



Research Matters

NEWSLETTER AUTUMN 2017

noclor

RESEARCH SUPPORT

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First thoughts...

With depression on the rise in the UK, it's appropriate that this 10th edition of the Noclor newsletter has a strong

focus on mental health issues, which are currently making headlines.

Professor Glyn Lewis (Page 4) explains why he has chosen to specialise in the causes of depression – particularly in adolescents – and why it is so crucial that the stigma surrounding the illness continues to be broken down.

The number of students reporting mental health problems is rising (Page 13), but a Twitter campaign (Page 9) initiated by a clinical psychologist at St Pancras hospital is encouraging more people to talk about mental health.

We also talk to **Victoria Bird** (Page 12), who is the principal investigator for a trial that is adapting an app-based intervention – successfully tested on people with psychosis – for use in people with chronic depression.

Paul Ramchandani (Page 6), child and adolescent psychiatrist at CNWL and Imperial College London, is taking up a new LEGO-funded

post as the wonderfully-titled Professor of Play at the University of Cambridge in January. He explains the need to produce top-quality research to underpin the important role of play in the development of young children.

On a similar theme, a trial is testing the use of video feedback (Page 8) on playing and bonding sessions to improve outcomes for infants of parents with a personality disorder and to lead to better support for parents.

Paula McLaren, clinical lead for a new initiative in Barnet (Page 10), discusses a collaboration between the borough's 60 GP surgeries that could be a game-changer in primary care research.

We also report on an innovative way to help detect throat cancer (Page 3), and a "painless" form of vaccination (Page 15).

Visit our website (www.noclor.nhs.uk) or follow us on Twitter ([@NoclorResearch](https://twitter.com/NoclorResearch)) for more research news and details of how we support the vital work carried out by our partner trusts in London. We welcome your feedback, as well as suggestions for future issues.

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

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 Management and Support:
contact.noclor@nhs.net

Funding and Finance queries:
finance.noclor@nhs.net

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

Keen to learn more about our free training courses, or to offer content suggestions for future Noclor publicity material? Contact:
irina.grinkova@nhs.net

If you would like to get in touch with our Service Director, Lynis Lewis, please contact:
irina.grinkova@nhs.net

Pill-on-a-string helps spot throat cancer

A much cheaper and less invasive procedure is being trialled to help GPs detect early signs of cancer of the oesophagus in patients who have heartburn symptoms.

The BEST3 trial, supported by the National Institute for Health Research (NIHR) and funded by Cancer Research UK, is a GP-based test that requires patients to swallow a capsule containing a sponge attached to a piece of string.

Once the Cytosponge capsule – about the size of a multivitamin pill – has dissolved in the stomach, it expands into a 3cm-wide mesh. On removal, this acts as a scraper that collects cells from along the oesophagus, or gullet, and the cells are then analysed to identify any abnormalities.

The device is able to diagnose Barrett's oesophagus, a condition in which acid reflux from the stomach can cause cells in the gullet to grow abnormally,

and which can increase the risk of developing oesophageal cancer.

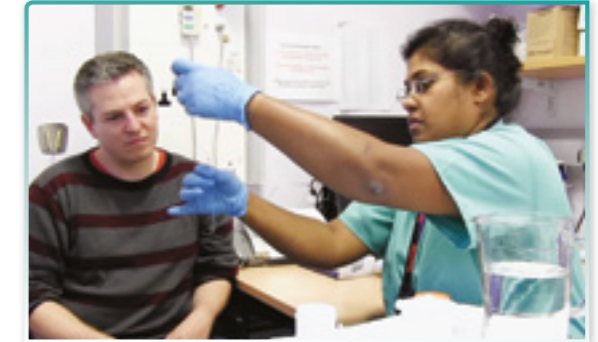
Around 1%-2% of adults in the UK are affected by Barrett's oesophagus, and between one and five people in every 100 go on to develop oesophageal cancer in their lifetime.

Currently, patients are diagnosed using a biopsy taken during an endoscopy examination, in which an optical instrument is introduced into the oesophagus.

The procedure costs around £600, can be uncomfortable, and carries an element of risk. It also allows collection of cells only from a particular point in the gullet, and so relies on the doctor hitting the right place.

In contrast, the Cytosponge test costs around £25, and can give doctors a much better picture of the extent of the disease. Unlike an endoscopy, the new test does not require sedation or a hospital visit as it can be carried out in GP surgeries.

The trial aims to recruit more than 9,000 patients in up to 150 GP practices to assess



whether the test increases the number of Barrett's oesophagus diagnoses in primary care.

It will also look at how cost-effective the technique is, and whether patients are prepared to take the test. If successful, it is hoped the Cytosponge will be adopted into mainstream practice.

The trial researchers are looking for GP surgeries across the UK to take part. Participants must be aged 50 and over, and on long-term acid-suppressant medication.

● **More information at: BEST3trial@qmul.ac.uk**

Making research everybody's business

Uplifting challenge of improving mental health

Q&A: Glyn Lewis, professor of psychiatric epidemiology at UCL, explains his ongoing fascination with research into the treatment of depression and other mental disorders.

Q What is it about psychiatry that interests you?

A The breadth of psychiatry is unique among medical specialities because it covers a whole range of different scientific approaches – social science, epidemiology, neuroscience, right down to genetics and molecules. Also, you're dealing with people and their mental life and how they react to different events, so if you're interested in people, psychiatry is fascinating.

Q Why did you choose to specialise in depressive illness?

A It is the big public health problem, and it is very common and disabling. It affects people mostly of working age and can have a terrible impact on people's lives, especially when they experience it in adolescence. From a public health point of view, if you want to change things in a big way, then depression is the most important thing to look at.

Q Why is mental health such a hot topic at the moment?

A A couple of decades ago, in the Global Burden of Disease study, a methodology was developed to try to put conditions such as depression, which affects quality of life, on the same scale as cancer, which leads to shortening of life.

It became clear that depression is now the leading cause of what are called "disability-adjusted life years", or DALYs, in middle- and high-income countries, and within the next 10 or 20 years it is going to be the single most disabling disorder in the world.

It isn't so much that the



rates of depression are going up, it's that people are talking more about it. Up to now, it hasn't attracted the importance and attention it deserves because of the stigma.

Q Is there likely to be a new antidepressant in the next decade?

A The consensus is that it is unlikely we'll get some completely new pharmacological agent that will make a big difference.

All antidepressants work on basically the same system, so even if a new one does come along it is not going to revolutionise the treatment.

Q What does your most recent work involve?

A We are just coming to the end of a study called PANDA – Prescribing ANtiDepressants Appropriately – that is trying to provide guidance for GPs about the people who will benefit from antidepressants. Our idea is that the severity

of depression might be what affects whether a person is going to benefit or not. We're using a self-administered computerised assessment, which could then be applied in primary care, and we should have the results early next year.

We are also currently recruiting in the Noclor area for a study called ANTLER – Antidepressants to prevent relapse in depression. There has been an enormous growth in the number of antidepressant prescriptions over the past 20 or 30 years, but in the last 10 to 15 years that increase has been due largely to people staying on them for longer.

The evidence for the long-term benefit of what are called "maintenance antidepressants" is poor, so the aim of ANTLER is to find out if people who have been on antidepressants for more than nine months and are now relatively well are still benefiting.

The feedback we've had is that GPs are keen to get this question answered as it's a common clinical problem they face.

Q What other areas of mental health research need to be developed?

A Trans-cranial magnetic stimulation (TMS) as a treatment for depression has the disadvantage that the patient has to attend every day, five days a

week, for four to six weeks, and each session takes 30 to 40 minutes.

But a form of TMS called theta burst has been developed that should be able to get the same effect in three or four minutes of stimulation. I would like to study whether it really does work in the longer-term for people with depression who haven't responded to antidepressants.

Q What's next for you?

A Unfortunately, lots of people don't respond to effective treatments such as antidepressants and cognitive behaviour therapy, so I think looking

Up to now, depression hasn't attracted the importance and attention it deserves because of the stigma



at different treatments is very important. I'm interested in the causes of depression, particularly in adolescence, so I'm also planning an epidemiological study to look at the increase in the

rate of depression in school-age children. It seems that those with depression are more sensitive to punishment and non-reward, so we would like to test whether these sensitivities are there before the onset of depression, back in late childhood or early adolescence.

● More information on the ANTLER study: ucl.ac.uk/psychiatry/research/antler

RESEARCH BREAKTHROUGHS COULD CUT DEMENTIA RISKS

Internationally-acclaimed research, led by Camden & Islington NHS Trust psychiatrist Professor Gill Livingston, has made important breakthroughs in dementia prevention, intervention and care.

The findings suggest there is much society can do to improve the lives of millions affected by the condition, such as supporting family carers, treating cognitive symptoms, managing neuropsychiatric symptoms (agitation, low mood and psychosis) and planning for the future.

Targeting nine risk factors for brain health could potentially prevent one in three cases of dementia. These include continuing education in early life, reducing hearing loss in mid-life, and cutting smoking in later life.

Around 50 million people worldwide are currently living with dementia, and that figure is set to triple by 2050.

Making research everybody's business

Child's play is such a serious matter

PROFILE: Professor Paul Ramchandani, child and adolescent psychiatrist at CNWL and Imperial College London, talks about his new LEGO-funded appointment and the challenging science of play.

It's a bit of a mouthful, but the full title of the post I'll be taking up at the University of Cambridge in January is LEGO professor of play in education, development and learning.

Essentially, it means I will be directing the research centre established in 2015 with a £4 million grant from the charitable LEGO Foundation to explore the role of play and where it sits in the education of children and in child development across childhood. My work will be focused on birth to the primary school years.

The company will have no say over the work I do – although we will, of course, discuss with them which research studies they might fund, just as we would with any research funder.

Throughout my time at CNWL and Imperial College, I've been involved in running research studies of early child development.

We have been looking at what we can do about the things that impact on children's mental health and early development, and

running clinical trials to try to intervene to give children the best start in life. This translates neatly on to what the University of Cambridge centre wants to do.

Everybody agrees that play is an important part of development, but there are a lot of



A lot of difficulties that people experience in adulthood have their roots in childhood

unanswered questions about where play might be critical, what aspects of development it might be important for, and whether we ought to be encouraging much more, or less, play in schools

and pre-schools.

Most importantly, we need to look at where it is helpful, and where it doesn't really matter.

The actual science telling us where and when and how to use play and playful approaches is not clear, and this makes it difficult to get people to take play seriously as an important part of children's development.

Our biggest challenge at Cambridge will be to ensure that we tackle the research to the highest standards, so that we are able to provide that high-quality science.

My fascination with the subject began when I worked as a psychiatrist, after initially training as a doctor. It became clear to me that a lot of difficulties that people experience in adulthood have their roots in childhood in one way or another, and that one of the ways we can make a difference is to try to get in early to prevent the development of problems.

I went on to train as a child and adolescent psychiatrist, and have spent the last 15 years

or so getting funding to do research into key aspects of children's mental health in early life. Two particular CNWL/Imperial studies stand out as examples of academic and NHS collaboration that have worked well. In the Acom study, we developed an intervention for women with high

levels of anxiety during pregnancy.

We know that the state of a woman's mental health during pregnancy is important, but also that poor mental health in pregnancy can potentially have knock-on effects for children later on, as they grow and develop.

So, along with colleagues in Exeter, Bath and

UCL, we developed a brief intervention in a trial that was run in north London and finished earlier this year. The intervention seems to help reduce women's level of anxiety, so we're now gearing up to see how we can implement it or test it further in a big trial.

The second study is an ongoing trial called Healthy Start, Happy Start, which is looking at the effect of video feedback on young children. It is the largest trial of this kind of early intervention in the UK.

Noclor has been vital to the success of its recruitment phase, during which we have signed up 300 families to the trial – 200 from north London, from CNWL and Whittington healthcare, and the remainder from trusts across London and southern England.

We will be following them up for two years, so it will be a while until we have the results of that trial, but I will continue in an honorary appointment while I run the trial.

I am hoping to carry out some of the Cambridge studies across other parts of the UK, so if there is an opportunity to collaborate with trusts in north London, I'd be keen to do so.



Making research everybody's business

Video offers boost for positive parenting

A three-year trial run by Central & North West London NHS Foundation Trust (CNWL) is aiming to use video to help improve outcomes for infants of parents who have personality disorder.

The Boosting Baby Behaviour and Bonding project (BOOST) will evaluate the feasibility of a six-session video feedback intervention to promote positive parenting (ViPP).

This involves parents watching video footage of themselves and their child playing together, to help them understand and respond to their child's emotions.

Personality disorder refers to enduring patterns of inner experience and behaviour that affect thoughts, emotions, interpersonal relationships and/or impulse control, and which cause significant distress and difficulties in functioning in everyday life.

Parents with this condition have often had a difficult start in life, and so are keen to be good parents to their own children.

However, research has consistently shown that having a parent with personality disorder is

linked to difficulties in parent-infant relating, and increases the risk of children developing their own difficulties later in life.

Project lead Kirsten Barnicot, a research fellow at Imperial College London's Centre for Mental Health, specialises in perinatal mental health and personality difficulties. She has seen many people who have had difficult life experiences, and high levels of distress, turn things around if given the right kind of intervention.

She says: "It is the first time a research trial has been conducted of a parent-infant intervention for parents with personality disorder who have a child aged between nought and three. This is a group with a lot of need, both on the side of the parent and of the child.

"At the moment, perinatal mental health services see parents with a child aged between nought and 12 months, and tend to focus more on the mother's mental health. But a parent-infant intervention when the child is still quite young could potentially prevent later difficulties emerging in the child."

The trial began in June, when clinicians from CNWL and East London NHS Foundation Trust started their ViPP training. Once this is completed, they will be supervised delivering the



intervention with a non-clinical family – that is, practising on children of friends or family. Dr Barnicot and her team will then start recruiting patients for their research.

The pilot stage of the research will involve around eight parents trying out the feedback intervention. The second stage will be a randomised control trial in 40 parents – with 20 given video-feedback intervention, and the other 20 given only written information about understanding their babies' behaviour and emotions.

It is hoped that the research will lead to better support for parents to increase their confidence, as well as improve their children's potential.

"A lot of the research so far has focused on the negative consequences of parents' personality disorder for their children," Barnicot says. "But, speaking to parents who have this condition, I find that often they have had very difficult experiences growing up and are desperate to do things differently, to break the cycle."

● For more information on BOOST, contact

Kirsten.Barnicot@nhs.net

TWITTER CAMPAIGN TACKLES MENTAL HEALTH STIGMA

Ilan Ben-Zion, a clinical psychologist at St Pancras hospital, has launched an online crusade that is encouraging people to talk about mental health.

Every year, about one in four people in the UK will experience a mental health problem, and every week, one in six people in England report experiencing a common mental health issue, such as anxiety and depression.

Yet reports suggest that only one in eight people in England and Wales with a mental

health illness are receiving treatment. This is largely due to the stigma and discrimination around the issue, which discourages people from accessing support.

Dr Ben-Zion's Twitter campaign, #ihaveMentalHealth, aims to address this with the message that "mental health" is a neutral term because everyone has it, whether it be good or bad. He believes people should feel equally comfortable asking for help when experiencing mental or physical ill health.

Using Twitter has enabled him to engage with a diverse range of people, and he is particularly keen to connect with children and young people, as well as hard-to-reach groups, such as young black and minority ethnic people.

The campaign has branched out on to Instagram, and aims to gain the support of high-profile individuals who have spoken publicly about their mental health struggles, such as Stormzy (left) and Stephen Fry.

● twitter.com/ihaveMH



Making research everybody's business

Barnet blazes research trail for GP practices

Doctors' surgeries in London's biggest borough have joined forces in a bid to increase the number of practices taking part in research.

The newly-formed Barnet Federated GPs initiative will liaise with Noclор to assess the suitability of research studies for primary care before they are shared with the practices. Those that agree to take part will be supported throughout the research by NIHR-funded staff.

Barnet has more than 350,000 patients, an ageing population, and a high number of immigrants from east Africa, Somalia and eastern Europe living in what are some of the most deprived parts of the capital.

It is hoped that the collaboration between the borough's 60 GP surgeries will improve the targeting of services to local need.

The research network initially began in the west of the borough, with six practices working together to try different ways of improving the support they provide to patients.

Two further initiatives, also in the west, were the provision of a dressing service at one of the surgeries for patients who can't get to hospital, and a minor illness service at another surgery that all six practices could access.

Paula McLaren (pictured), who started out as research lead for the smaller network and is now clinical research lead for the federation, says: "The GP federation provided an ideal opportunity to think about expanding what had worked in the



If you can make it as easy as possible for GP practices to get involved, they will

west of the borough to the whole of Barnet.

"We were fortunate that Noclор could see that the work we'd done had been successful and wanted to invest and provide the resource to expand that."

The new federation has been developing its infrastructure since 2015 and has now established itself across Barnet, with the research network having recently received the approval of the federation board.

It is part of Barnet's wider GP federation, which provides the framework, and McLaren will oversee the rolling-out of the research element from the original six practices to all 60.

"We've done a lot of work," she says. "We've set up a steering group involving people from the north, south and west of the borough to get involved in developing the infrastructure. We've done it from the ground up."

The next step is recruiting GP practices. Engaging with research in a primary care setting offers many benefits for practices, patients and clinicians. Practice nurses and healthcare assistants can require specific training, that enhances



their skills, and the surgeries are often paid for participating in studies.

Patients can also benefit from intensive levels of therapy for people with, for example, Parkinson's disease, or intensive monitoring for health problems such as high cholesterol.

If it works, it will change the way research is carried out in GP practices. "One of the challenges has been to get GPs involved in research," McLaren says. "It's not that they don't want to take

part, it's that they don't have the time to take part.

"With Noclор on behalf of CRN North Thames providing the resource, we've been able to provide research nurses, administrative support and research co-ordinators to assist the GPs with the recruitment of patients and engagement in research.

"If you can make it as easy as possible for GP practices to get involved, they will – and they will see the benefit."

TOP RESEARCHERS LINE UP FOR PRIMARY CARE FORUM

World-class researchers from UCL, Queen Mary University and King's College London will be among the speakers at the next Noclор/North Thames CRN primary care research forum.

Keynote speaker at the event – which takes place at the Wellcome Collection museum in Euston on 29 November – will be Dr David Collier, research fellow and joint clinical director at the William Harvey Research Institute Clinical Research Centre, based at Bart's hospital.

The afternoon forum, followed by a drinks reception, is open to all GP staff and anyone with an interest in primary care research. It provides an opportunity to find out about local research opportunities.

Continuing Professional Development (CPD) will also be awarded for participation.

● Details: selina.foroughi@nhs.net

Making research everybody's business

App changes tack on dealing with depression

An app-based intervention that has been successfully trialed in people with psychosis is being adapted to help patients who have chronic depression.

The DIALOG+ app was developed within the unit for social and community psychiatry at Queen Mary University of London – in collaboration with East London NHS Foundation Trust – by Professor Stefan Priebe and his team.

It proved so effective that they have begun the process of adapting it in a new programme called TACK (Tackling chronic depression – adapting and evaluating a solution-focused approach to chronic depression).

“Looking at the results we got from the DIALOG+ trial, we found that the intervention not only improved quality of life but also lowered symptoms,” says Dr Victoria Bird, principal investigator for TACK. “It was my suspicion that the lowered symptoms were actually reduced symptoms of depression.

“In the process evaluation, people said they’d found the intervention particularly empowering, and that it enabled them to talk

about their whole life and to have tangible actions to meet goals.”

The DIALOG+ app, used on a smartphone or tablet, asks patients to rate 11 areas – including mental health, physical health, relationships and employment – in terms of how satisfied they are. Eight of the areas relate to the person’s overall satisfaction with life, and three relate to satisfaction with treatment.

The rating process takes only five to 10 minutes to complete, so the clinician and patient can use the rest of the session to focus on the areas that the person wishes to work on.

This instantly makes the experience more patient-centred because they are directing the consultation, and the actions agreed are recorded by the app for use as the basis of the next session.

“What we found in the DIALOG+ trial is that we improved objective social situations,” Bird says. “By breaking down people’s goals, their accommodation and living situation, as well as their employment status, changed.

“When you look at traditional care plans, only about 17% of the actions are carried out by the person, and everything else is done by the

clinician. In contrast, after a year of using the new intervention, approximately 67% of the actions were carried out by the person.

“This is why we thought it would be good for depression, because we know that breaking down goals into small steps and being able to initiate action can be a big problem in chronic depression.”



So far, Bird and her team have held focus groups and interviews with staff and patients, and have started an exploratory study across East London, Oxford and the 2gether NHS Foundation Trust in Gloucestershire.

A very active Lived Experience Advisory Panel (LEAP) has been involved in the analysis of the data and the design of the intervention, as Bird was keen to have input from people with lived experience of chronic depression.

The pilot trial, which will include 45 participants and nine care co-ordinators, is due to start in London in April 2018 and will last six months. The overall cluster trial, with more than 400 participants, begins in 2019 and will be conducted in London, Sheffield, Oxford and in the 2gether trust’s area.

There is a one-year treatment phase, with the recommendation that clinicians use the intervention once a month for six months during their routine meetings with patients, and then flexibly after that. The entire programme runs until 2022.

● More information at tack.elft.nhs.uk, or contact v.j.bird@qmul.ac.uk or Philip.McNamee@elft.nhs.uk

STEEP RISE IN STUDENTS REPORTING MENTAL ILLNESS

There has been a fivefold increase in the number of students who have told their university that they have a mental health condition.

This is the key finding of a study by the Institute for Public Policy Research (IPPR), which says university services are struggling to cope with the rise. In 2015-16, the number of first-year students who disclosed mental health issues was approximately 15,000, compared with around 3,000 in 2006.

Until 2009-10, the number of students reporting mental health issues was about 0.5%, split evenly between genders. By 2015, the figures revealed that this had risen to 2.5% of female students and 1.4% of male students.

A sharp increase in the number of student suicides was also noted in the report. Between 2007 and 2015, official statistics rose from 75 deaths to 134.

The report’s authors suggest that the increased cost of study and the more

competitive job market is putting pressure on students, which could explain the dramatic increase in mental illness.

Craig Thorley, senior research fellow at IPPR, says: “The extent of support is currently too varied, and many university services are overwhelmed by the level of demand.”

Universities UK want to make student mental health a “strategic priority”, and have launched **#stepchange** a new framework to improve support services across all universities.



Making research everybody’s business

Pathways to training opportunities

The following sessions are being hosted by Noclor and our associates. All the sessions are free and open to all staff who have an interest in research (including doctors, dentists, nurses, research assistants), and who are working in or associated with our partner Trusts. Sessions will take place at different venues: Whittington Hospital, Bloomsbury Healthcare Library and Noclor Research Support. See noclor.nhs.uk for details



● **Wednesday 25 October & Thursday 2 November**
2pm - 5pm (*You need only attend one session*)
Critical Appraisal Skills Training Workshops
(Quantitative Sessions)

● **Tuesday 5 December**
1pm - 5pm
Good Clinical Practice in Research

● **Wednesday 6 December**
9.30am - 5pm
Essential Skills for Clinical Research Nurses

● **Thursday 7 December**
2.30pm - 5.30pm
Informed Consent in Clinical Research

● **Thursday 7 December**
5.30pm - 7pm
Principal Investigator in Research

● **Friday 8 December**
9.30pm - 1.30pm
Setting up and Managing the Trial Master File

For information and bookings of Noclor courses, visit 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: irina.grinkova@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:
<http://www.nihr.ac.uk>

Medical Research Council:
<https://www.mrc.ac.uk>

Wellcome Trust:
<http://www.wellcome.ac.uk>

Cancer Research UK:
<http://www.cancerresearch.org.uk>

Diabetes UK <http://www.diabetes.org.uk>

Health Foundation:
<http://www.health.org.uk>

King's Fund: <https://www.kingsfund.org.uk>

The Association of Medical Research Charities: <http://www.amrc.org.uk>

More general funding sources can be found at: <http://www.rdlearning.org.uk>

Please note that for assistance from the 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

GENTLE TOUCH CAN ERASE VACCINATION FEAR FACTOR

Good news for people who are scared of injections: a "painless" way of delivering the vaccine has been successfully trialled on humans.



A sticking plaster with 100 hair-like microneedles releases the vaccine as it is placed on the skin, puncturing only the top layers.

Most people in the trial found it painless, although some experienced mild itching and tenderness that disappeared after a few days.

More clinical tests are required to get the method approved for widespread use, but experts say it could revolutionise how flu and other vaccines are given, including being self-administered.

The patch can be stored for up to a year without refrigeration, so people could buy it from pharmacies and apply it themselves.

Making research everybody's business



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 twitter.com/NoclorResearch

Editorial content: **Katie Shimmon**

This paper is Forest Stewardship Council certified

Projects currently recruiting

● VACcept

Women aged 30 to 45 attending for a cervical screening test will be surveyed anonymously in 11 European countries to find out if they know about Human Papillomavirus (HPV) – which is generally spread by sexual contact and can lead to cervical cancer – and whether they would want the vaccine. The survey has been devised by a European consortium researching prevention of HPV-related cancer:

● Acute day units

The study will test the effectiveness of acute day units (ADUs) as an alternative to inpatient care for people in a mental health crisis, and whether receiving day care leads to a better prognosis. Patients who have been admitted to the Jules Thorn hospital ADU at St Pancras will be compared with those who have been discharged from the hospital's crisis care team without ADU input.

For information on the studies, contact:

primarycare.noclor@nhs.net