



# Research Matters

NEWSLETTER WINTER 2015



**noclor**  
RESEARCH SUPPORT

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Promoting the best in research



## First thoughts...

Welcome to the second edition of the Noclor Newsletter, and the first for 2015.

GPs actively recruiting to studies, and our research nurses can help with this. On page 13 you can find some of the studies that are currently recruiting.

We are looking forward to continuing to support all our dedicated, hard-working researchers and their important studies, such as the **PROUD study** (page 3), the **Scanmove study** (page 12), and **Dr Paul Ramchandani's child health study** (page 10).

Finally, it is with great sadness that we say goodbye to **Dr Eric Johnson-Sabine** (R&D Director; Barnet, Enfield and Haringey Mental Health NHS Trust), who is retiring from the NHS this year. We have worked with Eric for a number of years and wish him well in his retirement.

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

A very busy 2014 for Noclor saw us move to a new premises at St Pancras, and launch our online system for sponsored research. You can read more about this on page 4.

In our new base, we have established ourselves as a **National Centre of Excellence** for primary care and mental health research. The aim is to bring us closer to the research staff and patients we work with on important research studies, and to deliver more innovative health services.

We continue to work with, and provide a high quality support service to, a huge number of researchers across north, central and east London, and our recent **feedback survey** has shown that over 80% of our customers would recommend our services to a colleague.

There's a busy year ahead for us helping more people to get involved in research. We hope to see more

## 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**

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**

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**

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

## PROUD trial raises new hope for HIV prevention

**A trial conducted by researchers at UCL has provided further evidence that antiretroviral therapy can prevent HIV infection in gay men who are HIV negative.**

Antiretroviral therapy (ART) can be used to prevent HIV transmission by suppressing virus levels in people who are already HIV positive, or by treating those who have been recently exposed (post-exposure prophylaxis), or who are HIV negative (pre-exposure prophylaxis – PrEP).

The PROUD trial – run by the MRC Clinical Trials Unit at UCL, in collaboration with the Mortimer Market Centre – is the only “open label” trial of PrEP in which participants knew whether they were on preventive treatment, so any tendency to more risky behaviour would be apparent.

Gay men who were HIV-negative were started on daily Truvada – which contains two ART drugs, tenofovir and emtricitabine – or were monitored regularly for a year before being started on the same regimen.

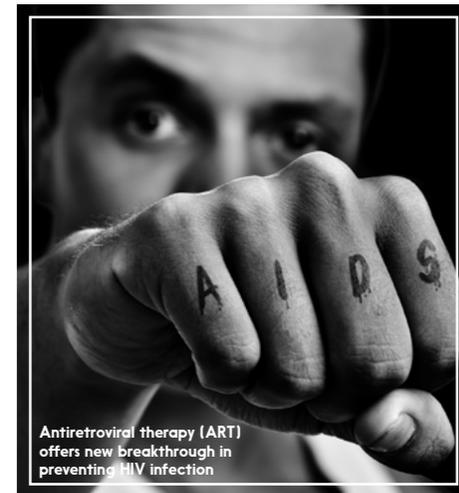
The primary outcome was the number of people infected with HIV in each group, and it is significant that the trial steering committee decided last

October that those not on treatment should be offered Truvada immediately because the difference between the two groups was already clear – much earlier than was expected.

Full results will be presented at the Conference on Retroviruses and Opportunistic Infections in Seattle, US, from February 23-26.

There is currently no agreement from UK health commissioners that they will fund PrEP, which is not yet available in NHS services.

In the meantime, follow-up on treatment will continue, and a further phase is planned to address important questions on which drug, or drug combination, may be more effective or better tolerated, whether certain groups will derive most benefit, and whether this type of use of ART could lead to the spread of resistant viruses.



Antiretroviral therapy (ART) offers new breakthrough in preventing HIV infection

**Dr Richard Gilson, Principal Investigator on the PROUD study, has been newly appointed as a member of the Commission on Human Medicines, which is responsible for advising the Medicines and Healthcare Products Regulatory Agency (MHRA) and government ministers on all applications for a licence or marketing authorisation for medicines in the UK.**

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## Moving tale of progress for Noclor team



The Noclor Research Support team has moved into new premises at St Pancras Hospital, creating a research hub and centre of excellence for primary care and mental health research.

Lynis Lewis and her staff will continue to provide a dedicated service promoting and supporting high-quality research in primary care, community health and mental health in a number of NHS Trusts across north, central and east London.

The most exciting aspect of the change of location is that it brings Noclor closer to the research staff

and patients we work with on important research studies, and will help us to deliver more innovative health services.

We are also excited about the development and launch of our new website, at [www.noclor.nhs.uk](http://www.noclor.nhs.uk)

We hope you will find the site easier to use, and with more relevant information – including features such as the section for sponsored research which is there to benefit everyone conducting research.

Noclor is keen to help anyone conducting research or anyone who has an interest in research, so please get in touch or feel free to drop in and see us in our new office.  
Tel: 020 33 17 3045  
Email: [contact.noclor@nhs.net](mailto:contact.noclor@nhs.net)

**Research in healthcare is so important. Without it, we would not have modern medicines, new clinical approaches, and best quality healthcare** Lynis Lewis, Noclor Service Director

### Our partners...

Central & North West London Foundation Trust • Camden & Islington Foundation Trust • East London Foundation Trust • Tavistock & Portman Foundation Trust • Barnet, Enfield & Haringey Mental Health Trust • West London Mental Health Trust • CWHHE Collaborative Whittington Health NHS Trust • Camden CCG

### NEWS IN BRIEF

#### R&D DIRECTOR RETIRES FROM NHS AFTER 41 YEARS

Dr Eric Johnson-Sabine, R&D Director, Barnet, Enfield and Haringey Mental Health Trust, is planning to retire this year after 41 years of service in the NHS.

For the past 28 years, he has been based at St Ann's Hospital, and has been the Trust's R&D Director for the last 13 years.

During that time, Dr Johnson-Sabine - who has worked closely with Noclor for a number of years - has made a great contribution to research in eating disorders.

#### SPECIALIST TRAINEE'S PRIZE TREBLE

Dr Maurice Clancy, a specialist trainee (ST6) in general adult community psychiatry working in East London, has been awarded a third prize for his work on mental illness in patients with epilepsy. The latest comes in the Royal College of Psychiatrists Faculty of Neuropsychiatry annual awards.

Dr Clancy, who works at East London NHS Foundation Trust in Bethnal Green, Globe-town Community Mental Health Team and Globe and Lea wards in Mile End Hospital, and in Liaison Psychiatry in the Royal London Hospital in Whitechapel, was this year's winner for his oral presentation.



## Noclor customer feedback

**More than 80% of respondents in a recent customer feedback survey carried out by Noclor said they would recommend us to a colleague.**

This is a highly gratifying response, but we remain focused on the fact that there is always room for improvement. We are keen to use all of our feedback to help improve our services further.

What we intend to do this year is to improve our response rate to queries and requests, and also to ensure that our customers feel supported

Some comments received:

- Extremely professional, helpful and efficient advice about all aspects relating to research governance and support
- Service provided requires streamlining ... it's too time-consuming
- Excellent knowledge of the approval process
- Noclor understands the national and local research governance landscape well
- Respond more promptly to queries
- Use fewer acronyms

in their research objectives. Additionally we are making our finance systems more robust.

There are sometimes things that are out of our control – such as essential form filling and paperwork. However, we do strive to make this as easy and straightforward as possible.

We are always looking to improve the way we work, and want to provide the very best service we can. So if you have any comments or would like to complete the survey, please do so here: [www.surveymonkey.com/s/PG6PTQZ](http://www.surveymonkey.com/s/PG6PTQZ)

**Noclor are very helpful in supporting research and trying to sort out difficulties**

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## Academy helps put research on the frontline

A National Institute for Health Research (NIHR) academy project opened its doors for the first time to frontline staff from across the NHS care and local government for a course on evaluation

**THE NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) North Thames brings together universities, the NHS, local authorities, patients, the public, industry and charities.**

And the CLAHRC Academy aims to help its collaboration partners fulfil their key role of co-producing research and applying its outputs on the frontline.

Its one-day course – with training delivered by CLAHRC professors, researchers and health economists – provided practical evaluation tools to staff in NHS Trusts, Clinical Commissioning Groups and local authorities.

Participants gained insight into the research process, acquired knowledge of the methods needed to assess the quality of services, and were advised on

how to share their findings for maximum impact.

Feedback has been extremely positive about the practical focus of the course, and highlighting benefits the participants took back to their organisations.

Overall, the key aim of CLAHRC is to conduct ground-breaking research that directly impacts on the health of patients with long-term conditions and on the health of the public.

It helps to build research capacity among its partners across the North Thames area, and its projects work closely with frontline services, seeking to share interim findings with partners where they can positively impact on practice.

For example, the CLAHRC project, Involvement of carers in acute treatment of patients with psychosis, is examining barriers and enablers for greater family



involvement in in-patient psychosis treatment. To speed up the translation of applied health research into practice, the collaboration has produced a bite-sized summary of its findings, aimed at clinicians and other public audiences. [www.clahrc-norththames.nihr.ac.uk](http://www.clahrc-norththames.nihr.ac.uk)

Whittington trial of UCL research on electronic health records leads to a commercial package that can save lives and money worldwide

## Remote control will help care collaborators prevent at-risk patients from suffering strokes

**Research at UCL has developed international standards for electronic health records (EHRs) that have now been successfully commercialised as a stroke prevention service.**

The service, which first went into full clinical use at the Whittington Hospital, north London, in August 2008, enables patient records to move with them to different health providers and clinicians in different settings, facilitating more effective collaboration.

Success at the Whittington – commended in an NHS Customer Service Excellence award made to the Whittington Cardiovascular Department in 2009 – led to it being spun out in 2012, with funding from UCL Business, to form Helicon Health. The resulting service package is now called HeliconHeart.

The UCL researchers placed the standards-based EHR at the heart of a package of stroke prevention

services that helps the management of patients with atrial fibrillation (AF) who need anticoagulation.

By facilitating care between community staff and hospital specialists, the system has already enabled the Whittington to transfer more than 600 patients from hospital service to a local GP or community pharmacy service, while still being able to remotely monitor quality of care.

Risks associated with anticoagulation necessitate blood test monitoring every few weeks and careful dose adjustments to avoid serious or fatal haemorrhages, or stroke. Access to a real-time electronic health record is therefore crucial.

In financial terms, each prevented stroke saves the NHS £16,000 a year. The estimated saving to each clinical commissioning group (CCG) is £500,000 a year.



Patient records can now be stored online, rather than on paper

HeliconHeart is now being used by five NHS CCGs across north London and Hertfordshire, underpinning care for a cohort of 7,000 at-risk patients that is growing by around 5% per month.

The unique ISO EN 13606 standard for communicating EHRs is now mandatory in EU countries, and has already been publicly adopted in the UK (NHS England), Sweden, Spain, Brazil and Iran.

For more information on this service, visit: [www.ucl.ac.uk/impact/case-study-repository/clinical-management-service-for-stroke-prevention](http://www.ucl.ac.uk/impact/case-study-repository/clinical-management-service-for-stroke-prevention)

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## Sharing the care for life and death issues

**Q&A:** Professor Paddy Stone on the exciting challenges he faces after moving into the newly-created post as head of the Marie Curie Palliative Care Research department at UCL

**Q** Can you tell us a bit about this new Marie Curie and UCL Chair in Palliative and End of Life Care post?

**A** Marie Curie have always been keen to support UCL's Division of Psychiatry department in doing research looking at the Palliative Care needs of patients regardless of diagnosis, so we want to have a portfolio of research that looks at the needs of cancer patients and general end of life care. Dementia is a big area, as is organ failures – for example, kidney, liver, respiratory and heart disease.

I am also still doing clinical work – at the Central and North West London (CNWL) Palliative Care team.

**Q** What are your ambitions for the unit?

**A** There is a growing public interest in undertaking research into end of life care. This year, a big focus for us is to undertake research looking at improving the care of patients in the last 30 days of life.

I have done a lot of work on prognostication. This means being better able to identify patients who are approaching the end of life, identify their needs, and better plan services for them and for their families. This builds on my previous work, which was about devising a tool to try to get better at predicting how long cancer patients have left to live.

Also, we are interested in looking at communication with patients and relatives about difficult issues around how long they might have left to live.

**Q** What are the key areas where Palliative Care needs to develop?

**A** Improving access to Palliative Care services for patients, regardless of diagnosis and need. Better identification of patients who are approaching end of life. Better symptom control to improve terminal care, as opposed to just palliative care – in terms of improving the care of patients in the last few hours



Prof. Paddy Stone

The philosophy of Palliative Care is holistic, so we are not just looking after the patient, we are looking after the family, those who are important to the patient.

**Q** Are we good at the delivery of palliative care in the NHS?

**A** The Economist published a global review last year of the quality of palliative care provision across the world. The UK was ranked No.1 – which, in a sense, is what we would hope, given that it is a UK-developed speciality. So the short answer is yes, we are rather good.

However, as the most recent Francis report and Neuberger report showed, there were still many examples of poor care being given to people at the end of life.

**Q** How do you hope to engage with palliative care services within the NHS in your new role?

**A** I have an honorary contract with CNWL and University College London (UCL) Hospitals, and I work as part of the palliative care team. Hopefully, that is an immediate entry into preparation with the clinical services.



**This year, a big focus for us is to undertake research looking at improving the care of patients in the last 30 days of life**

Also, one of CNWL's major local hospices is the Marie Curie hospice in Hampstead, which makes it a natural collaborator for our research. And we have connections with the palliative care network within UCL Partners where we will be able to forge collaborations.

**Q** Is there anything your team is working on right now that you would like to tell us about?

**A** Some of my collaborators have just been awarded funding to do further research with the homeless, looking at their palliative care needs. The main issue for homeless people is liver failure from liver disease. This ties in with our work on liver failure, and on broadening access to palliative care services within

the homeless and hard-to-reach community.

We are working with homeless charities, GPs who specialise in looking after homeless patients, hostels, and the support workers and carers to evaluate the current services for homeless people who have died or who are dying.

**Q** What support will you need in developing your research?

**A** We are well supported by Marie Curie, as they fund the researchers within the department. Marie Curie also provide a very good system for the dissemination of research findings into public policy, which makes sure that the research has an impact. And they have access to patient user groups to ensure that patient/public involvement is central to our research.

With the clinical research we do, it is very useful to have access to and help from a research support service – Noclor, in particular. Our division here at UCL is in the Faculty of Brain Sciences within the School of Medicine, so there are lots of layers of support in the institution.

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## Video feedback may help make children happy

**An exciting new research trial is being launched to try to help prevent the behavioural problems that affect 5-10% of young children, and which can carry on into adulthood.**

**Dr Paul Ramchandani**, of Central and North West London NHS Foundation Trust and Imperial College, is chief investigator on the "Healthy Start, Happy Start" trial that will test whether an early attachment-based parenting intervention leads to improved behavioural outcomes in young children.

The trial aims to recruit 300 families, with children aged 12-36 months, from NHS primary care services in North London and further afield. Both parents will be included where possible, but researchers are happy to work with just one parent or caregiver. Half of the families will do the intervention, half will continue their usual care.

It is known that low sensitivity in parents and the use of harsh discipline are key risk factors for behavioural problems, and that intervening early in children's lives gives the best opportunity for improving outcomes.

A key element of the trial will involve testing a video feedback intervention (VIPP-SD) that was developed by internationally renowned attachment researchers at Leiden University in the Netherlands, and which has been shown in other studies to be effective in improving sensitivity and positive discipline in mothers.

This involves six sessions of 60-90 minutes each, conducted roughly once a fortnight in participants' homes. Short parent-child play interactions are filmed, then played back to, and discussed with, the parent in the next session.

The aim is to help parents to recognise and interpret their child's communication and behaviour, and the therapist focuses on giving parents positive feedback and reinforcement.

The trial – funded by the National Institute for Health Research – is being run by a team of researchers based at Imperial College London, King's College London and the University of Oxford.



The SUGAR group, inspired by the motto 'Nothing about us, without us', allows the voices of mental health service users and carers to be heard

## Sweet future ensured for patient and public involvement in research

**The long-term future of SUGAR (Service User and Carer Group Advising on Research) has been ensured through a partnership agreement established between City University London and the East London NHS Foundation Trust.**

The concept of SUGAR came about because **Professors Alan Simpson** and **Len Bowers**, and their colleagues in mental health nursing research at the School of Health Sciences, were keen to further develop service user and carer involvement across their programme of research. They also wanted to build long-term collaborative research relationships

with members of local communities in east London. Their aim was to ensure that a range of voices from those with lived experience of mental health services was heard in a systematic way by those conducting research into mental health nursing and services. This led to the creation of SUGAR in 2009 as a component of independent research commissioned by the National Institute for Health Research.

The group, which currently consists of 13 service users and carers, meets with various mental health researchers once a month. Members discuss and contribute to various aspects of research projects and the research process, and have also written

journal papers and given conference workshops, presentations and posters.

The group has hosted a number of international visitors and recently won a national award for public engagement by universities. They hope to inspire other researchers to follow their lead and add SUGAR to their work.

Services provided by SUGAR are available to researchers working within East London NHS Foundation Trust, City University London, and those collaborating on projects with City University London academics – subject to prior discussion and arrangement with Prof Simpson.



If you would like to learn more about SUGAR, present at a meeting or are interested in working with us, please contact us at: [sugareverything@gmail.com](mailto:sugareverything@gmail.com) or follow us on: Twitter @SugarSolution

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## Candid seeks to ease cancer diagnosis concerns

**A real concern for health professionals who work on the frontline of primary care is the risk of missing a diagnosis of cancer or unnecessarily worrying a patient with a misdiagnosis of the disease.**

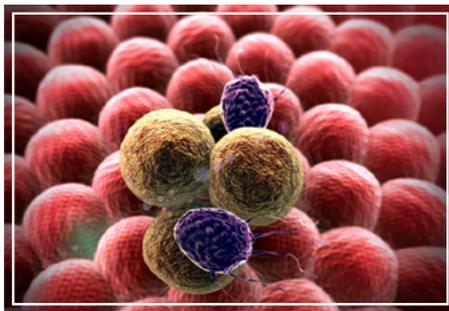
In 2012, there were 161,823 people in the UK who died after a cancer diagnosis, and it is well known that the sooner the disease is identified, the greater the chance of survival. So how can more clarity be provided for GPs, who want to make every effort to identify cancer as early as possible, but don't want to cause unnecessary concern?

Existing research shows that it is possible to identify "clinical prediction rules" for cancer, but proof of the reliability of these indicators is missing.

The Cancer Diagnosis Decision rules study (Candid), which is currently recruiting participants nationally and – with the assistance of Noclor's research nurses – in North and East London, is looking to pin down exactly what variables should be included in prediction criteria for cancer:

The study – sponsored by the University of Southampton and supported by University College London – has set about collecting data from 20,000 participants who present the correct symptoms, tracking their health over two years to see in which cases cancer develops.

When sufficient information has been collected and analysed, the most important symptoms in cancer prediction can be provided to GPs, allowing them to more confidently decide whether or not to raise the alarm and consider a diagnosis of cancer:



### Projects currently recruiting

#### Diabetes Alliance for Research in England (DARE)

The study seeks to recruit two cohorts of This is a community-wide collaboration between patients and professionals to provide a platform to enable further study into the causes and complications of diabetes.

#### Helicobacter Eradication Aspirin Trial (HEAT)

Aspirin use is widespread and increasing in elderly patients, which has led to a rise in gastrointestinal bleeding – the principle hazard of long-term aspirin use. This trial is based on evidence that ulcer bleeding in aspirin users occurs predominantly in people infected with the bacterium *H. pylori*.

For further details on these or any other studies, contact: [primarycare.noclor@nhs.net](mailto:primarycare.noclor@nhs.net)

## Screening test

**Research is under way in Camden and Islington on a novel diagnostic procedure to try to help patients suffering from unpleasant side-effects induced by antipsychotics.**

Antipsychotics can cause involuntary movement disorders that have a negative impact on the quality of life and functioning of patients, due to the stigmatisation associated with the symptoms and a consequent reluctance to adhere to medication.

However, they are often missed in routine clinical practice, perhaps because of the limitations of existing instruments used to identify and rate these symptoms.



Restless and constant movement of the feet is typical of akathisia sufferers

The main aim of the research study, supported by Noclor, is to develop and validate a new screening tool to identify and rate the three main types of antipsychotic-induced movement disorders – tardive

dyskinesia, parkinsonism, and akathisia. This could then be used in routine clinical practice by mental health nurses.

This study, funded by the National Institute for Health Research, has Professor Kailash Bhatia, of UCL, as Chief Investigator, and the main lead is Dr Davide Martino, a consultant neurologist.

It is currently recruiting in Camden & Islington NHS Foundation Trust, and is likely to expand into Central and North West London NHS Foundation Trust, West London Metal Health Trust, and the Barnet, Enfield and Haringey Mental Health Trust.

Professor Helen Killaspy, Principal Investigator for the Camden & Islington site, says: "This is an important study that has the potential to make a real difference to patients. From around Easter this year, we plan to recruit up to 750 patients. They will first be assessed using the new, brief screening tool, and then undergo an interview with the main researcher – a neurologist – to validate whether the new tool is as effective as the current longer assessment tools."

"If it is, then the new tool could be rolled out across mental health services fairly easily, providing a simple, quick way to identify these kinds of side-effects."

## Research Design Service London

RDS London is part of a network of regional support services funded by the National Institute of Health Research (NIHR). It supports research teams to develop and submit high-quality applied health and social care grant applications to NIHR and other national peer-reviewed funding programmes.

Specialist advice, offered on all aspects of an application, is confidential and free of charge.

If you are planning to submit an application to get health and social care research funding, or you would just like to find out more about RDS London, please visit one of their drop-in clinics. No booking is necessary; just drop-in on the dates and times listed on their website, or find forthcoming events below. To find out more, visit: [www.rdslondon.co.uk](http://www.rdslondon.co.uk)

# 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: Weds 25 Feb (half day)*

*For beginners: Tues 3 March (full day)*

### 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: Thurs 26 Feb*

### Literature Searching

Introducing the concept of literature searching through Healthcare Databases Advances Search (HDAS) interface, demonstrating the features, and the basic skills required to search them.

*Upcoming dates: Thurs 5 Feb*

### Critical Appraisal (Quantitative & Qualitative)

By the end of this workshop, participants will be able to critically appraise a quantitative or qualitative research paper using a CASP checklist.

*Upcoming dates: Quantitative Research: Weds 11 Feb*

*Qualitative Research: Weds 25 Feb*

## Other courses

### Training on Information Governance and appropriate use of research data

### Research Data and Confidentiality e-learning

The Medical Research Council (MRC) Regulatory Support Centre provide an e-learning module on Research Data and Confidentiality, which is available free of charge.

Developed with input from researchers and regulators, the module provides users with a practical understanding of confidentiality and data protection within a research context, enabling them to interpret complex requirements with confidence.

Access the module via the e-learning icon at [www.mrc.ac.uk/regulatorysupportcentre](http://www.mrc.ac.uk/regulatorysupportcentre)

### Information Governance e-learning

NHS Connecting for Health is responsible for all nationally coordinated major IT programmes across the NHS. As part of their work they have developed a range of information and resources to support effective information governance, including an online training. You will need to register on the NHS Connecting for Health website to access this course, using your work email address. Anyone with an NHS or General Practice email address, and anyone within the NIHR family using a '.ac.uk' email address will be able to register to access the online course.

For dates and bookings of Noclor courses, email: [rosemary.akerman@nhs.net](mailto:rosemary.akerman@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)



## Network wins research contract

The Department of Health has awarded a five-year contract for a new national Co-ordinating Centre for the National Institute of Health Research's Clinical Research Network.

The network provides support – such as clinical research nurses – for the delivery of funded research in the NHS. This includes clinical trials of interventions such as prevention, diagnosis, treatment and care, and other high-quality studies.

The contract has been awarded to a consortium comprising the University of Leeds and Guy's & St Thomas' NHS Foundation Trust. The consortium will lead an alliance of organisations that include King's College London, Imperial College London, the Universities of Liverpool and Newcastle, and PA Consulting.

## Promoting the best in research



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

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This paper is Forest Stewardship Council certified