcomes team and is the only clinical supervisor. May only be capacity for a single registrar. Likely to be opportunities to work autonomously and an expectation that you will scope much of your own work. Environment is fast paced. Links to Cambridgeshire County Council PH Team and potentially to Peterborough City Council. Best suited to a confident / relatively senior registrar.  |
| **Clinical supervisors**  |
| Name  |  Email   |  Key projects/interests  |
| Fiona Head | Fiona.head@nhs.net | * Recently led the system-wide System Transformation Programme
* Substantive role is head of the CCG’s Improving Outcomes team
* Experienced and supportive consultant with interest in registrar education
 |
| **Recent registrars (last 2 years)**  |
| Name  | Stage of training  | Year(s) of placement  | Key projects  |
| Vicky Head | ST3 | 12-months @ 0.6 WTE. 2014/15 | * Contribution to major System Transformation Programme.
* Contributed to development of a model for forecasting acute activity and developed a method to forecast the impact of rising obesity on future activity.
 |
| Jess Stokes | ST5 | Full time. 2015/16 | * Contribution to major System Transformation Programme.
 |
| **Useful information re location, parking, etc**  |
| Close to Cambridge railway station and with good bus links to city centre. No free parking on site. Bike parking and shower available. Co-op and Costa 2 minutes’ walk.  |

# **3. Academic placements**

## 3.1 CLAHRC East of England

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| **Address** |
| http://www.clahrc-eoe.nihr.ac.uk/ |
| **Demography**  |
| The CLAHRC collaboration encompasses some thirty-six organisations, with research hubs in the Universities of Cambridge, Hertfordshire and East Anglia  |
| **Department structure**  |
| Cross-cutting elements of the collaboration include researching the best ways to involve patients and the public in health research, health economics and patient safety where we enjoy a strong partnership with the Eastern Academic Health Science Network. Our research themes are:* dementia, frailty and end-of-life care
* enduring disability and disadvantage
* patient safety
* health economics
* patient and public involvement
* innovation and evaluation
 |
| **Eligibility /suitability criteria** |
| Post part B |
| **Clinical supervisors** |
| Name | Email  | Key projects/interests |
| Carol Brayne | Cb105@medschl.cam.ac.uk | Dementia, academic public health. |
| Christine Hill | Cmh86@medschl.cam.ac.uk | Health policy, public health leadership |
| **Recent registrars (last 2 years)** |
| Name | Stage of training | Year of placement | Key projects |
| No recent registrars |
| **Useful information re location, parking, etc** |
|  Attachment would be based at Douglas House, Trumpington Road or the Institute of Public Health, Forvie Site. Parking is available at both sites.  |

## 3.2 MRC Epidemiology Unit, University of Cambridge

|  |
| --- |
| **Address** |
| Institute of Metabolic Science, Level 3, Box 285, Addenbrooke’s Hospital, Hills Road, Cambridge CB2 0QQWebsite http://www.mrc-epid.cam.ac.uk/ |
| **Background of placement** |
| The research of the MRC Epidemiology Unit is aimed at understanding the aetiology of obesity, type 2 diabetes and related metabolic diseases and translating that epidemiological knowledge into preventive action. Using a national and international network of studies, the Unit has a major focus on the genetic and developmental origins of these conditions, with a particular focus on studying gene-lifestyle interactions. This work is aided by the location of the Unit in the Institute of Metabolic Science in Cambridge. Its programmes in nutritional and physical activity epidemiology include methodological and aetiological studies. The Unit’s research on the translation of epidemiology into prevention includes work at the individual and the societal level. The Unit is part of the Institute of Public Health and leads the Centre for Diet and Activity Research (CEDAR : www.cedar.iph.cam.ac.uk) a UKCRC Centre of Public Health Research Excellence. This provides a unique training opportunity in interdisciplinary public health research spanning epidemiology, public health, health economics and health geography, aimed at changing population level behaviour. The projects are not pre-determined, but subject to discussion and negotiation with potential supervisors. For an idea of the sorts of research/public health areas we might engage with please visit our Unit’s website (www.mrc-epid.cam.ac.uk) Broadly speaking we will have opportunities for the following types of work. * Developing understanding of research methods involving descriptive and analytical epidemiology, population-based intervention studies and evidence synthesis;
* Analysis and communication of scientific observations;
* Understanding how to translate observational findings into preventive action;
* Translation across the research policy interface;
* Supervision in writing up of papers for publication.
 |
| **Department Structure** |
| The Unit is organised around 8 core MRC –funded programmes and an additional 5 programmes in dietary public health and modelling in CEDAR and global public health research. |
| **Eligibility/Suitability Criteria** |
| Post part A and post-part B |
| **Clinical supervisors** |
| Name | Email  | Phone number |
| Professor Nick Wareham | Nick.wareham@mrc-epid.cam.ac.uk | 01223 330315 |
| Dr Nita Forouhi | Nita.forouhi@mrc-epid.cam.ac.uk | 01223 769145 |
| Dr David Ogilvie | David.ogilvie@mrc-epid.cam.ac.uk | 01223 769197 |
| Professor Martin White | Martin.white@mrc-epid.cam.ac.uk | 01223 330315 |
| Professor Nigel Unwin | Nigel.unwin@mrc-epid.cam.ac.uk | 01223 330315 |
| Dr Claudia Langenberg | Claudia.langenberg@mrc-epid.cam.ac.uk | 01223 330315 |
| Dr Raj Lakshman | Rajalakshmi.Lakshman@mrc-epid.cam.ac.uk | 01223 330315 |
| **Recent registrars (last 2 years)** |
| Name | Stage of training | Year of placement | Key Projects |
| Oliver Mytton | Post part B | 2013-16 | Undertaking PhD aimed at improving our understanding of how the built and social environment influences walking and cycling, and how this affects health. |
| Claudia Langenberg | Post part B | 2016 | Projects in molecular and genetic epidemiology on National Treasure placement. |
| **Useful information re location, parking, etc** |
| See http://www.mrc-epid.cam.ac.uk/contact/find-us/ |

## 3.3 University of East Anglia

|  |
| --- |
| **Address** |
| Norwich Medical School, Chancellor’s Drive, Norwich, NR4 7TJWebsite of organisation: [www.uea.ac.uk](http://www.uea.ac.uk)  |
| **Demography**  |
| Not relevant |
| **Department structure**  |
| UEA undertakes both national UK research (N. Steel & R. Holland) and international PH research (M. Bachmann, P. Hunter). UEA provides support for many local evaluations including drugs related work, and most recently work with Norfolk and Suffolk Constabulary. |
| **Eligibility /suitability criteria** |
| Post Part A |
| **Clinical supervisors** |
| Name | Email  | Key projects/interests |
| Prof Nick Steel | n.steel@uea.ac.uk | Prof Nick Steel is interested in quality of care and primary care <https://www.uea.ac.uk/medicine/people/profile/n-steel> |
| Prof Max Bachmann | m.bachmann@uea.ac.uk | Prof Max Bachmann undertakes South African research looking at HIV and TB<https://www.uea.ac.uk/medicine/people/profile/m-bachmann> |
| Prof Paul Hunter | Paul.hunter@uea.ac.uk | Prof. Paul Hunter undertakes health protection research, focused on waterborne disease<https://www.uea.ac.uk/medicine/people/profile/paul-hunter> |
| Prof Richard Holland | R.holland@uea.ac.uk  | Prof Richard Holland is interested in medical education, addition research and prison health <http://www.uea.ac.uk/medicine/people/profile/r-holland> |
| Prof Veena Rodrigues | v.rodrigues@uea.ac.uk | Prof Veena Rodrigues is interested in educator development and mentoring and technology enhanced learning. <https://www.uea.ac.uk/medicine/people/profile/v-rodrigues>  |
| **Recent registrars (last 2 years)** |
| Name | Stage of training | Year of placement | Key projects |
| John Ford | ST3 (OOPR) | 2014 to present | Undertaking a PhD looking at access to primary care for deprived older people<https://www.uea.ac.uk/medicine/people/profile/john-ford>  |
| Tim Ewell-Sutton | ST5 | 2015/16 | Structural equation modelling of socioeconomic pathways to and from depression in South African adults with long term conditions |
| **Useful information re location, parking, etc** |
|  Matching registrar’s interests with supervisor is key. Therefore if you are interested in a placement get in touch early with Richard Holland to discuss what’s going on.Parking ok as long as you have a permit.About 20-30 mins cycle from train station.No. 25 bus goes from train station to UEA, but can be unreliable  |

# **4. Public Health England (PHE)**

More information about the placements at PHE East of England can be found in the *“Public Health Specialty Training Prospectus”.*

## 4.1 National Cancer Registration Service, Eastern office (profile last updated 2015)

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| --- |
| **Address** |
| Unit C, Magog Court, Shelford Bottom, Hinton Way, Cambridge, CB22 3AD |
| **Clinical supervisors** |
| Name | Email  |  |
| Sarah Stevens | Sarah.stevens@phe.gov.uk |  |
| **Recent registrars** |
| Name | Email  |
| Andrea Clement(Author) | Andrea.clement@nhs.net |
| Anne Swift | Anne.swift2@nhs.net |
| **Demography**  |
| National service (England); of which there are 8 regional centres. |
| **Examples of recent projects** |
| * Mesothelioma Compensation Claims project in which the aim is to establish a system within the NCRS that enables expedited receipt of pathology records and imaging reports for mesothelioma patients.
* Facilitation of data transfer and analysis of electronic prescriptions for cancer patients.
* Development of a web-based access portal for brain tumour patients to view their cancer registry records
 |
| **Good points** |
| * Opportunity to lead on national level work
* Opportunity to work closely with other professionals e.g. data analysts, IT developers etc
* Great opportunity to learn about technical aspects of data flows and presentation (to the public or to other professionals)
* Very forward-thinking work environment; considerably different culture compared to usual public sector placements
 |
| **Other considerations** |
| * Only registrar in the service base
* Sarah is the only PH consultant but happy for registrars to access other consultants eg at PHE centre for Part B practice etc
* You need to be confident in directing your own project and understanding what you will have to do to achieve your aims (e.g. identifying networks and stakeholders who can make things happen) – suggest this is most suitable for senior trainees
 |
| **Useful information re location, parking, etc** |
| * Plenty of free parking at Magog Court
* Across the road from Babraham Park and Ride for access to Addenbrookes/Central Cambridge
* Hot desking arrangements
* Some travel required to PHE offices in Waterloo for meetings – access can be arranged for hot desking at Waterloo.
 |

## 4.2 PHE Field Epidemiology Service East (formerly Eastern Field Epidemiology Unit)

|  |
| --- |
| **Address** |
| PHE, Institute of Public Health, Forvie Site, Robinson Way, Cambridge, CB2 0SRhttp://www.cambridgeshireandpeterboroughccg.nhs.uk |
| **Demography**  |
| East of England service, part of PHE National Infections Service, therefore covers large and diverse population.  |
| **Public health team**  |
| Team of approx. 10 individuals who work fairly autonomously; led by Dr Mark Reacher. Team’s work focuses on the surveillance of infectious disease. Current projects include: improving surveillance with database automation, building a Hep C Case Register, analysis to support TB cohort review and management of TB clusters, surveillance of antimicrobial resistance, STIs and HCAIs. Ad hoc support to local and national outbreak investigations. Surveillance on winter pressures. May be opportunities to link to Colindale.   |
| **Clinical supervisors**  |
| Name  |  Email   |  Key projects/interests |
| Mark Reacher | mark.reacher@phe.gov.uk | * Consultant Epidemiologist with the team since 2004;
* Interests include: surveillance of infectious diseases, outbreak investigation, enteric viral infections, cryptosporidiosis, antibiotic resistance, immunisation, health impacts of flooding, malaria and epidemiology training
 |
| **Recent registrars (last 2 years)**  |
| Name  | Stage of training  | Year(s) of placement  | Key projects  |
| Vicky Head | ST3/4 | 9-months @ 0.6 WTE. 2016 | * Regional audit of coverage of the neonatal hepatitis B immunisation programme
* EU/EEA diphtheria diagnostics gap analysis
* Look back of national endoscopy washer disinfector incident
 |
| **Useful information re location, parking, etc**  |
| On the Addenbrooke’s site so well served with buses and facilities. Currently free parking on-site.  |

# **5. NHS England**

## 5.1 NHS England Anglia Area Screening and Immunisations Team

|  |
| --- |
| **Address** |
| West Wing, Victoria House, Capital Business Park, Fulbourn, Cambridgeshire, CB21 5XA |
| **Demography**  |
| 8 CCGs: Cambridgeshire and Peterborough, Ipswich and East Suffolk, West Suffolk, Norwich, West Norfolk, South Norfolk, Great Yarmouth and Waveney, North Norfolk. 4 Local Authorities: Cambridgeshire County Council, Peterborough City Council, Norfolk County Council, Suffolk County Council. 8 Acute Trusts: Cambridge University Hospital, Peterborough and Stamford Hospital, Hinchingbrooke, Ipswich Hospital, West Suffolk Hospital, Norfolk and Norwich Hospital, Queen Elizabeth Hospital- Kings Lynn, James Paget Hospital. Population ONS Projections 2016: 2,483,000 |
| **Department structure**  |
| **Team:**1 Screening and Imms Lead 2 Screening and Imms Managers4.4 WTE Screening and Immunisation Coordinators. 1 Business support officer |
| **Eligibility /suitability criteria** |
| Would consider pre-part A trainees with some experience |
| **Clinical supervisors** |
| Name | Email  | Key projects/interests |
| Dr Bonny Rodrigues | brodrigues@nhs.net | To be confirmed, but mainly regarding improving coverage and uptake; reducing inequalities; quality assurance including incident management; risk management; governance and accountability (including management information systems) |
| **Recent registrars (last 2 years)** |
| Name | Stage of training | Year of placement | Key projects |
| Katie Johnson | 2nd Year | 2014 | MMR EvaluationCervical Screening CoverageScreening and Immunisations in Prisons |
| **Useful information re location, parking, etc** |
| Located on outskirts of Cambridge, there Is a good bus service. A large supermarket within short walking distance. Parking onsite available for staff.  |

## 5.2 Essex Screening and Immunisations Team

|  |
| --- |
| **Address** |
| Swift House, Hedgerows Business Park, Colchester Road, Chelmsford, CM2 5PF.Website of organisation:<https://www.england.nhs.uk/mids-east/><https://www.gov.uk/government/organisations/public-health-england> |
| **Demography**  |
| Registered population: 1.83m people.Area: 3,670km2.County city: Chelmsford.Local authorities: three top-tier local authorities – Essex County Council; Southend-on-Sea Borough Council (UA) and Thurrock Council (UA).Local health and social care architecture: |
| **Department structure**  |
| Essex Screening and Immunisation Team is employed by Public Health England and embedded into NHS England. The Essex and East Anglia Screening and Immunisation Teams are part of NHS England – Midlands and East (East) DCO Team. Although these are still two distinct teams, we work closely together and have some joint working.The structure chart attached covers the whole Public Health Commissioning Team, which incorporates two Screening and Immunisation Teams. The Public Health Commissioning Team is responsible for commissioning some of the services covered by the Section 7a agreement, as well as Secondary Dental Care:* Screening programmes: adult and young people; antenatal and newborn; cancer
* Immunisation programmes
* Child health information systems
* Secondary dental

The Screening and Immunisation Team is responsible for system leadership for the national screening and immunisation programmes. There are opportunities to lead or be involved in projects and pieces of work across all areas of public health practice. |
| **Eligibility /suitability criteria** |
| Suitable for registrars post-Part A. |
| **Clinical supervisors** |
| Name | Email  | Key projects/interests |
| Pam Hall | Pamhall1@nhs.net | Overall lead for Screening and Immunisation. |
| **Recent registrars (last 2 years)** |
| Name | Stage of training | Year of placement | Key projects |
| Vicki Peacey | ST 2/3 | 7/15 - 2/16 (part-time) | * Pertussis immunisation uptake in pregnant women
* Investigation of serious incidents in screening and immunisations
* Supporting team in general work

Some teaching to colleagues |
| Molly Thomas-Meyer | Phase 1 | 7/15 – 1/16 (not a formal placement) | Related pieces of work re: cervical screening eligibility (briefing papers, response to Parliamentary question and response to patient complaint). |
| Clare Ebberson | Phase 3 | 3/15 - 6/15 (full-time) | Cold chain audit, LD review re: breast screening, cervical screening ceasing audit, support on implementation of new vaccination programme,  |
| Jonathan Fok | Phase 1 | 3/14 – 10/14 (part-time) | Proposal for approach to immunisation QA, supported response to vaccination serious incident, briefing re: domiciliary cancer screening. |
| **Useful information re location, parking, etc** |
| (VP) I found this placement to be a very positive experience. The team are friendly and welcoming although often quite busy and it is a nice working environment. Dr Pam Hall is an excellent supervisor who has a lot of experience and a real interest in her subject and I found that she was able to take the time to support my work and also my wider learning about screening and imms. Personally I find screening to be a very interesting area of public health and that may be why I enjoyed this placement so much. It was a good opportunity to gather experience towards many of the 2015 learning outcomes, particularly ones around health protection and incident investigation but also leadership, communication with the public, influencing and negotiating, influencing planning and commissioning. The team kindly arranged an NHS laptop for me to use as their files are all stored on protected NHS only networks. Swift House is on the outskirts of Chelmsford with bus links to the train station (near County Hall). Close to a large Sainsbury’s.(PH) Access to the building and car park requires an entry card, which would be supplied.Swift House is a 15 minute bus ride from Chelmsford town centre, and is close to several bus routes. |

# **6. Providers and Hospital Trusts**

## 6. 1 Princess Alexandra Hospital NHS Trust

|  |
| --- |
| **Address** |
| Princess Alexandra Hospital NHS Trust, Hamstel Rd, Harlow CM20 1QXwww.pah.nhs.uk. |
| **Demography**  |
| The Princess Alexandra Hospital NHS Trust is located in Harlow, Essex and is a 489 bedded District General Hospital providing a range acute and specialist services to a local population of 258,000 people.Approximately 60% of patients come from within West Essex CCG (WECCG) catchment, and the remainder come from East and North Herts CCG (ENHCCG).The health profile of the Trust’s catchment population is varied, deprivation is lower than the England average (appendix 1: map 1) but this masks areas of higher than average levels at both a district and ward level (appendix 1: Map 2). In Harlow, 23.8 % of 0-15 year olds are living in poverty compared to the catchment average of 15.6% (appendix 1: figure 1). In addition, 19.6% older people are living in deprivation compared to 14.6% average across the catchment area and 18% in England. Life expectancy is 7 years lower for men and 4.3 years lower for women in the most deprived areas of the Trust’s catchment area than in the least deprived areas. Inequalities can also be seen at a district and ward level, for example in Broxbourne life expectancy is 8 years lower for men and 9.4 years lower for women in the most deprived areas of the district than in the least deprived areas |
| **Public health team**  |
| There is no public health team or PH Consultant on this placement. However, Maggi Pacini is closely linked as the HCPH consultant for West Essex CCG and it is important to liaise with Maggie whilst on this placement to maintain a PH Consultant link.Marc Davies (Director of Partnerships and Pathways) is likely to be a project supervisor for integrated pathway work (marc.davies@pah.nhs.uk). |
| **Clinical supervisors**  |
| Name  |  Email   |  Key projects/interests  |
| Andy Morris (CMO) | Andy.morris@pah.nhs.uk | His interests are varied and is enthused by any PH work. |
| **Recent registrars (last 2 years)**  |
| Name  | Stage of training  | Year of placement  | Key projects  |
| Louise Savory  | ST4 | 2016-2017 | * CQUIN Lead (Staff Health and Wellbeing)
* Implementation of Workplace Health Strategy
* Pathway design for Hysteroscopy work
* Pathway development work for Coeliac Disease Pathway
 |
| Ian Diley | ST4 | 2015-2016 | * Developed and secured the ratification of the Workplace Health Strategy
* Pathway design for Carpal Tunnel Syndrome
* Developed Walk to Work Strategy
* Developed Public Health teaching for FY2 doctors at PAH
 |
| Miranda Sutters | ST5 | 2015-2016 |  |
| **Useful information re location, parking, etc**  |
| There is a staff car park on site – generally need to arrive by 9am to secure a spot. A permit is need and the cost to park on a daily basis is £2.50.  |

## 6.2 South Essex Partnership University NHS Foundation Trust

|  |
| --- |
| **Address** |
| The Lodge, The Chase, Wickford, Essex, SS11 7XX [*http://www.sept.nhs.uk/*](http://www.sept.nhs.uk/) |
| **Background of placement** |
| SEPT is a community healthcare provider running services including mental health (community and inpatient) and other community health services. It provides a good opportunity to understand the role of provider services and working in this environment. |
| **Department Structure** |
| Mel is the Public Health Consultant at SEPT, there is not a separate public health team/function, projects undertaken will involve working with a range of staff across the Trust. Projects will depend on Trust priorities but as a provider Trust they hold patient data, so may particularly suit learning outcomes around audit, data analysis etc |
| **Eligibility/Suitability Criteria** |
| * Post part B, usually at ST4/5 level as requires significant amount of independent practice
* Apply through the usual placement panel process and through discussion with the Public Health Consultant at SEPT
 |
| **Clinical supervisors** |
| Name | Email  | Phone number |
| Mel Conway | Mel.conway@sept.nhs.uk | Contact via e-mail |
| **Recent registrars (last 2 years)** |
| Name | Stage of training | Year of placement | Key Projects |
| Clare Ebberson | ST4 | 2016 | * Review of the pathway for treatment resistant schizophrenia
* Development and implementation of guidelines for medical devices and equipment
* Falls audit
* Contributing towards service procurement
 |
| **Useful information re location, parking, etc** |
| * Car parking available at the Lodge, travel likely to be required depending on the project as SEPT services are run from a number of locations across South Essex and further afield
* The nearest train station to the lodge is Wickford, there are limited public transport options from the station to the lodge
* This was undertaken as a split placement (0.5WTE), this placement is recommended as a split placement as the Public Health Consultant works less than full time and there is no public health “team” to be based with the rest of the week
 |

## 6.3 West Suffolk Hospital

|  |
| --- |
| **Address** |
| Hardwick Lane, Bury St Edmunds, IP33 2QZ |
| **Clinical supervisors** |
| Name | Email  | Phone number |
| Nick Jenkins | nick.jenkins@wsh.nhs.uk | 01284 713000 |
| Mashbileg Maidrag | mashbileg.maidrag@suffolk.gov.uk  | 01473 260058 |
| **Recent registrars** |
| Helena Jopling | helena.jopling@nhs.net |
| **Demography**  |
| West Suffolk Foundation Trust provides general acute and community services to a catchment population of 275,000 people, across the districts of West Suffolk, East Cambridgeshire and South Norfolk.The population is dispersed across rural communities and small market towns. Life expectancy is high and most health outcomes are good, but inequalities do exist with economic deprivation in some areas. The biggest problems are the rural infrastructure and the rapidly aging profile – meeting the health and social care needs of a large elderly population. The political backdrop is majority Conservative with two-tier local government.The trust has adopted a strategic framework with 4 out of 7 ambitions relating to prevention and health improvement<http://www.wsh.nhs.uk/Together/WS-Final-Stragegy-Framework.pdf>WSFT has held the local contract to provide community services since 2015. It continues to develop a vertically integrated system and has declared the intention to evolve into an accountable care organisation covering the West Suffolk CCG geography. <http://www.healthwatchsuffolk.co.uk/neesuffolkstp/> Relationships across the patch are “classy” and WSFT punches above its weight in many aspects: care quality, efficiency, national profile, strategic thinking, innovation and training environment. |
| **Examples of recent projects** |
| This is a new placement which opened in October 2016.There are opportunities across all domains of public health. Examples of current or potential projects include:Health improvement* lead on staff health and wellbeing and creating a healthy workplace
* developing the trust’s role in prevention, building partnerships with the council-commissioned lifestyle services and embedding prevention into clinical pathways
* implement a plan to embed health coaching across the integrated services and evaluate it
* lead on sustainable development in a complex £200 million organisation
* policy implementation for a tobacco-free site

Health protection* scope and appraise the implementation of PHE guidance on screening for carbapenemase-producing enterobacteriaceae
* lead the annual flu vaccination campaign
* manage or investigate any infection prevention and control incident or outbreak e.g. norovirus, HCAI

Healthcare public health* service transformation projects are available across the hospital specialties, at division or service-level, e.g. ‘pre’habilitation for elective surgery, 7-day services, A&E turnaround, out-of-hospital services, individual clinical pathways such as audiology or paediatric long-term conditions
* quality and safety improvement projects such as investigation of serious incidents, complaints, outlying outcome statistics

Health intelligence* the trust has Global Digital Exemplar status

<https://www.england.nhs.uk/digitaltechnology/info-revolution/exemplars/>with a £10 million award to fully digitise the trust, develop a population health management approach and lead the field in connected, technologically-enabled healthcare. This is a hugely exciting project, creating a fully integrated patient record across all health and social care partners, with all the inherent opportunities for risk stratification, patient-led care, targeting interventions and proper measurement and evaluation of outcomes. PH input into this programme will be critical to the success of the trust’s evolution into an accountable care organisation. * the trust is also creating a comprehensive clinical informatics function, using a really sophisticated approach to health data to inform and report on service quality and improvement at the service, division and organisational level.
* developing cross-system outcome measures for the emerging ACO.
 |
| **Good points** |
| The Chief Executive, Prof Stephen Dunn, has a background in policy and strategy with DH and the Eastern region SHA/NHSE<https://uk.linkedin.com/in/stephen-dunn-b4612721> Steve was the sponsor for the placement and is a huge advocate for population health principles and values being integral to the organisation’s future.The whole executive team is open-minded, innovative and engaged in the strategic direction. The organisation is small enough that the hierarchy is fairly flat and the prevailing leadership style is democratic. Relationships are well developed between clinicians and managers. Without exception colleagues have been welcoming and interested in the PH placement and keen to understand what PH can offer. Staff tend to move to Bury and stay put, so there is good organisational memory and continuity in leadership and frontline staff alike.The potential for PH expertise to add value is massive, and as a novel resource in the trust there is considerable freedom in what to tackle and how (obviously subject to organisational relevance and effectiveness!) The PH registrar has access to the whole organisation including colleagues in IT, communications, information, finance, general management and transformation. As the only PH specialist in the trust, you have limited dedicated resource but can work in a matrix style into any appropriate department.Work with high business value could be found to meet pretty much any learning outcome in the 2015 curriculum.There is an excellent education centre on-site with a comprehensive library service. Corporate training courses are available to PH registrars; examples include financial management, writing business cases, managing mental health in the workplace, project management, health coaching. The arms-length supervision from Suffolk County Council is working well; the registrar is welcome to spend e.g. a day a month with the council team to network with registrar peers, build relationships with the rest of the team, attend CPD events and align projects with county-wide initiatives. SCC also provides a good health intelligence and evidence service which can offer help with literature searches, data analysis and data presentation.There are plentiful opportunities to teach:* the hospital hosts the Cambridge Graduate Course with ~20 graduate medics in each year
* foundation doctors have a rolling programme of lunchtime seminars
* the West Suffolk GP training programme
* a large number of nursing and allied health professionals are also trained on-site.
 |
| **Other considerations** |
| The placement could be tailored to suit a registrar at any stage post-part B. As the only PH specialist on-site the registrar needs to be able to work independently and be proactive, but a more supported induction and closer supervision of projects would be possible for registrars not familiar with the acute setting.Public health consultant posts are relatively uncommon in acute trusts; there are perhaps 25 nationwide and the same again in community or mental health trusts. With increasing pressure on finances, quality and bed stock and the need to evolve new models of care quickly, there is a strong business case for more CPH appointments in providers and these settings should be considered a growth area for employment over the next 5 years. |
| **Useful information re location, parking, etc** |
| * **Office style.** The PH registrar is integrated with the corporate senior management team, who are about to move into a new purpose-built office building at the rear of the hospital site. There is a fixed desk with a docking station for laptop. Remote access to the IT system facilitates agile working, but it is the norm for staff to work in the office rather than from home.
* **Rail travel.** The hospital site is 2 miles’ safe walk from Bury St Edmunds rail station, which is served by hourly trains on the Cambridge-Ipswich line.
* **Parking** is available on site for a charge of £30 per month (reductions for part-time hours), or for free at Bury Rugby Club, with a shuttle bus to the site or a safe 1 mile walk. There are six electric car charging points. There is covered cycle parking and a changing room with showers.
* **Food.** There is a staff restaurant offering 4 hot main courses, sandwiches, salad & jacket potatoes every lunchtime, with breakfast, hot and cold snacks and hot drinks available throughout the day. The catering team have received a Suffolk County Council Eat Out Eat Well healthy food award and a Soil Association bronze award for sustainable food. Meat is all sourced locally, eggs are free-range and everything is cooked fresh on site every day. The cheese scones are legendary.
 |

# **7. Other placement opportunities in the East of England**

## 7.1 Cambridgeshire’s Office of the Police and Crime Commissioner

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| --- |
| **Address** |
| Cambridgeshire’s Office of the Police and Crime Commissioner, Cambridgeshire Constabulary Headquarters, Hinchingbrooke Park, Huntingdon, Cambridgeshire, PE29 6NP<http://www.cambridgeshire-pcc.gov.uk/>  |
| **Background of placement**  |
| We are in the unique position in Eastern Region of having a previous Director of Public Health as the Chief Executive of Cambridgeshire’s Office of the Police and Crime Commissioner.Police and Crime Commissioners are responsible for driving effectiveness and efficiency in Policing and increasingly across the wider community safety and criminal justice system. Their work to reduce re-offending and ensure the safety victims, brings them in to contact with often the most vulnerable in society.It you want to tackle social exclusion, this is the placement for you.  |
| **Department**  |
| The directly elected Police and Crime Commissioner and his deputy are supported by a Chief Executive and four directors covering, engagement, performance and policy, partnership working and commissioning and finance. Full structure attached. |
| **Eligibility /suitability criteria** |
| Post Part B |
| **Clinical supervisors** |
| Name | Email  | Key projects/interests |
| Dorothy Gregson | dorothy.gregson@cambs.pnn.police.uk  | Social inclusion and community cohesion, reduction re-offending, meeting the needs of victims focusing on the most vulnerable, e.g. modern day slavery, domestic abuse, driving efficiency through collaboration and improved partnership working  |
| **Recent registrars (last 2 years)** |
| No recent registrars |
| **Useful information re location, parking, etc** |
|  Based in Police HQ, Huntingdon with easy access by car and public transport |

# **8. National Treasures**

A full list of the National Treasure placements is available at:

<http://www.fph.org.uk/national_treasures_placements#placements>

## 8.1 Behavioural Insights Team, Department of Health

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| --- |
| **Address** |
| Richmond House, 79 Whitehall, London, SW1A 2NS[*http://www.fph.org.uk/national\_treasures\_placements*](http://www.fph.org.uk/national_treasures_placements) |
| **Background of placement** |
| Working on behavioural insights in healthcare services. See national treasure website for up to date details. |
| **Department Structure** |
| * Small team (currently 3 members, all working less than full time on behavioural insights, one of whom is based in Leeds) within Science, Research and Evidence Directorate
* There is also a small behavioural insight team based within PHE
 |
| **Eligibility/Suitability Criteria** |
| * Post part B
* There is a national application process as part of the national treasure placements (application form and interview). Application round usually annual in Spring, advertised through public health registrar yahoo group, TPDs etc. Would recommend contacting the team directly if interested for details of application / other opportunities (up to date contact details available on national treasure site above)
* This is an out of programme placement and have to apply for Health Education England Out of Programme approval as well as approval via placement panel as usual
* Nb. On call duties cannot be undertaken while on this placement as it is out of programme
 |
| **Clinical supervisors** |
| Name | Email  | Phone number |
| Please see national treasure website above for up to date details |
| **Recent registrars (last 2 years)** |
| Name | Stage of training | Year of placement | Key Projects |
| Clare Ebberson | ST4 | 2016 | * Setting up, implementing and evaluating behavioural insights trials with partners including Public Health England, NHS England and NHS Improvement. Current trials include hospital food, online GP services and emergency care improvement programme work
* Providing advice to policy makers about how behavioural insight can be included in policy
* Building capacity in behavioural insight within the Department of Health
 |
| **Useful information re location, parking, etc** |
| * This placement is not eligible for travel expenses to London (can claim usual business expenses but not travel to placement)
* In addition to project work, range of shadowing opportunities available to self-organise e.g. health select committees, meetings with Deputy Chief Medical Officer etc. Range of “policy certificate” sessions and science seminars etc can be attended
 |

## 8.2 Department for International Development

|  |
| --- |
| **Address** |
| 22 Whitehall, London OR Abercrobmie House, Eaglesham Road, Glasgow G75 8EA <https://www.gov.uk/government/organisations/department-for-international-development>  |
| **Background of placement** |
| This is a National Treasure place which has been running for many years. You work as a ‘health adviser’ within the Department. It is a highly challenging and rewarding placement suitable for senior registrars who want experience of working at near-consultant level. You will be given lots of responsibility and have to cope with a very fast pace of work. DFID has excellent health advisers, a number of whom are former registrars. There’s a chance to make a real contribution to improving health in developing countries as well as influencing policy at national and international level. It also allows you to move on from discrete project work to taking on a portfolio of responsibility.Placements are advertised once per year and usually sent round the national mailing list. Registrars are chosen through an application and competitive interview process. Experience of working overseas in developing countries is desirable but not usually mandatory.Placements are usually in offered in one of two divisions: Policy Division or Research and Evidence Division and can be in either of DFID’s UK offices (London or Glasgow).Working in Policy Division includes a range of work areas: * policy development: looking strategically at how DFID can be most effective in improving health in developing countries. This includes influencing policy within the Department, across Departments and with multi-national organisations (e.g. WHO).
* programme design and management: DFID commissions a range of high value health programmes which need to be managed and evaluated;
* Parliamentary work: advice and briefings to ministers, drafting answers to Parliamentary and public questions put to Ministers.

Working in research and evidence division is an area which I have less experience of but involves commissioning research organisations and collaborations to produce new evidence on what works in Global Health as well as providing up-to-date evidence for use across the organisation. |
| **Department Structure** |
| The Department is run by 3 ministers (Secretary of State, Minister of State and Parliamentary Under Secretary of State). The head Civil Servant in the Permanent Secretary. There are several divisions but those which deal with health are: Policy Division, Research and Evidence Division, and Global Funds Department. Within Policy Division regisrars are usually placed in one of two teams: Health Systems Team or Sexual and Reproductive Health Rights Team. |
| **Eligibility/Suitability Criteria** |
| Post Part-B |
| **Clinical supervisors** |
| Name | Email  | Phone number |
| Chris Lewis | chris-lewis@dfid.gov.uk  |  |
| **Recent registrars (last 2 years)** |
| Name | Stage of training | Year of placement | Key Projects |
| Tim Elwell-Sutton | ST5 | 2014/15 | Human Resources for Health Policy LeadHealth Partnership Scheme lead adviserGlobal Health Workforce Alliance board member. |
| **Useful information re location, parking, etc** |
| Most likely location is central London but office space there is tight so if you are willing to work in Glasgow it might help your application.It’s worth thinking about the financial consequences of this placement: travel costs to London are high and may not be reimbursed by the programme; you are unlikely to get a London weighting for your salary; you will probably have to come off the on call rota. |

## 8.3 Foundation for Genomics and Population Health (PHG Foundation) 2015 profile

|  |
| --- |
| **Address** |
| PHG Foundation, 2 Worts Causeway, Cambridge, CB1 8RN |
| **Clinical supervisors** |
| Name | Email  | Phone number |
| Mark Kroese  | mark.kroese@phgfoundation.org | 01223 761900 |
| Paul Pharoah | pp10001@medschl.cam.ac.uk | 01223 740153 (PA) |
| **Recent registrars** |
| Name | Email  |
| Charlotte Warren-Gash (author) | c.warren-gash@ucl.ac.uk |
| **Demography**  |
| This is an independent policy think-tank. Results of projects are applicable nationally/ internationally.  |
| **Examples of recent projects** |
| * Published report on modelling outcomes of whole genome sequencing used to screen for high risk breast cancer variants in unselected populations
* Review of evidence for the clinical validity of inclusion of a range of susceptibility genes in colorectal cancer gene panels
* Production of expert opinion pieces on recent genomic advances for the PHG Foundation blog
 |
| **Good points** |
| * Gives an excellent grounding in genomics and frameworks to evaluate use of genomic technologies for population health
* Academically rigorous
* Opportunity to work with people from different backgrounds e.g. ethics, law, economics. policy as well as partners from other organisations e.g. universities, NHS England, charities
* Flexibility to tailor project work around areas of interest and time spent at the organisation
* Opportunities to attend National meetings e.g. the UK Genetic Testing Network and the Joint Committee on Genetics in Medicine
* Potential to publish academic papers
 |
| **Other considerations** |
| * This is most suitable for motivated individuals with a strong interest in genetics/ science who are able to direct their own projects
* Supervisors are happy to consider full-time or part-time placements (I did 0.4 fte)
 |
| **Useful information re location, parking, etc** |
| * The PHG Foundation is located at Strangeways Research Laboratory which is a 5-10 minute walk from Addenbrookes hospital
* The guided bus way connects the hospital to Cambridge train station.
 |

## 8.4 Public Health England, National Knowledge and Intelligence division

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| **Address** |
| Main base for East of England - Public Health England, West Wing, Victoria House, Capital Park, Fulbourn, Cambridge, CB21 5XAAs this is a national placement there are also opportunities to be based in other PHE centres in London, Harlow, Thetford etc The K&I division are an enabling force for the public’s health and produce and interpret information to identify priorities and advocate opportunities for action. Their Vision is to:* provide a forward-looking service, flexible to user needs with an international reputation
* highlight the potential to improve health by focusing on health inequality, healthcare variation and future threats to health
* provide knowledge and intelligence that leads to action locally or nationally
 |
| **Demography** |
| N/A – covers whole country |
| **Department Structure** |
| The Knowledge and Intelligence Divisionemployee approximately 200 people across England and is part of PHEs Chief Knowledge Offices Directorate. The team is divided into 6 functions which fit together and offer different perspectives as follows:* data science – ensure data quality and governance, consistency in the use of analytic methods and test new approaches to intelligence and knowledge provision
* epidemiology and surveillance – systematically highlight areas of concern for population health and causes of inequalities (including production of the Public Health Outcomes Framework)
* risk factors – provide new insight into how risk factors impact on health, including work on how risk factors cluster together.
* chief economist and health intelligence networks – Advocate the need for and lead work on health economics across the organisation as well as developing health intelligence networks and support workforce development
* clinical epidemiology – lead and advocate how healthcare services can improve population health, including a particular focus on healthcare variation and value, end of life and liver disease
* local knowledge and intelligence – ensure that our high profile products are known and used by our key audiences as well as responding to local enquiries
* business support – create and support the infrastructure that allows delivery
 |
| **Eligibility/Suitability Criteria** |
| Post part B Peter is looking for trainees who wish to develop political, negotiation, influencing or leadership skills and is looking for leadership experience as a bridge to a consultant role. |
| **Clinical supervisors** |
| Name | Email  | Phone number |
| Dr Peter Bradley, Director of Knowledge and Intelligence | Peter.Bradley@phe.gov.uk | 07717 546551 |
| **Recent registrars (last 2 years)** |
| Name | Stage of training | Year of placement | Key Projects |
| Ian Diley | ST 4/5 | 2016 | * Development of strategy for non-communicable disease surveillance in England,
* Development of Key Performance Indicator for usage of PHE web resources,
* Analysis of PHOF health equity data for PHE K&I Annual Report
 |
| Stuart Keeble | ST4/5 | 2016 | * Developing a shared vision for a Population Level intelligence hub across the West Midland Combined Authority
* Leading the development of a success measure framework for the K&I division
* Developing a profile for West Midlands describing the link between health, wealth and worklessness
 |
| **Useful information re location, parking, etc** |
| This is extremely flexible placement with opportunities to work on projects across the 6 functions. A lot of the work is undertaken virtually with colleagues across the country e.g. York, Birmingham, Bristol. It can take a little while to adjust to this style of working. As this is a national role, some travel could be anticipated especially to London where some meetings take placeAlthough this placement is officially a national treasure, the application process is not burdensome (have a discussion with Peter). Peter has capacity for two registrars at any one time. |

## 8.5 Nuffield Trust

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| **Address** |
| 59 New Cavendish St, London W1G 7LPwww.nuffieldtrust.org.uk/ |
| **Background of placement** |
| The Nuffield Trust aims to improve the quality of health care in the UK by providing evidence-based research and policy analysis and informing and generating debate. Nigel Edwards is the Chief Executive. The Trust is accountable to its Board of Trustees – as at July 2016 Andy McKeon is set to succeed Professor Dame Carol Black as Chair. The role of the Trustees is to set the Nuffield Trust’s overall strategic direction and to ensure this meets the charitable objectives set for the organisation. |
| **Department Structure** |
| The Nuffield Trust is an independent organisation (approx. 45 employees) and has charitable status. It is one of the three high profile health policy think-tanks. As at July 2015 there was a communications team, the administration team, the research team (Director – Martin Bardsley, (although as at July 2016 John Appleby due to start this role), workforce & policy team (Director – Candace Imison). Some work is funded from the Nuffield Trust budget and other work is funded through grant application. |
| **Eligibility/Suitability Criteria** |
| * Post Part B.
* Interest in health policy and the politics of health care, healthcare public health, quantitative and /or qualitative research methods.
* Need to be able to create and take opportunities as well as take ownership of work - there is opportunity to design, make case for and lead own areas of work.
* Must be good communicator able to deliver written reports, give presentations, contribute to Nuffield Trust blog and contribute a public health perspective in meetings, in rapid response to national policy announcements and as part of a multi-disciplinary team.
* Depending on areas of work there may be opportunities to interact with national politicians, engage with senior leaders across the system, give media interviews and prepare work for publication as a Nuffield Trust report or for peer-reviewed journals.
* For additional points see national treasure form available through FPH website.
 |
| **Clinical supervisors** |
| Name | Email  | Phone number |
| Alisha Davies andMartin Bardsley | Use contact details given on national treasure form available through FPH website  |
| **Recent registrars (last 2 years)** |
| Name | Stage of training | Year of placement | Key Projects |
| Claire Currie | ST4 | Nov 14 – July 15 | Alcohol-specific activity in hospitals in England Examining quality in up-scaled models of primary careIdentifying good practice in healthcare for frail older peopleEmergency general surgery: challenges and opportunities |
| **Useful information re location, parking, etc** |
| Central London location, just off Marylebone High Street – providing lots of lunch options. On several bus routes. Walking distance to a range of tube stations including Bond Street, Baker Street, Oxford Street and Marylebone train station. Boris bike parking just over the road. |

## 8.6 Sustainable Development Unit

Please note that although this is a National Treasure, EoE PH trainees do not need to apply via the usual National Treasure route as it is within the EoE region.

|  |
| --- |
| **Address** |
| Victoria House, Capital Park, Cambridge, CB21 5XB<http://www.sduhealth.org.uk/>  |
| **Experience available**  |
|  The SDU is a national unit based in Cambridge working on behalf of the health and care system inEngland. It was established in April 2008.They support the NHS, public health and social care to embed and promote the three elements of sustainable development - environmental, social and financial.The Unit is jointly funded by, and accountable to, NHS England and Public Health England to ensure that the health and care system fulfils its potential as a leading sustainable and low carbon service.The post holder will lead specific project(s) or work stream(s) which are relevant to their learning needs.Examples might include:* supporting a local strategic planning group or vanguard site to embed sustainable development (SD) into their transformation plans
* advocating with other national teams for SD principles to be included in policy and strategy
* producing a national staff engagement pack to support SD in workplaces and communities and leading its rollout
* overseeing research commissioned by SDU and partners on health co-benefits of sustainability actions.

Registrars also participate in day-to-day unit business, including attending team meetings, network meetings and national events. Opportunities can be created to meet generic learning outcomes such as data analysis, research, working with the media and financial management as suits the registrar’s learning needs.It is also a significant advantage that the unit is hosted by NHS England and located in Victoria Park alongside regional NHSE teams, PHE, HEEoE, NHS Improvement. Registrars who are keen to learn about how other parts of the system work can make contacts. Access to the NHSE intranet is provided. |
| **Eligibility /suitability criteria** |
| Post Part BAn interest in national and international policy and in sustainable development is essential. In-depth knowledge about sustainable development is not essential provided the registrar is willing to learn quickly.Ability to work independently and to handle complexity, uncertainty and challenge is essential, as in an in-depth knowledge of the structure of the health and social care system. The SDU is a national policy unit; the registrar must be comfortable and confident meeting, influencing and networking with senior managers and leaders from national, regional and local organisations.The ability to travel to national and regional events approximately quarterly is desirable.Placements become available every year at the SDU and last 6-12 months. Applications for pro-rated LTFT placements are welcomed – a minimum of 6 months WTE is required at not less than 60%. |
| **Clinical supervisors** |
| Name | Email  | Key projects/interests |
| Dr David Pencheon OBE | David.pencheon@nhs.net | David set up the unit in 2008 and is a national leader in SD. He has a broad PH background including time as a DPH, director of ERPHO and as TPD for the training programme.  |
| **Recent registrars (last 2 years)** |
| Name | Stage of training | Year of placement | Key projects |
| Helena Jopling | ST4 | 2016 | My main project has been advocating for Sustainability and Transformation Plans to address clinical, environmental and social sustainability in their footprint as well as financial. This has included direct approaches to STP teams, negotiation and influence with national and regional NHS England teams, working with PHE regional leads, engagement with regional networks of sustainability professionals, support to individuals working on SD for STPs in their organisations.I also worked on the communications for a new publication and have set up a research project on registrars’ and supervisors’ approach to learning outcome 5.7 in the 2015 PH curriculum. |
| **Useful information re location, parking, etc** |
| The unit is based in Victoria House.Transport:* Good cycling facilities – secure covered parking and showers. 30 minutes from Cambridge station, routes along back roads and cycle paths are straightforward.
* Bus route stops immediately outside.
* Free parking available.

There is an on-site café with good healthy hot and cold options, also a coffee van which comes at 9am and a sandwich van which comes at lunchtime. Shared kitchen for making tea and coffee, a fridge and a microwave are available. There is a good staff breakout area.Victoria House sits in beautiful parkland and registrars are encouraged to make use of the grounds for exercise, meetings and to work away from their desk. |

# 10. Higher specialist training and fellowships

## 10.1 Health protection specialist training programme

More information on this can be found here:

<https://heeoe.hee.nhs.uk/sites/default/files/docustore/2015-12-10_heee_hp_training_in_eoe_final_v1_1.pdf>

## 10.2 Field epidemiology training programme fellowship

More information on this can be found here:

<https://www.gov.uk/guidance/field-epidemiology-training-programme-fetp>

# 11. Further education courses

There is also an opportunity to study for a Postgraduate Certificate in Education (PGCE), supported by a Trainee Bursary from Health Education England.

Recent and current registrars doing the PGCE include:

2015/16 University of Cambridge – Helena Jopling and Ian Diley

2016/17 University of Bedfordshire – Clare Ebberson started in February 2016?

2016/17 UEA – Rebecca Hams (starting in September 2016)

More information about applying for the bursary is here:

https://heeoe.hee.nhs.uk/node/1884