Research Matters

NEWSLETTER SPRING 2018

noclor
RESEARCH SUPPORT

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Making research everybody's business

First thoughts...

Public health is the main focus of this 12th edition of the Noclor newsletter, as we highlight some groundbreaking research and investigate the important role that big data – so newsworthy these days with the Facebook and Cambridge Analytica controversies – plays in disease prediction and prevention.

Professor **Andrew Hayward**, honorary consultant in public health at CNWL, discusses the transformative effect of big data in health research and the controversy surrounding privacy and social media (Page 4), while **David Osborn**, professor of psychiatric epidemiology at UCL, highlights the priceless value of patient records in the UK (Page 6).

We report on a pioneering partnership between psychologists, youth workers and the police in Camden, working with gang members to tackle youth violence (Page 3).

Professor **Richard Watt** talks about the links between poor mental health and severe mental illness (Page 8), and the need to address the underlying causes of inequalities in our communities. We also report on how the success of a treatment for depression that combines sleep deprivation and exposure to light is making psychiatrists reassess their approaches (Page 7).

A major study of care homes in England has revealed an unexpectedly high level of abusive behaviours, particularly neglect, and especially in homes where there is a high level of staff burn-out (Page 12). We talk to **Dr Claudia Cooper** about the possible reasons for these findings.

Transcranial magnetic stimulation (TMS), a non-invasive way of stimulating nerve tissue in the brain, is already a game-changer for people with treatment-resistant depression. We look at a large study trialling a new form of TMS (Page 10) that could significantly improve success rates.

Visit our website (**www.noclor.nhs.uk**) or follow us on Twitter (**@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
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10/10 vision offers new insight into gang violence

Psychologists, youth workers and police officers are working together to tackle the rising level of youth violence in a collaboration between Camden and Islington councils and the NHS.

In April 2016, police and youth workers identified core members of a local gang in the EC1 postcode area of Islington that was involved in serious criminal activity and violence.

The team began to spend time hanging out with them and, despite the initial wariness of many gang members who assumed they were police officers, the team eventually gained their trust.

Dr Halperin, head of psychology and psychotherapy services at Camden and Islington Mental Health Foundation Trust, and one of two psychologists leading the project, says: "Many gang members have a history of poor and damaged relationships, which means they find trust and engagement extremely difficult.

"Many are trapped in a lifestyle. They often have very low self-esteem and, beneath their bravado, are very fragile. Many present symptoms of depression, substance misuse and post-traumatic stress disorder, as a consequence of childhood trauma and gang exposure to stabbings and deaths."

The team set up a project offering mental health support and advice to gang members, and has now had contact with 114 young people, mostly around the ages of 16 to 21. Group sessions are held three afternoons a week in a meeting place funded by Camden council.

The gang members named it Project 10/10, because they see it as a way to try to make the best of their lives.

As well as offering help with housing, training, employment, court reports, driving theory tests, benefits, and one-to-one sessions, Project 10/10 also provides a safe place for the young men to hang out – either playing table-tennis or on the X-box, or just chatting. The relaxed environment allows the team to talk to the gang members about their psychological and health issues.

Feedback has revealed significant improvements in the young men's ability to manage emotions, to relate to friends and peers, to engage with their community, to trust professionals, and to engage with mainstream services. Some have taken up jobs and apprenticeships, or started attending youth centres. And, crucially, there is a reduced level of gang violence in the area.

"Because of the success of the project, it has become part of the strategy for dealing with youth offending and violence in Camden," Dr Halperin says. "It is attracting interest from other areas in the country as an alternative way of approaching youth violence."

The hope now is that Project 10/10 can be rolled out across other parts of the UK.

Making research everybody's business

Four Vs add new lanes on the roads to research

Q&A: Professor Andrew Hayward, director of UCL's Institute of Epidemiology and Health Care and honorary consultant in public health at CNWL, explains the research potential of big data.

Q. We hear so much these days about "big data". How would you describe it in relation to healthcare?
A. It's a difficult definition. It may be big data because of the number of people it involves – for example, electronic health records, which provide access to information on many millions of people. You can also turn standard classical data sets of a small cohort of, say, 10,000 people into big data by adding imaging data or data on their whole genome sequence.

The Four Vs model of big data is : volume, variety, velocity and veracity. The first two are quite useful because, as well as it being big, the variety of data is important. We're not just talking about a nice clean dataset with coded fields for everything; we're talking about imaging data, genetic data, data from mobile phones – all sorts of potential different modalities of data.

The idea about velocity is that big data arrives in real time, rather than at set times – such as when people are born or when they register at a GP.

Veracity relates to the trade-off between volume and quality. For example, how do you draw valid inferences from data despite it being a bit messy?

In traditional research, if I wanted to do a survey about diabetes or mental health then I could work with the people collecting data to ensure they use standardised definitions of the diseases that I'm interested in, in order to get high-quality information.

But if you're trying to make the same inferences from electronic health records, you have to rely on the ways in which diseases and risk factors have been coded by those putting in the data, which they're doing for clinical reasons not research reasons.

Q. When did you start using big data?
A. At least 25 years ago, at the beginning of my research career. My work was largely looking at tuberculosis and its relationship with social deprivation and poverty. We would use big data in the form of surveillance systems, such as disease registries, to understand the epidemiology of the disease.

We also used information from surveillance data on the number of consultations for flu-like illness, and related it to trends in hospital admissions. We could see a strong link between influenza in the community and the number of admissions in elderly people, not just for respiratory conditions but for a range of other conditions.

This is useful information for trying to work out the real burden of influenza within the community, how much disruption it really causes.

Q. How are social media and the internet affecting big data?
A. Disruptive technologies are changing things. There is a lot of controversy about social media data – we've heard recently about Cambridge Analytica's mining of Facebook data without user permission– but it's interesting when we think how it could be used.

The concept of the internet of things is particularly relevant: for example, the ability for us to connect to home blood pressure monitors or different sensors in patients' homes. Also, we know that patients get a lot of information about health from the internet and we need to understand how that could be useful.

Q. Can you give an example of how you have used big data recently?
A. We wanted to look at antibiotic use, and over-use, for minor respiratory infections. However, one of the problems with randomised controlled trials is that serious complications with infections are very rare and it's difficult to get a trial that's big enough to tell whether or not antibiotics help.

In this situation we tend to do meta-analyses, where we combine the results of several trials. However, the meta-analysis was only able to include around 400 patients and, therefore, wasn't able to draw any conclusions.

However, we were able to do a study using primary care data on hundreds of thousands of children who had and hadn't been treated. It helped to identify the level of risk, and has been influential in guidance encouraging GPs not to prescribe to children with mild upper respiratory tract infections.

> **"If you're able to bring in data on people's genomics and all sorts of different bio markers that can help predict disease, it may help us stratify how we treat diseases"**

Q. What difference is big data making to health research?
A. It has impacted largely through evaluation of current treatment strategies and current preventive strategies, and using that to feed into policy and guidelines. Traditionally, a lot of guidelines have been driven by randomised controlled trials, for example, but in some areas it's just not plausible to get the information you need in this way. Also, what works in a trial might not work in real life. People often talk about big data as real-world data.

Q. Is there an issue around data privacy?
A. The researchers go to extraordinary lengths to ensure the privacy of patient data, but there needs to be a discussion at societal level about whether we want to use records to improve treatment.

At the moment, there are a lot of barriers that significantly slow down research. Often it can take years to get the approval to use some of these data forms. And even when we've got permission from patients to use their medical records, getting hold of them is immensely time-consuming.

Q. How do you think big data might be used in the future?
A. I think, increasingly, it will be used for discovery science and personalised medicine. We tend to treat everybody with the same disease in the same sort of way, but if you're able to bring in data on people's genomics and on other types of what we loosely call "omics" – all sorts of different bio markers that can help predict disease – then it may help us stratify how we treat diseases.

However, I think we're quite a long way from that – apart perhaps from within some areas of cancer research.

Making research everybody's business

Priceless records can help close mortality gap

David Osborn, professor of psychiatric epidemiology at UCL, is no stranger to the concept of harnessing big data for research purposes. In fact, he's already been reaping its benefits for more than a decade.

"I've been using big data in my work for 10-15 years," says Professor Osborn, who is also a consultant psychiatrist at Camden and Islington NHS Foundation Trust.

"The UK has had electronic health records since at least the 1990s, so we've got amazing longitudinal follow-up data on patients. There are a number of databases in the UK, and each has data on about 10 million people and 500-700 practices. It's priceless."

The interaction between mental and physical health problems has been the cornerstone of Prof Osborn's research – particularly into cardiovascular disease – for the last two decades,

"There is an interesting link between mental health and increased risk of heart disease, and it is amazing to look at the data on this," he says. "For instance, schizophrenia is a pretty rare disease, affecting about one in 100, but I'm able

to look at data on 50,000 people with schizophrenia on one of the national databases, and follow them up for years.

"Using big data, we've shown that people have three times the risk of heart disease if they've got schizophrenia and are under 50, and that it's twice as high if they're between 50 and 75. It's called the mortality gap in schizophrenia, which is almost 10 to 20 years of lost life."

Big data, he says, has been vitally important in

showing the NHS that it needs to do better to close this gap. "We have managed to influence policy and guidance on how to decrease the mortality.

"Using big data from primary care, we can tease out how much the risk factor of heart disease would decrease if the patient stopped smoking or how much it might be attributable to their medications.

"We can also look at whether people with severe mental health problems are receiving good care. Do they get smoking advice? Do they get statins – one of the most effective ways of treating heart disease? Are they being tested for cholesterol?

"One of our big aims is to link primary care data to mental health data, so that we know if somebody's been admitted to hospital or if they have been to A&E having overdosed or self-harmed. It can be linked at the moment, but it's not straightforward.

"We also want to use more sophisticated statistics, particularly regarding machine learning, to find better ways of identifying who's at risk and preventing them coming to harm, and

also to test which interventions work best for people. The #datasaveslives campaign is about trying to make NHS data work better at identifying who's at risk.

"There's always a bit of caution about mental health data, and public trust is really important. Patients expect us to use their data to try to improve healthcare, but they don't want it going to companies that are going to use it for unscrupulous reasons. That is why it is all anonymised and only accessible by people who have a contract with the trust.

"At C&I, mental health data is used very successfully. We've had electronic records in our trust for 10 years in the mental health setting, so we're able to work out what is best for our most vulnerable groups of people with mental disorders.

"For instance, we were able to look at the data of 15,000 people who have used crisis teams, and find out who did well during the following year and who came back to us.

"I certainly don't feel overwhelmed by big data – it's phenomenally helpful. But I am cautious about making sure we reach the right conclusions using scientific rigour. Hopefully, big data will revolutionise mental health care. I'm very excited by it."

TRIALS SHINE FRESH LIGHT ON RE-SETTING BODY CLOCK

Psychiatrists in the UK, Europe and the US are reassessing approaches to treating depression following the success of trials at an Italian hospital. Almost 1,000 patients with bipolar disorder have been treated at San Raffaele hospital's psychiatry and clinical psychobiology unit in Milan since 1996 using triple chronotherapy. This involves total sleep deprivation ("wake therapy"), sleep phase advance (moving forward bedtime and awakening time), and exposure to bright light.

The most recent data shows that 70% of patients responded within the first week, and 55% showed a sustained improvement one month later.

A missed night's sleep can put a healthy person in a bad mood, but for someone who is suffering from depression it can result in an immediate improvement in mood and in cognitive abilities.

This is thought to be caused by lack of sleep kick-starting the natural circadian rhythm

("body clock") that has been knocked out of sync by the depression.

Although there is a 96% chance of relapse once the patient has a period of sleep, studies have shown that, in the majority of patients, using the drug lithium helps to prolong the response to sleep deprivation.

Scepticism remains about evidence on how well the treatment works as large randomised controlled trials haven't yet been carried out – due to the difficulty of finding suitable placebos for sleep deprivation and bright light exposure. Despite this, interest is growing in chronotherapy and the processes underpinning it, with a feasibility study in the UK currently planned at Maudsley hospital in south London.

Making research everybody's business

The need to get our teeth into health inequalities

PROFILE: Richard Watt, professor of dental public health at UCL and R&D director at CNWL, on exciting new opportunities to explore links between poor oral health and severe mental illness.

In public health, we are often trying to tackle complex problems, but the reality is that there are no quick, easy fixes.

Whereas you can do something quite dramatic in some areas of clinical research, such as come up with a new drug or a new surgical intervention, public health practitioners need to be patient and pragmatic because change tends to be slow and gradual.

One of the big issues we face in dental public health is that, although oral health has improved across the overall population, dental diseases are very strongly linked to social background.

Poor, socially-excluded and marginalised populations often have very poor oral health, and tackling inequalities is an important area of public health research and policy. So we need to be able to understand the process of change, and use the appropriate assessment tools to assess and monitor it.

I qualified as a dentist more than 30 years ago and enjoyed clinical practice in community services, so in the mid-1980s I moved to London to do a master's degree and then a PhD in dental public health at UCL.

The combination of academic research and public health practice really appealed to me, and my initial area of research was health promotion – particularly in relation to nutrition and younger people. For my PhD, I collected data in north London schools on factors influencing the diet and nutrition of young adolescents, with a view to supporting them to make healthier choices.

My team recently received some funding from the Biomedical Research Centre at UCLH to look into two broad areas. The first is further exploring the potential role of dentists and dental professionals in helping patients improve their general and oral health – in particular, looking at opportunities within an NHS dental practice for reducing alcohol consumption.

The second is looking at the links between poor oral health and severe mental illness in patients in north London.

Some evidence has highlighted that people with severe mental illnesses often have bad oral health, but very little high-quality research has been conducted in this area.

The importance of assessing the interaction between mental and general health is now widely recognised, but investigating the relationship between dental disease and mental health is a new and exciting opportunity.

If you are interested in populations and society, public health is a very rewarding area of work. I feel most proud of the influence I've had at national and international level on various policies and recommendations.

We work very closely with Public Health England and NHS England, so are heavily involved with national policy guidance. I am also on a public health NICE committee, which makes government recommendations in a range of areas of public health.

Currently, NHS England is focusing on improving children's oral health. While we will need to evaluate and monitor the effectiveness of the new sugar tax that came into force in April, particularly in relation to health inequalities, this radical policy could potentially have a major effect on reducing both obesity and dental decay.

As I only took up my role as CNWL's Director of Research, Development and Innovation just over a year ago, there is a lot still to be done to develop and expand our research activity.

I'm currently also working with the World Health Organisation on a global report to be published next year on oral health, which is something new and different.

Our biggest challenge is how we can tackle inequalities in health, especially as many current government policies are making the situation worse, rather than better.

> **"A key role for public health is lobbying for policy change to address the underlying causes of inequalities in our communities"**

Structural changes – such as those to welfare benefits and housing policy – affect the most disadvantaged, the most marginal and the most vulnerable people in society, and their physical and mental health is affected accordingly.

A key role for public health is lobbying for policy change to address the underlying causes of inequalities in our communities.

Despite this, I feel optimistic about public health. You have got to look for the opportunities ahead – and there are lots of interesting things happening in the NHS and in research.

Innovative burst of activity in treatment of depression

A pioneering study into a new form of transcranial magnetic stimulation (TMS) aims to improve the lives of people with treatment-resistant depression.

Non-invasive stimulation of nerve tissue in the brain uses brief, highly-focused electromagnetic pulses to stimulate areas of the brain responsible for certain psychiatric and neurological disorders.

The treatment doesn't require anaesthesia, so the patient is fully alert and awake throughout the process, which is usually performed on an outpatient basis. The course of treatment runs over four to six weeks, with the patient attending five days a week for 20 to 30 sessions that each last 40 minutes.

The effect of TMS on depression is well established. It is approved in the UK as a treatment for treatment-resistant depression, side effects are minimal compared with antidepressants, and its safety has been proved over 10 years of use.

There is also emerging evidence that supports the use of TMS in other psychiatric disorders, such as anxiety and post-traumatic stress disorder.

Dr Mohamed Abdelghani, founder and lead consultant psychiatrist of the TMS Service at Camden and Islington NHS Foundation Trust, and one of the co-applicants for the study, says: "Most of the research carried out internationally is based on rTMS [repetitive transcranial magnetic stimulation].

"However, there is now a new form called theta burst stimulation [TBS], which is thought to be as effective as, and may be superior to, standard rTMS. This is what our study is looking at."

The TBS process is very similar to TMS, except that, as the name suggests, the impulses delivered to the brain come in bursts. This means the treatment period is only about five minutes, as opposed to 40, so patients will be spending less time attending sessions.

Theta burst is currently the subject of many international studies – in the US, Canada and Europe. But Dr Abdelghani says: "Our study is unique because it will use TBS to target more precise areas of the brain. The hypothesis is that the response rate to this new technique will be much higher than with rTMS, but, of course, we will need to wait to see whether this is proved."

The two-year study, called Brain Image Guided Transcranial Magnetic Stimulation In Depression (BrightMind) will be run across four sites: Nottingham, London, Newcastle and Northampton. More than 350 patients will be recruited, and all participants will receive an active treatment. They will be split into two groups: one will be given the standard rTMS and the other will be given TBS.

Dr Abdelghani says: "TMS is already a game-changer, but if this study shows that the highly-precise TBS is superior to the standard rTMS, then the success rate in treating depression using this non-invasive treatment will be much higher."

● For more information on the study, contact **nicolas.green@candi.nhs.uk**

STUDY DISCOVERS KETAMINE'S KEY TO MOOD IMPROVEMENT

Researchers have at last established why ketamine – an anaesthetic used on animals and humans, but also commonly known as a recreational drug used by clubbers – can rapidly ease the symptoms of severe depression.

One of the biggest breakthroughs in psychiatric treatment in recent years was the discovery that, within just half an hour, ketamine can banish severe and even suicidal thoughts in patients who have treatment-resistant depression – often after all other options have failed. The beneficial effect can last for weeks, but scientists did not know why the drug is so effective.

However, a new study at Zhejiang University in China has shown that ketamine turns off bursts of electrical impulses in the region of the brain called the lateral habenula, which is the area that inhibits the brain's reward centres.

The firing of the electrical impulses depletes the areas of the brain that produce and store the "feelgood" chemicals dopamine and serotonin, causing a negative effect on mood. Ketamine's ability to stop these bursts of impulses almost immediately improves the mood of the patient.

Over the last decade, scientists have suspected that the lateral habenula has a key role in terms of the negative moods that feed depression, but have been unable to show how and why.

"In previous experiments, we had delivered ketamine generally into the body, so you wouldn't know which brain region was being affected," says Hailan Hu, professor of neurobiology at Zhejiang.

"But in this study we injected it directly into the lateral habenula, and we were surprised to find that just affecting this very localised area was sufficient to have this very rapid antidepressant effect."

This finding could lead to the development of a new generation of ketamine-related, fast-acting drugs that treat severe depression by specifically targeting lateral habenula activity.

Making research everybody's business

Major investigation marks out care home abuse

A high level of neglect in care homes across England has been highlighted by a £3.5m UCL cohort study funded by the NIHR/ESRC.

This is the first set of published findings from Managing Agitation and Raising Quality of Life in Dementia (MARQUE), the largest national study to date of English care homes.

The research team — led by principal investigator Gill Livingston, UCL professor of psychiatry of older people — asked 1,544 care workers in 92 care home units if they had witnessed troubling behaviour in the past three months.

The participants completed surveys anonymously, but the research team knew which care homes they related to, and so were able to alert them if abuse was reported.

Some abuse was reported as happening "at least sometimes" in 91 out of 92 units. The levels of verbal abuse were about 5% and physical abuse was 1.1%.

Dr Claudia Cooper, clinical reader in old age psychiatry and co-applicant and stream 2 lead for MARQUE, says: "Not taking enough care when moving and not giving people enough time to eat are examples of the types of neglectful behaviour that we asked about. We found low rates of verbal and physical abuse; the abusive behaviours reported were largely matters of neglect.

"These behaviours were most common in care homes that also had high rates of staff burnout, which suggests it's a consequence of staff who are under pressure and unable to provide the level of care they would like to offer."

At least 80% of people in care homes have dementia. The condition is often accompanied with agitation, which can present as pacing, verbal and physical aggression, and repetitive actions such as taking objects out of drawers and putting them back in. This can lead to challenging behaviour that care workers often haven't been trained to deal with.

Dr Cooper stresses that what the team found was potentially neglectful behaviour. "If a care worker ignores someone expressing a need, but somebody else immediately compensates for that behaviour, the experience may not be one of neglect," she says. "But, it's concerning that this is happening frequently because it seems very likely that residents are being affected."

However, she remains positive about the future of dementia care. "New interventions have been developed to support care and it is great to be able to offer more than we used to," she says. "But we want to continue developing ways to improve care for people living with dementia and their families."

The team is currently preparing the longitudinal findings from the full 16 months of the study, which finishes in November.

● Dr Cooper is chief investigator on the New Interventions in Dementia (NIDUS) study by the Alzheimer's Society Centre of Excellence for Independence at Home. The study, which is funded for five years, aims to develop ways of supporting people with dementia to live as independently as possible in their own homes. It began in March this year and is currently recruiting. Information: **claudia.cooper@ucl.ac.uk**

WHITTINGTON'S SPEECH AND LANGUAGE TRAILBLAZER

Lucie Hogger, of Whittington Health NHS Trust, has become the first speech and language therapist to be awarded a CLAHRC pre-doctoral fellowship — a scheme open to all allied health professionals, nurses, midwives and healthcare scientists.

Lucie, the Whittington's clinical lead speech and language therapist, works with adults who have acquired communication and swallowing disorders. "I've been working for 10 years as a clinician, so hopefully this will be the start of a dual role," she says.

She took up the one-year Collaborations for Leadership in Applied Health Research and Care fellowship in January and is working on APOLLO-MM (http://www.polypharmacy.org.uk/), an in-depth ethnographic study of people over the age of 65 who take four or more medications — known as polypharmacy. Her focus, by exploring the language used between healthcare professionals and people with dementia and their carers, will be on trying to find out how people talk about their medicines and how this impacts on their medicines practices.

"There's a huge burden on these patients in terms of how they organise their daily lives – how they get their medications, who helps them if they need help, remembering to take them, and monitoring the side effects," Lucie says. It is estimated that between 30% and 50% of prescribed medicines are not taken, which presents a huge potential risk to the individual and an enormous cost to the NHS. One of the aims of the project, therefore, is to develop guidelines to inform safer medicines practice. The study runs over five years, and Lucie will this year be developing her research proposal for a more in-depth look at people with dementia and their daily lives.

She will then apply for a National Institute for Health Research doctoral fellowship.

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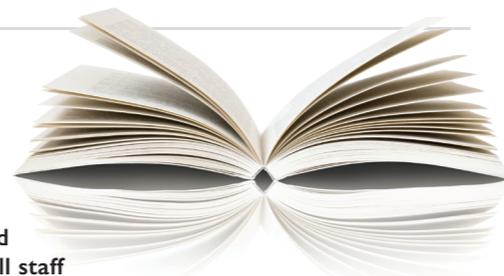
CQC PRAISES RESEARCH IMPACT

The importance of research was highlighted throughout the recent CQC inspection report that awarded a "good" rating to Camden and Islington NHS Trust.

The report said: "The trust promoted the use of research to improve the care and treatment of patients. There were examples of research being used to improve the care of people using the services delivered by the trust.

"For example, the carers of patients using the memory clinics were being offered access to a programme of psychological therapies, which improved their ability to cope with the challenges of supporting a relative with dementia."

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 are associated with, our partner trusts.

- **Finding the Evidence**
(Literature Searching Skills)
Friday, 25 May
10:00-13:00
IT Training Suite

- **Critical Appraisal Skills Training Workshop**
(Quantitative Sessions)
Thursday, 7 June
10:00-13:00
1st Floor, Bloomsbury Building

- **Critical Appraisal Skills Training Workshop**
(Qualitative Sessions)
Friday, 22 June
14:00-17:00
1st Floor, Bloomsbury Building

- **Good Clinical Practice in Research**
***Tuesday, 24 July**
13:00-17:00

- **Essential Skills for Conducting Effective Clinical Research**
***Wednesday, 25 July**
9.30-17:00

- **Principal Investigator in Research**
***Wednesday, 25 July**
17:30-19:30

- **Informed Consent in Clinical Research**
***Thursday, 26 July**
13:00 -17:00

- **Setting Up and Managing the Trial Master File**
***Friday, 27 July**
9:30-13:30
Town, London, NW5 2TX

* Venue to be confirmed. Contact: **irina.grinkova@nhs.net**
Bloomsbury Building, St Pancras Hospital, 4 St Pancras Way, London NW1 OPE
IT Training Suite, The Peckwater Centre, 6 Peckwater Street, Kentish

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 organisation 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:
https://www.cancerresearchuk.org

Diabetes UK **https://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: **https://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

HOSPITALS MISSING SIGNS OF DEMENTIA IN PATIENTS

Researchers at UCL estimate that NHS hospitals are failing to identify dementia in more than a quarter (28 per cent) of ethnic minority patients and a fifth of white patients, leaving them without vital support and care.

The extensive study – which followed 21,300 people, of whom 8,246 had previously been diagnosed with dementia in another setting – indicates a pressing need for staff to be able to diagnose the condition.

Lead author Dr Andrew Sommerlad, from UCL's division of psychiatry, says: "Hospital records need to accurately reflect the patient's condition so that doctors can tailor their care accordingly."

Alzheimer's Research UK says there are currently 850,000 people with dementia in the UK – expected to hit one million by 2021 – and they occupy one-in-four beds in the NHS.

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RESEARCH SUPPORT

Projects currently recruiting

● **CLASP**

Cancer Life Affirming Survivorship Support in Primary Care will study the Renewed Online intervention's effectiveness in improving quality of life for survivors of breast, colon and prostate cancers. Patients will be randomised into three groups: usual care, access to Renewed Online, access to Renewed Online with support from a nurse or HCA.
More information: Jane Barnett at **jab6@soton.ac.uk**

● **CoAction**

A multinational comparative study to assess what cultural adaptations are made in interactions by clinicians to ensure appropriate communication with diverse populations. The results will lead to further programmes to address unmet health needs of patients from minority groups, and will identify gaps in training and resources in services.
More information:
research@southernhealth.nhs.uk