





Lynis Lewis

## First thoughts...

Welcome to the third Noclor Newsletter, in which we aim to bring you the latest research news from our partner Trusts.

We also hear from **Dr Ilyas Mirza** (page 7), new R&D Director at Barnet, Enfield and Haringey NHS Foundation Trust, about his plans to create a clinical academic culture at the trust.

And two research nurses (p8-9) at **Camden & Islington NHS Foundation Trust** discuss the challenges and rewards of making the transition from clinical nursing to research.

I hope you enjoy this issue – and keep your eyes peeled for the new updated Noclor website: [www.noclor.nhs.net](http://www.noclor.nhs.net) coming soon.

**Lynis Lewis, Service Director**  
NOCLOR RESEARCH SUPPORT

A lot of changes are being made to the way research is governed. For example, the Health Research Authority (HRA) is implementing a new co-ordinated application system for research that will streamline the process of obtaining ethical and NHS approvals.

There is so much great research going on in our partner Trusts – such as the **IMPACT study** on adolescent depression (page 2), **Prof Gill Livingston's MARQUE study** on dementia (page 11), and (page 6) **the European Long-acting Antipsychotics in Schizophrenia Trial (EULAST)**.

**Prof David Isenberg**, my co-leader in Division 5 of the NIHR North Thames Clinical Research Network (CRN), talks of what excites him about research, and why the CRN is important for innovation (p4-5).

## Key Contacts

**The Noclor Research Support team is here to help you with research. So please feel free to contact our various teams.**

For queries relating to Research Governance:  
[contact.noclor@nhs.net](mailto:contact.noclor@nhs.net)

Funding and Finance queries:  
[finance.noclor@nhs.net](mailto:finance.noclor@nhs.net)

Looking for advice with or interested in a project in Primary Care? Contact:  
[primarycare.noclor@nhs.net](mailto:primarycare.noclor@nhs.net)

Interested in a new training subject to support your research staff or interested in contributing to any publicity material published by Noclor? Contact:  
[kathryn.fitzpatrick@nhs.net](mailto:kathryn.fitzpatrick@nhs.net)

If you would like to get in touch with our Service Director, Lynis Lewis, please contact:  
[a.tilbury@nhs.net@nhs.net](mailto:a.tilbury@nhs.net@nhs.net)

## Trial aims for big impact on adolescent depression

**One in 10 young people referred to Child and Adolescent Mental Health Services (CAMHS) in the UK receives a diagnosis of depression, and there are strong links between adolescent depression and recurrent depressive episodes and suicidality in later life.**

The need to identify psychological treatments that have long-term benefits in reducing the risk of later relapse has led to the Improving Mood with Psychoanalytic and Cognitive Therapies (IMPACT) trial.

It is the largest clinical trial of psychological therapies for adolescent depression ever to have taken place in Europe.

A total of 470 participants aged 11-17 years with moderate/severe depression have been recruited from CAMHS within NHS Trusts across three regions in the UK – North London, East Anglia, and the North West.

The randomised controlled IMPACT trial, funded by the Health Technology Assessment programme,

was set up in response to recommendations by the National Institute for Health and Care Excellence (NICE) on the range of psychological therapies that could be useful in the treatment of adolescent depression.

These include cognitive behavioural therapy and short-term psychoanalytic psychotherapy, as well as specialist clinical care.

The study aims to assess the effectiveness of the three therapeutic interventions in the treatment of adolescent depression and in relapse prevention.

Furthermore, it intends to estimate the overall health, social and educational costs of the interventions, based on research findings, and to build a solid base for future recommendations on treatment of adolescent depression.

An additional aim of the trial is to explore whether cortisol levels and genes might influence individual responses to treatment – and if so, then how.

All assessments were completed in January this year, and the results of this study will be published later in the year.



North London recruitment for this study took place in the Tavistock and Portman NHS Foundation Trust, Barnet Enfield and Haringey Mental Health Trust and Islington CAMHS, now part of Whittington Health. The Principal Investigator for the NHS in London was Dr Rob Senior.

Promoting the best in research

## Patient's smile makes it all worthwhile

**PROFILE:** Professor David Isenberg, academic director of rheumatology at UCL, explains what still excites him about research – and why the Clinical Research Network is an important forum for innovation

**If I was asked how things have changed in the 30 or so years I've been involved in clinical research, I would define it very simply. I've done a weekly general arthritis clinic for many years, and 15 or 20 years ago I would expect to see an average of three patients in a wheelchair. Now, I might see one in a wheelchair every three months.**

As a trained physician, the patient is at the forefront of what I do – and doing good things for people with bad arthritis is my *raison d'être* really.

I am the Academic Director of Rheumatology at UCL, one of the biggest independent university centres for rheumatology in the UK. We have 40 people on the research side, and on the clinical side we have a group of around 13 consultants looking after adult patients and 3 focusing on adolescents. I work across the research and clinical sectors.

I also share the leadership of the Clinical Research Network (CRN): North Thames division 5 with

Lynis Lewis, service director of Noclor. It's a slightly hotchpotch grouping, in that it includes rheumatology, dermatology, dentistry, and general practice. But we try to make sure that there is always a voice representing them all when the committee meets, so it works quite well really.

If you put patients into clinical trials, the system rewards you with such things as additional support for nursing staff. But one of the challenges, especially with the smaller hospitals, is finding people who are aware of and interested in research. There's an aspect of dragging the horse to water; you can try to alert people to possibilities, but you can't make them take part in clinical trials.

I've been involved in research into Autoimmune Rheumatic Diseases for 30 years, at both a basic level and a clinical level. And, as with a lot of things, serendipity played a part in how I started.

It was Louis Pasteur who said that chance favours the prepared mind. But the corollary is that you have

to have the chance! Well, I was given my chance to do research – culminating initially my MD thesis – over 30 years ago by Michael Snaith, then a new consultant rheumatologist at UCH. Much later, after some time in America I became the leader of the research group in rheumatology at UCH and found that it fitted me like a glove.

What has always excited and motivated me about research is the thought of asking questions that others had not asked before, or trying to go places that people had not been before.

The last 15 to 20 years in rheumatology have been phenomenal. The introduction of the biologic drugs, which are based on a much sounder understanding of the causes of these diseases, is much more rational. And their effects have been sensational.

The capacity to produce these very specifically-targeted drugs, which go after individual cells

and molecules, means we have developed a whole range of products we would not have dreamed of 25 years ago.

The difference that research and new medicines have made to patients can be illustrated by this case of the very first patient that I was ever convinced was helped by a biologic drug.

He was at university when he developed a very aggressive form of arthritis. He couldn't be given the standard drug, methotrexate, because it sent his liver function tests into outer orbit, so I put him on steroids and other drugs to suppress the immune system.

There's a marker of inflammation in the body called the ESR test, and the normal is 20 units. His was always in three figures.

For three years, we blundered on. When the first of the biologic drugs came in, we gave it to him, but it did nothing. The second drug that came in, Enbrel, blocks a very important molecule called TNF alpha, which is one of the drivers of rheumatoid arthritis. We gave him the drug, and six weeks later he came in, doing something I'd never seen him do before.

**At that point, I became a believer. These drugs really work!**



He was smiling! I said he looked happy, and he said: "I am. The pain has gone." So I phoned the lab for the results of the blood test he'd had the previous day, and it was one of those occasions that you never forget in your life, hairs standing on the back of your neck. They said his ESR was only 12! I asked if it was lab error! They assured me it was not. At that point I became a believer. These drugs really work!

I would say the biggest achievement in my career so far is not one thing – it's the body of work. I've been very heavily involved in efforts to try to define disease activity and damage assessment in patients with Lupus, Sjögren's syndrome and Myositis, which I think are vital for long-term follow-up studies and in clinical trials.

The research environment in the NHS is challenging because obviously the service is under huge pressure from its budgetary constraints. And the big problem currently is the bureaucracy surrounding getting clinical trials set up.

But in research, you need the capacity to keep going against a lot of odds.

**Promoting the best in research**

## Search for lasting benefits

**A Europe-wide study is seeking to shed new light on schizophrenia and the most effective ways of treating it.**

The European Long-acting Antipsychotics in Schizophrenia Trial (EULAST) will address the problem that it is not yet known if one way of administering medication is more effective than another; and nor is it clear which of the drugs already available for the treatment of psychosis are most effective.

The study will compare drug combinations, and methods of administering them, against the length and stability of a patient's mental health.

Schizophrenia is a brain disorder that makes it difficult for people to distinguish between what is real and not real, think clearly, manage emotions, and relate to other people.

Some patients recover from their first episode of psychosis very quickly, while others live the rest of their life with illness. For long-term sufferers, it is important that they receive a schedule of treatment that allows them to manage their symptoms and

get on with their lives. A lasting recovery is defined as minimal re-admissions to hospital.

Several factors can affect a patient and derail their recovery plan – including side-effects of the medication they need to treat their symptoms, or when medication for some reason is no longer effective in helping them to manage their illness.

The study's UK country co-ordinator, Professor Thomas Barnes, has so far set up sites for recruiting participants at South London and Maudsley NHS Trust and the West London Mental Health Trust, among others.

The information collected from the 600 participants will inform future treatment plans for individuals, with the aim of keeping them on track with their recovery so that they can live fulfilling and meaningful lives.



### NEWS IN BRIEF

#### HISTORY LESSONS CAN HELP PROTECT OLDER PEOPLE

Dr Claire Hilton, old age psychiatrist at CNWL NHS Foundation Trust, has been awarded a Wellcome Trust grant for a historical study on the work of Barbara Robb, who used her 1967 book, "Sans Everything", as the launch pad for a campaign to improve hospital care for older people.

The importance of the study is that inquiries into inadequate care of older people within health and social care facilities rarely mention historical data. Therefore, society does not fully benefit from knowledge gleaned from earlier experience.

There is ample evidence – as highlighted, for example, in the 2014 BBC Panorama documentary, "Behind Closed Doors: Elderly Care Exposed" – that inadequate, neglectful and abusive care, similar to that highlighted by Robb, continues today.

Dr Hilton's study has the potential to identify historical lessons that can inform government policy debate, and clinical and social care practice, thus contributing to preventing recurrences of abuse and neglect.



"I would like to develop a situation where most of our clinicians have some sort of research thinking in the background, and incorporate the new ideas"

## New research director aims to create culture of innovation and excellence

**Dr Ilyas Mirza, the new R&D Director at Barnet, Enfield and Haringey Mental Health Trust (BEH), has big plans to increase its research capacity, generate grant income, and establish it as one of the leading Trusts, in terms of research and productivity, over the next three to four years.**

He aims to build on the good work of his predecessor, Dr Eric Johnson-Sabine, and ensure BEH has greater prominence with research commissioners, service users, and with other Trusts in London.

Dr Mirza is consulting widely with staff at all levels to help create a culture of multidisciplinary research. He is encouraging the higher trainees to come up with projects, and plans to start monthly research seminars for the Trust.

Developing further industry trials, in line with Clinical Research Network (CRN) and national strategy, is another major target. Dr Mirza believes that BEH – with specialist services covering forensics, eating disorders, research in dementia and learning disability,

and with strong academic links – is a good recruitment site for such trials.

Enfield Community Services, for example, can accommodate trials that span different disciplines – such as physical and mental health – at more of a community level. Recently, they supported the CRN in a TB study.

Dr Mirza has been heavily involved in research himself, including development work at local and international levels. One high-profile project was developing a child psychiatric service in a village in Pakistan, in an area with a high incidence of learning disabilities. It now has its own resource centre, owned and run by the community.

His wide experience has led to the belief that similarities in many of the problems faced in populations

worldwide mean that interventions devised and trialled in low-income countries can be "repackaged" for high-income nations.



At BEH, he is keen to create a clinical academic culture. "What I would like to develop," he says, "is a situation where most of our clinicians have some sort of research thinking in the background, and incorporate the new ideas, the new innovations."

However, he is also aware of the financial constraints of NHS Trusts, and wants to encourage universities to develop and strengthen partnerships with Trusts.

Another major challenge, he says, is to address disparities in the funding of research into mental health, compared with physical health, and to combat the stigma attached to mental health and to services, doctors and patients within this field.

### Promoting the best in research

## Milestones on a new path to enlightenment

**Q&A:** Yvonne Foreshaw and Mary-Ellen Khoo, of Camden & Islington NHS Foundation Trust, talk about the challenges and rewards of making the transition from clinical nursing to research

**Q** *How long have you been a nurse?*

**A Yvonne Foreshaw:** I entered as a 16-year-old cadet nurse in the late 1970s, when nursing was based more on an apprenticeship model of preparing you for nurse training – a model that has resurfaced in recent years. I later took a long break from nursing, and then returned in 1996 to do my Registered Mental Health Nurse (RMN) training.

**A Mary-Ellen Khoo:** Eight years.

**Q** *Why did you decide to become a research nurse?*

**YF** It was primarily a desire to learn and develop new skills and competencies that I felt would have a positive impact on my ability to deliver good quality care. I was already undertaking auditing and evaluating activities, as part of my clinical role, which gave me an awareness of the usefulness of such measures in making improvements for service users.

**M-EK** I was fortunate to be involved in a couple of

research studies during my clinical career; and that sparked my interest. I enjoy being part of something that helps to improve the evidence base of our profession, and hopefully improves the care we provide.

**Q** *What do you find most rewarding in your role, and what is most challenging?*

**YF** Variety is a rewarding aspect. I have been involved in observational studies, facilitation of focus groups, development of staff training videos, randomised clinical controlled drug trials, and conducting national surveys. I have had the opportunity to develop skills in data collection, data management, and aspects of qualitative and quantitative research methods. Making the transition from a clinical area to working across multiple studies in a research environment can be a challenge – although, as a research nurse, you are primarily carrying out research in clinical settings. At Camden & Islington, we have developed a

robust research management structure alongside a regular Research Nurses Forum, which supports the developmental needs of nurses new to research.

**M-EK** The role is very varied and you have a lot of autonomy. You need a range of different skills, so I feel like I am always learning something new. I particularly enjoy service user recruitment, and also the administrative and organisational side of it. Hitting recruitment targets can often be a challenge, and lots of data entry at the end of a study can sometimes be tedious.

**Q** *What impact does research experience have on your clinical practice?*

**YF** Over the years, I have developed a keen interest in quality initiatives to raise standards of mental health care. My experience as a research nurse has strengthened this commitment to delivering good quality care based on research evidence. I am keen



**I have a keen interest in quality initiatives to raise standards**



Yvonne Foreshaw

to promote the idea of clinicians not only being able to identify and apply research in clinical practice, but also to take a lead in carrying out relevant research.

**M-EK** I currently balance a part-time research role with a part-time clinical role – which can be difficult, but is ultimately rewarding. I am much more aware of current research developments and guidance, and I increasingly incorporate this into my clinical work. I feel more confident as a clinician because I feel better able to validate my practice using the evidence base. I feel my research role improves my clinical work, and vice versa.

**Q** *What are your long-term career goals?*

**M-EK** I would like to develop an academic/research career; and incorporate it into clinical work in a way that makes research more accessible and relevant to frontline staff. I am currently on a sponsored NIHR internship with King's College, which allows me to study and develop research skills under the guidance of some fantastic supervisors. I have also successfully applied for an NIHR Fellowship for a Masters in Clinical Research, enabling me to use my clinical expertise to develop my own research proposal.

**Q** *What advice do you have for other nurses interested in getting involved in research?*

**YF** Find out about what studies are already going on in your service area, and opportunities for involvement. A discussion with your line manager would be helpful with regard to professional development, support and future planning. There is now a recognised Clinical Academic Training pathway for nurses wanting to pursue a career in research, with sponsorship available through the NIHR. As a starting point, consider gaining experience of working in a research environment through the newly-created NIHR short internship programme. This



Mary-Ellen Khoo

**I feel my research role improves my clinical work, and vice versa**



provides an introduction to practical and theoretical clinical research, and helps prepare you to go on to further research training, such as MSc programmes.

**M-EK** Camden & Islington provides regular opportunities for part-time secondments to research posts – a great way of testing whether you will like it – or to volunteer working on studies. Attending Journal Clubs is another way of improving your research knowledge; if you are interested in attending at St Pancras or Highgate Mental Health Centre, contact [catherinewardle@nhs.net](mailto:catherinewardle@nhs.net). Also, a bi-monthly research nurse forum is held at St Pancras (contact [Nicolas.Green@Candi.nhs.uk](mailto:Nicolas.Green@Candi.nhs.uk)), and is open to all nurses interested in research.

**Promoting the best in research**

## UCL research boosts HIV testing

**Evidence gathered by UCL researchers from a lay-user evaluation of a self-test HIV kit has been used to support the CE marking of the device that has enabled it to go on sale to the public.**

Prior to changes in the law in 2013, people could only use home sampling kits that had to be posted to a laboratory for testing before a result was communicated to the individual.

The new BioSure kit provides a result within 15 minutes. It is hoped this will increase HIV testing options for people at risk of infection and help to reduce the prevalence of undiagnosed infection.

In England, it is estimated that a quarter of people living with HIV are unaware of their status, and so remain at risk of poor health or passing on the infection.

The study recruited individuals who were HIV negative or of unknown status – for example, had never been tested before. They were observed undertaking and reading their own HIV test, following instructions provided.



They were also asked to interpret a random selection of contrived sample tests to ensure that a number of different outcomes – negative, reactive and invalid results – could be correctly identified.

This study took place at the Mortimer Market Centre (CNWL NHS Foundation Trust). The Chief Investigator was **Dr Richard Gilson** and the Principal Investigator was **Dr John Saunders**.

### NEWS IN BRIEF

#### MENTAL HEALTH TEAM WINS MAJOR AWARD

The City & Hackney Primary Care Psychotherapy Consultation Service (PCPCS) at the Tavistock and Portman NHS Foundation Trust was named as Mental Health Team of the Year at the prestigious British Medical Journal (BMJ) Awards on 6 May.

The UK's premier medical awards programme recognises and celebrates the inspirational work done by doctors and their teams, and competition in the Mental Health Team category is always tough.

The City & Hackney's pioneering specialist service was established at the request of local GPs to meet needs they had identified for their patients. The service's achievements are based on partnership working with commissioners, GPs and patients.

One of the key aspects of the service is a focus on people who have "medically unexplained symptoms". The PCPCS team aims to offer consultations with GPs, who sometimes struggle to manage such patients, and also offers psychological interventions to this target group.



## New study aims for 2020 vision on dementia

**About 820,000 people in the UK are directly affected by dementia. And with numbers increasing rapidly as the population ages, the government launched its "Challenge on Dementia" to transform care, support and research by 2020.**

Now a new five-year study led by Professor Gill Livingston, who combines academic work at UCL with her clinical work at Camden & Islington NHS Foundation Trust, is responding to that challenge by focusing on a key aspect of dementia, known as agitation.

The MARQUE study – an acronym derived from "Managing Agitation and Raising Quality of Life in Dementia" – is being conducted throughout England. Its aim is to increase knowledge about dementia, agitation and personhood.

Agitation is classed a purposeless activity, such as not being able to sit down, walking up and down, taking things in and out of drawers, shouting out the same thing over and over again.

Prof Livingston, MARQUE's chief investigator, first looked at the whole concept of agitation, and how it affects the way people interact with somebody with dementia, including in care homes. She concluded that a change of culture is needed to make the recognition and understanding of agitation a core aspect of care.

As lead consultant for research in ageing and mental health with Camden and Islington, Prof Livingston specialises in epidemiological and qualitative research that looks for the cause of particular problems experienced by people with dementia and their family carers, and then conducts intervention trials.



She has been carrying out dementia research for over 20 years, but one of the first things she did was to look at family carers of people with dementia who were stressed and depressed.

In dementia, it appeared that problem-based coping – a common approach among health and social services professionals who are trying



to find solutions – didn't seem to help much, but emotion-focused coping seemed to be more effective.

The fact is, she says, that dementia is an insuperable problem; you can do things to help, but people inevitably get worse. So she began to think differently about it – about how people could learn to live with it, rather than fighting it all the time.

With UCL, she is also working on a dementia strategy, aiming to bring together all the disciplines – including ethics, law, engineering, environment – so that people share and use their knowledge and expertise to increase and improve dementia research.

### Promoting the best in research

## Seeds sown for new CVD prevention package

**Noclor is helping to recruit patients in GP practices to take part in a major nationwide research programme aimed at assessing a new package of primary care for cardiovascular disease (CVD) prevention in people with severe mental illness (SMI).**

The five-year Primrose project, funded by the National Institute for Health Research, seeks to improve the detection and management of CVD in people with SMI, who are at greater risk of dying from the disease than the general population.

The study is being run by researchers at University College London, Southampton University, Imperial College London, King's College London and the McPin Foundation, in partnership with Camden & Islington NHS Foundation Trust.

The team have recruited around 168 patients in 58 GP practices across England, and aim to recruit a

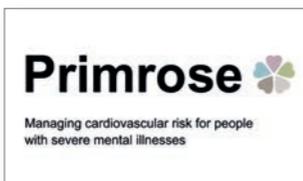
further 12 GP practices by the end of June this year, and between six and 10 patients within each practice by October.

Noclor research nurses have helped to recruit 34 of these patients in ten practices in the north and central and east London areas.

Participating GP practices will be eligible to receive payment – including costs to cover time spent on delivering the intervention by a practice nurse or healthcare assistant – and service support costs.

The study involves: carrying out a search for eligible patients; sending study invitation letters to all potentially eligible patients; inviting patients with SMI to attend a physical health screening appointment; carrying out CVD risk screening tests and delivering behavioural interventions.

If your practice would like to take part or would like more information, contact **Alexandra Burton**, Programme Manager, on 0207 679 9031, or email: [a.burton@ucl.ac.uk](mailto:a.burton@ucl.ac.uk). Further information on Primrose at [www.ucl.ac.uk/primrose](http://www.ucl.ac.uk/primrose) or on Twitter @UCLPrimrose



### Projects currently recruiting

#### Lung Screen Uptake Trial

This study is being carried out across Camden, Islington and Hackney. Screening for lung cancer has been shown to radically change outcomes for lung cancer due to earlier diagnosis in studies worldwide. This is a trial of the invitation process for screening and offers an opportunity for high-risk patients to be offered this, to aim to pick up lung cancer early, at a treatable stage.

#### CANDID

This study seeks to recruit two cohorts of patients with symptoms that might suggest lung or colorectal cancer. Baseline information will be recorded (history, examination, blood sample, saliva sample). Patients will be followed up in two years with a notes review. Practices will be paid £2,262 for 25 patients.

If you would like to know more about how Noclor supports Primary Care research projects, email: [primarycare.noclor@nhs.net](mailto:primarycare.noclor@nhs.net)

## Patient approach

**The need to improve patient involvement in mental health care has prompted a senior social psychiatry researcher to apply for a large programme grant to devise procedures to enable people to be part of the decision-making process within the first week of them being sectioned.**

Dr Domenico Giacco, research fellow and honorary senior lecturer at the Unit for Social and Community Psychiatry of the Queen Mary University of London and East London NHS Foundation Trust (ELFT), also believes it is important for mental health research to focus on social aspects of how patients live their lives.

Treatment should include helping to improve social relationships and the social context of the patient in order to improve outcomes, he argues. "I think psychiatry is much more complex than just assessing symptoms."

It is vital, he says, to understand the patient outside of the mental health facilities, to understand the life of the patient, without being too intrusive, but to think outside the box on what happens in a medical encounter.



**I think psychiatry is much more complex than just assessing symptoms**

Previous studies have shown that patient satisfaction with care within the first week of admission can lead to better outcomes up to one year later.

Dr Giacco's work with the NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) North Thames has helped to facilitate communication between services and makes him confident that his research can be translated immediately into something of value in clinical practice. He credits Noclor's support services for help he received with funding applications.

He is currently working on many studies, including the multi-centre study funded by the European Commission to compare integrated and functional systems of mental health care (COFI study) in five countries. He is also working on a project to facilitate involvement of carers in acute treatment of patients with psychosis within the NIHR CLAHRC North Thames.

Research in mental health, he says, should develop a new approach and different methodology to understand the complexity of psychological problems. For example, online social networking has changed and has created new mental disorders, and this should not be overlooked by researchers.

**Promoting the best in research**

# Pathways to training opportunities

## Noclor courses

### Good Clinical Practice in Research

It is essential for sound research and corporate governance that all researchers should be trained in Good Clinical Practice.  
*Upcoming dates: Mon 22 June*

### Informed Consent in Clinical Research

This course allows delegates to develop a strategy for efficiently managing the informed consent process in an ethical and legal framework.  
*Upcoming dates: Weds 24 June*

### Advanced Skills for Clinical Research Nurses

This is a one-day interactive workshop for research nurses, site co-ordinators and associated staff who are experienced in the field of clinical research and have a need to address critical issues that threaten the effectiveness of their role and their research programmes.  
*Upcoming dates: Fri 19 June*

### Setting up and Managing the Trial Master File – Essentials of Essential Documents

This course is designed for clinical researchers involved in document collection and review through management of the TMF and ISF.  
*Upcoming dates: Mon 6 July*



## Other courses

The successful CLAHRC Academy offers short courses aimed at staff in the NHS and local Government, providing them with the tools and methods they need to use evidence based approaches to decision making and carrying out evaluations of services.

Upcoming courses include: **Using Research in Practice**  
There are limited free places for staff from CLAHRC partner organisations. Join the Academy mailing list by emailing Kate Collins: [kate.collins@ucl.ac.uk](mailto:kate.collins@ucl.ac.uk).

The CLAHRC has produced a series of short films about its work which you can view on its website: [www.clahrc-norththames.nihr.ac.uk/empowering-mental-health-service-users-and-families/](http://www.clahrc-norththames.nihr.ac.uk/empowering-mental-health-service-users-and-families/)

For dates and bookings of Noclor courses, email: [kathryn.fitzpatrick@nhs.net](mailto:kathryn.fitzpatrick@nhs.net) or visit [www.noclor.nhs.uk](http://www.noclor.nhs.uk) to download your booking form. If there is a training subject that your research staff would benefit from that we do not currently offer, please do get in touch with us at: [contact.noclor@nhs.net](mailto:contact.noclor@nhs.net)



## Finding research funding

It is possible to apply for funding from the following organisations. This is by no means an exhaustive list and deadlines have not been included. Refer directly to the organisations website for application deadlines.

National Institute of Health Research  
[www.nihr.ac.uk](http://www.nihr.ac.uk)

Medical Research Council  
[www.mrc.ac.uk](http://www.mrc.ac.uk)

Wellcome Trust [www.wellcome.ac.uk](http://www.wellcome.ac.uk)

Cancer Research UK  
[www.cancerresearch.org.uk](http://www.cancerresearch.org.uk)

Diabetes UK [www.diabetes.org.uk](http://www.diabetes.org.uk)

Health Foundation [www.health.org.uk](http://www.health.org.uk)

King's Fund: [www.kingsfund.org.uk](http://www.kingsfund.org.uk)

The Association of Medical Research Charities: [www.amrc.org.uk](http://www.amrc.org.uk)

More general funding sources can be found at: [www.rdfunding.org.uk](http://www.rdfunding.org.uk)

Please note that for assistance from the Noclor finance team, the researcher must contact Noclor within the timeframe given below:

### Programme Grants

6 weeks prior to submission deadline

### Research for Patient Benefits Grants

4 weeks prior to submission deadline

### Programme Development Grants

2 weeks prior to submission deadline

### NIHR HTA Grants

4 weeks prior to submission deadline

### Research Council Grants

(MRC, Economic & Social Research Council)  
3 weeks prior to submission deadline.

Contact the Noclor finance team at: [finance.noclor@nhs.net](mailto:finance.noclor@nhs.net)



## Update from NIHR CLAHRC North Thames

NIHR Collaboration for Leadership in Applied Health and Care (CLAHRC) North Thames is a unique research partnership between the NHS, higher education, local Government and industry tackling the research issues highlighted by frontline services and building research capacity across the North Thames area. Their partners include Camden and Islington Foundation Trust, East London Foundation Trust and Camden CCG.

They have an active mental health research theme with work ranging from our African and Caribbean elders memory project (on dementia), developing self-management tools for young people diagnosed with psychosis, evaluating Welfare Advice Hubs in GP surgeries and investigating earlier more effective involvement of carers in acute psychosis care.

To get in touch with the CLAHRC North Thames please email [clahrc.norththames@ucl.ac.uk](mailto:clahrc.norththames@ucl.ac.uk) or visit their website: [www.clahrc-norththames.nihr.ac.uk](http://www.clahrc-norththames.nihr.ac.uk)

## Promoting the best in research



First Floor, Bloomsbury Building, St Pancras Hospital, 4 St Pancras Way, London, NW1 0PE

TELEPHONE **020 3317 3045** EMAIL **contact.noclor@nhs.net** URL **noclor.nhs.uk**  **twitter.com/NoclorResearch**

**Promoting the best in research**

This paper is Forest Stewardship Council certified