Research Matters

NEWSLETTER

NHS

noclor
RESEARCH SUPPORT

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Contents

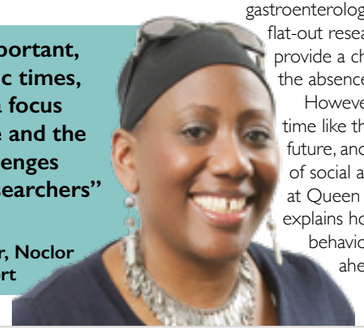
First thoughts...

In these tragic and trying times, the hard work, dedication and incredible flexibility of NHS staff has been truly humbling as they make all-out efforts to tackle the multiple problems caused by the current pandemic.

Research is a vital strand of the national strategy to deal with COVID-19, and our other research has been paused so that we can concentrate efforts on these new studies. A number of important pieces of work have been initiated and are rapidly progressing.

"It is also important, in these tragic times, to maintain a focus on the future and the exciting challenges ahead for researchers"

– Lynis Lewis, Service Director, Noclor Research Support



Sadly, the Noclor team has not escaped the distressing reality of the virus, and we offer our deepest sympathy to those whose lives have been touched by loss.

Inevitably, the COVID-19 crisis must take precedence in this edition of Research Matters, and **Andrew Hayward** (p3), co-director of UCL's Collaborative Centre for Inclusion Health, talks about the stresses and rewards of the battle to help vulnerable people survive the deadly virus.

Laurence Lovat (p6), consultant gastroenterologist at UCLH, describes the flat-out research to see if chloroquine can provide a cheap, easy answer to the virus in the absence of a vaccine.

However, it is also important at a time like this to maintain a focus on the future, and **Stefan Priebe** (p8), professor of social and community psychiatry at Queen Mary University of London, explains how innovative studies of human behaviour provide exciting challenges ahead for researchers.

This positivity and potential is borne out by the experiences of three women who became research academics.

Catherine Carr (p10), research fellow and clinical academic at Queen Mary University of London and East London NHS Foundation Trust, praises the power of music therapy in healthcare.

Kirsten Barnicot (p12), research fellow and lecturer in mental health services research at City, University of London, stresses the importance of mentoring in helping female academics to balance careers and motherhood.

Finally, **Jo Gibbs** (p14) shows how COVID-19 issues highlight the relevance of her work creating online clinical care pathways as senior clinical research associate and honorary consultant in sexual health and HIV at UCL.

● Visit our website **www.noclor.nhs.uk** or follow us on Twitter **@Noclor Research** for more news and details on how we support the vital research work carried out by our partner trusts. We also welcome your feedback, as well as any suggestions for topics to be covered in future issues of the newsletter

Homeless given hope amid the pandemic nightmare

Andrew Hayward, professor of infectious disease epidemiology and inclusion health research at UCL, says trying to help vulnerable people survive the deadly virus outbreak feels like fighting a war

Many of us are having to change what we do during this pandemic in order to prioritise everything towards the COVID-19 response. We're trying to use every resource and opportunity that we have, and every waking hour, to work out what we can do to help in the fight against the virus.

It's too serious and awful to feel any excitement about the research – it feels more like a war. But while it is heartbreaking to see how terrible the situation has become for so many people, it is also rewarding to feel you're able to make a difference.

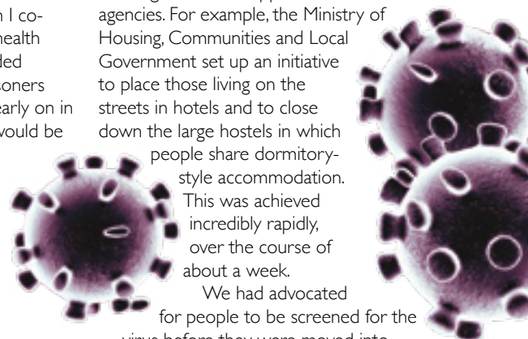
"It's too serious and awful to feel excitement about the research, but it is rewarding to feel you're able to make a difference"

– Andrew Hayward

Our focus at the Collaborative Centre for Inclusion Health (CCIH) at UCL, which I co-direct with Dr Alistair Story, is on the health needs of vulnerable and socially-excluded groups, including homeless people, prisoners and drug users. We were very aware early on in the outbreak that this is a group that would be highly vulnerable.

A couple of weeks before the UK went into lockdown in March, there was a well-timed conference – 2020: A Decade for Inclusion [**bit.ly/2L6qEVM**] – on homeless and inclusion health. It turned into a call for action.

We used it to raise awareness across the homeless sector about what needed to be done to prevent outbreaks, particularly within overcrowded hostels, night shelters and day centres. Following that, we were able to bring in a lot of support from different agencies. For example, the Ministry of Housing, Communities and Local Government set up an initiative to place those living on the streets in hotels and to close down the large hostels in which people share dormitory-style accommodation. This was achieved incredibly rapidly, over the course of about a week.



We had advocated for people to be screened for the virus before they were moved into the hotels, so that people with chronic illnesses, those who were infectious and those who were

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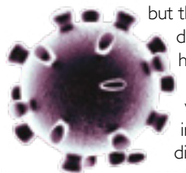
at more risk of getting severe disease if they developed COVID-19 would be separated out. Unfortunately, that didn't happen, so we had to screen for symptoms after they were moved, but placing people in single-room, en-suite accommodation was still a good thing because it significantly reduced the risk of transmission.

However, there is still a large group of people in the remaining hostels, which mainly consist of single rooms, but often with shared facilities – such as bathrooms, kitchens, communal areas – where there is an ongoing risk of outbreaks occurring.

So we've done a lot of work to raise awareness in those settings and improve the social distancing by encouraging hostels to close down the communal areas, and be strict about social distancing measures.



It's complicated by issues around drugs and alcohol, which can make it difficult to enforce those measures, plus everybody's got to eat, and staffing levels are low. We're working with NHS England, the Greater London Authority (GLA) and voluntary organisations on how to communicate this information better.

Another aspect of our work has been to establish a surveillance system. This was carried out with UCLH Find & Treat [**bit.ly/3cda1Uy**], a pan-London street outreach service, of which Dr Story is clinical lead.

We did a big survey to find out what hostels were currently doing in terms of their COVID-19 control and social distancing, and whether they'd had suspected cases or any related hospitalisations or deaths. Then we moved that on into an ongoing survey so that people can report suspected new cases.

The Find & Treat service is normally involved in outreach and screening for tuberculosis, but the team is now carrying out diagnostic testing for COVID-19 in hostels that have cases of infection.

We have also established what we're calling a COVID-CARE hotel in east London for homeless people diagnosed as having the disease. The accommodation is provided by the GLA, while the medical staff are provided by the NHS and Médecins Sans Frontières.

As COVID-19 cases decrease in the general population following the lockdown, we're moving to the important stage of continued vigilance because there are likely to be more transmissions when the lockdown is eased.

In London, we seem so far to have avoided large outbreaks of COVID-19 in the homeless community. What we've seen in other countries – particularly in the large amount of data coming out of the US – is that up to half of people in big, night-shelter-type hostels are being infected, whereas, when we screen, only about 3% or 4% of homeless people have been infected. So it looks like we're doing something right.

As the number of cases decreases, there will be pressure to close down the COVID-CARE facility and the hotels. However, we're very keen to keep it running and to ensure that hotels are closed in an orderly way and that people don't end up on the street again.

In Ireland, homeless people who have been moved into hotels have been told they'll be there for up to a year while their onward housing is sorted, which is an extraordinarily progressive approach.

In the UK, we've been able to bring in drug treatment services and addiction services for homeless people with challenging addiction issues. A pan-London methadone prescribing service has been established to give people access to substitution treatment for addictions much more easily than they would have had on the streets. They are getting their addictions managed, and they're being well fed and getting good sleep, and we must seize the opportunity to build on this.

We're also planning to launch a major assessment to identify the health needs of the people within the hotels. We've worked out referral pathways into mental health, drug and alcohol services, and STI services, and we plan to screen everybody for hepatitis C, start people on treatment, and hopefully complete it while they're still at the hotel.

This could have a major impact on the transmission of hepatitis C in the homeless population, and we're also hoping to do the same thing for latent TB infection, if the TB control programmes agree to pay for that.

Identifying people who need shielding – for which they will require their own self-contained accommodation – is also a way of moving people up the priority list for permanent housing.

Another piece of work I'm currently involved in is the large-scale national Virus Watch study, which has received almost £3.3 million from UK Research and Innovation's COVID-19 Rapid Response Call. We will initially seek to recruit 25,000 households to be representative of each region of the country.

The idea is that we follow up people over the next year for regular reporting of symptoms and behaviours, and ask a subset of 10,000 people in the cohort to submit nose and throat swabs whenever they have any symptom that might conceivably be COVID-19. We'll also be aiming to do antibody tests for COVID-19 during the summer, and then again next spring, to see what proportion of the population has been infected and how much antibodies protect against future infection.

And we're in the process of seeking resources to recruit around an extra 500 individuals to the study from each of the major ethnic groups, which is in response to the very marked differential mortality rates across non-white ethnic groups.

I am also on the New and Emerging Respiratory Virus Threats Advisory Group, which advises the government. So, for example, we might summarise the quality of the evidence on face masks or on the use of different types of personal protective equipment.

COVID-19 has only been with us for a few months and it is vital that we focus our scientific efforts on generating the evidence to respond. Ultimately, it's the government that makes the final decisions on things.

Consortium pins faith on cheap and common cure

Laurence Lovat, professor of gastroenterology and biophotonics at UCL, explains how researchers are working flat out to discover if chloroquine can prevent COVID-19 or reduce the severest effects

After spending so many years developing a set of skills, I feel this is the right time to be throwing everything into the ring to make sure I use them for the greatest public good in trying to help address the COVID-19 crisis.

Doctors become doctors because they want to help people, and I can't think of any better opportunity for a doctor – particularly a medical researcher like me – to use their skills than during probably the most important public health problem in my lifetime, where everything is unknown and in which the stakes are so high.

"We can't allow health systems to collapse, so we've got to find an answer to this enormous public health problem, to prevent people dying"

– Professor Laurence Lovat

I'm the UK lead on the Crown Coronation (Chloroquine Repurposing to Health Workers for Novel Corona Virus Mitigation) trial. This international consortium is led by Professor Michael Avidan in St Louis, Missouri, and there are two other international chief investigators - Ramani Moonesinghe at UCL, and Helen Rees in South Africa.

We are asking three questions: can we prevent COVID-19 in healthcare workers by using chloroquine, one of the world's most commonly-used drugs; can we mitigate the severity of the disease if people get it; and what is the lowest dose we can use to achieve those goals?

As answers to those questions become clearer, we will move on to new ones – such as whether adding another drug would help.

The funding comes from the COVID-19 therapeutics accelerator [**gates.ly/2zW9XKE**], which is a $125 million fund set up by the Bill & Melinda Gates Foundation, the Wellcome Trust, and Mastercard.

The year-long trial aims to recruit up to 30,000 healthcare workers in 10 countries, and each worker will get followed up for five months. I don't think any of those of us involved has ever done something of this size, at this scale, at this speed.

The ideal outcome would be to demonstrate that chloroquine reduces the likelihood of getting the disease, and also reduces the severity. If people get COVID-19 but have nothing more than a cough or a cold and don't go on to become ill, so can keep working, that would be an enormous win.

What is becoming clear as data accumulates is that chloroquine won't be the treatment for people with advanced, severe disease. So we're focusing on trying to stop the virus entering cells and, if it does, stop it replicating. Chloroquine has been shown to have that effect with Sars-Cov-1 – at least in the laboratory – so it's pretty reasonable to expect it will do the same with Sars-Cov-2.

This is the most exciting and interesting thing I've done in years. I'm currently working in artificial intelligence, which is absolutely amazing. However, COVID-19 is an enormous public health problem because it's so urgent and carries the risk of causing such terrible disruption. We can't allow health systems to collapse, so we've got to find an answer to prevent people dying.

Vaccines, unfortunately, are likely to take a long time to become available, so we need something sooner.

Chloroquine could be a simple, stable solution. It is very cheap, and has been around for almost 90 years. There's been lots in the news about whether it's safe, but the safety profile is well known and it is very safe if used correctly.

In our study, we screen people appropriately so that we know they are exceptionally unlikely to have any complications from taking the drug. We have done a significant amount of work looking at the literature on the safety of chloroquine, and on testing and reviewing. We're now pretty clear what the issues are and how to manage them.

In addition to all this, I am still continuing with other work, such as dedicating time to my PhD fellows. Most of my work in the trial is done at the beginning, so I was working 14 hours a day, every day. Now I'm working less – only 10-12 hours a day!

● Information: **crowncoronation.com**

STUDY SHOWS KILLER VIRUS HITS BAME GROUPS WORST

Ethnic minorities in the UK are dying at higher rates from COVID-19 than the white population, according to a study led by Professor Nish Chaturvedi, director of the Medical Research Council Unit for Lifelong Health and Ageing at UCL.

The research, taking into account impacts of co-morbidities, demographics and societal imbalances, shows that over-representation of BAME groups in high-risk occupations – such as health work, transport and shop work – is a major factor.

They are also more likely to live in deprived, dense, overcrowded urban areas and are more likely to be disadvantaged.

This means they are less able to socially isolate effectively and are much more likely to be exposed to high doses of the virus.

NHS victims of the pandemic

Human touch adds power to people-based research

Q&A: Stefan Priebe, professor of social and community psychiatry at Queen Mary University of London, on how innovative studies of human behaviour provide exciting challenges for mental health researchers

Q. What inspired you to focus on the area of psychosocial intervention in mental health research?

A. I have always been fascinated by how human beings behave and feel, particularly when interacting with each other. This is why I decided to study psychology and medicine, and then go into psychiatry.

Research was the obvious choice as it allowed me to try to advance how we can help people with mental distress through thinking and innovation.

The term psychosocial intervention is difficult to define and very wide-ranging. It describes actions that are taken – usually by professionals – to improve the condition of others, and that are supposed to work primarily through psychological or social mechanisms. They range from talking therapies to changes of the social context.

Q. What types of innovative studies from this wide range might prove particularly attractive to early-career researchers?

A. Well, for example, one of the trials we are currently working on is called ERA [see page 10 for more information], looking at the effectiveness of group arts therapy in mental health services. [**www.elft.nhs.uk/era**]

Patients are asked for their preferences for different forms of arts therapies – that is, music, art or dance-movement therapies – and then randomised either to their therapy of choice or supportive counselling, all delivered in groups.

This is a large, multi-site trial and will hopefully identify whether the arts really help patients to engage in and benefit from therapeutic group processes.

The trial includes patients with different diagnoses. The fact that we consider patients' preferences makes it more relevant to practice, because, in reality, patients will use therapies that they prefer.

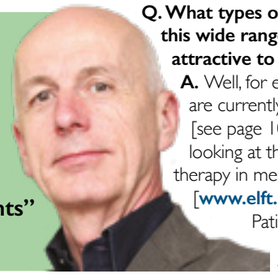
Q. Why is it important to undertake this research now?

A. Given the limited appeal and effectiveness of established conventional treatments, arts therapies in groups may be an attractive and helpful option for many patients.

However, the funding for arts therapies is under pressure and there is little consensus on how exactly they should be provided. The ERA trial should provide evidence on both counts and help the field move forward.

"By reducing bureaucracy and top-down policies, the NHS would enable staff to engage in humanistic and helpful relationships with patients"

– Stefan Priebe



Q. How can the NHS improve specialist mental health services?

A. By reducing bureaucracy and top-down policies, which would enable staff to engage in humanistic and helpful relationships with patients.

Q. What has been your proudest professional achievement so far?

A. It has to be the development of DIALOG+ [**dialog.elft.nhs.uk**], the first ever concept specifically designed to make routine patient-clinician meetings therapeutically effective.

The intervention has been shown to be effective, and is increasingly tested/implemented, currently in more than 15 countries. It does not revolutionise mental health care, but it is a small step forward that is based on research – most of it conducted in east London.

Q. What are your hopes for mental health research in 2020?

A. That there is more courage to overcome established concepts and fund studies pursuing innovative and unusual ideas. And that we might reduce the suffocating bureaucracy – although I am not terribly optimistic about that happening.

LACK OF SLEEP IMPACTS ON CHILDREN'S MENTAL HEALTH

Insufficient sleep can adversely affect the mental health of children, according to recent research published in Molecular Psychology journal.

Structural MRI data from children aged nine to 11 showed that shorter sleep duration influences elements such as depression, anxiety, impulsive behaviour and cognitive performance.

"The recommended amount of sleep for children aged six to 12 years of age is nine to12 hours," says the study's author, Professor Jianfeng Feng, of the University of Warwick [**bit.ly/3cB9Q5Q**].

"However, sleep disturbances are common among children and adolescents around the world due to the increasing demand on their time from school, increased screen-time use, and sports and social activities."

These latest findings could help in predicting possible mental health concerns in adolescents.

Therapy strikes a bright note of optimism

Dr Catherine Carr, research fellow and clinical academic at Queen Mary University of London and East London NHS Foundation Trust, sings the praises of music therapy's benefits in healthcare

I knew that I wanted to be a music therapist after I'd studied music technology at York University. It took a few years to gain the relevant work experience, but I was then able to study music therapy at the Guildhall School of Music and Drama in London.

Very soon after qualifying, one of the clinical psychologists at Guildhall told us about his work at the Institute for Psychotrauma, which is part of East London NHS Foundation Trust. I had a strong interest in what might be possible for working with post-traumatic stress disorder and wanted to get involved.

At the time, Professor Stefan Priebe, the psychiatrist at the institute, was interested in the potential for music therapy. We worked together on a pilot randomised control trial, which was great as we were able to involve the Guildhall School as the site for the music therapy sessions.

Stefan guided me in terms of what the research could look like, and Ann Sloboda, head of music therapy at Guildhall School, who was one of my trainers, co-designed and led the groups with me.

Patricia d'Ardenne, who was the director and senior clinical psychologist at the institute, was instrumental in mentoring me through the research phases and ensuring ongoing support from the clinical service.

As a female academic, it's important to build a network of mentors and supportive colleagues – people from across different fields who can advise and support your career development.

I don't feel I've encountered a lack of opportunity because of my gender. My main challenges as a female academic have been later on in my career – building confidence and getting the sense of having a voice.

I've been fortunate that I've had funding from the NIHR right from when I started my PhD through to now – thanks to the fellowship programme they run for non-medical healthcare professionals.

This gave me the opportunity to continue with clinical work as well as the academic side, and have access to training opportunities that would have been much more difficult without that support.

I've currently got a grant on the NIHR's Health Technology Assessment Programme for a multicentre randomised control trial known as ERA. It runs until November next year, and is looking at the effectiveness of group arts therapies – music, art, and dance/movement therapy.

The trial is quite unusual in that we're not looking at a specific diagnosis; we're looking at secondary mental health care – people who are in the community, living at home, but who still need extra support from the mental health services.

It's been a huge piece of work to try to describe arts therapies practice in groups, and this is the first real attempt to get a consensus around what the different therapies share when used in secondary mental health care.

We've learned a lot about how to streamline the recruitment process and how to get the design right. It's exciting because it's breaking ground in terms of how we can most efficiently run a trial of this complexity.

- More information on the ERA study at **elft.nhs.uk/era**

"My main challenges as a female academic have been later on in my career – building confidence and getting the sense of having a voice"
– Dr Catherine Carr

HEALING POWER OF ARTS

The benefits of arts therapies make them powerful tools during treatment of adults and young people for a wide-spectrum of illnesses and disabilities, including depression, trauma, eating disorders, bipolar disorder, Asperger's syndrome, dementia, physical disability, and bereavement and loss.

- Music therapy draws on the innate qualities of music to support people of all ages and abilities and at all stages of life – from helping newborn babies bond with parents, to offering sensitive palliative care at the end of life. It can help in many clinical situations, particularly where communication is difficult due to illness, injury or disability.
- Art therapy is a creative way for people to have the opportunity to express their inner thoughts, helping them to better understand and make sense of their emotions and the world around them.
- Dance/movement therapy, beneficial both for physical and mental health, can be used to help people from all age ranges to achieve emotional, cognitive, physical and social integration.

Maternal support paves way for work-life balance

Kirsten Barnicot, lecturer in mental health services research at City, University of London, explains how mentoring helped her to combine being a mum and a specialist in positive parenting interventions

Ever since my teenage years, when I witnessed people I was close to suffering mental illness and couldn't understand why, or how to help them, I've been interested in wanting to find out how to alleviate the distress many people experience.

After completing a degree in experimental psychology at Oxford University in 2007, I wanted to do clinical psychology, and so applied for assistant psychologist posts that would involve working clinically with patients.

"The difficulties of being a female academic were something I was aware of, so it was helpful to have a role model"
– Kirsten Barnicot

It was a bit of a knockback when I wasn't successful and it made me question whether that was the right path for me. I thought maybe I could make just as valuable a difference in advancing our understanding of mental illness and evidence-based treatments by contributing to research, rather than actually providing the treatments.

So I applied, successfully, for a research post working with Professor Stefan Priebe at Queen Mary University of London.

My first research project involved working on a trial of a specialised form of psychotherapy for people with borderline personality disorder (BPD). Stefan then encouraged me to apply for an NIHR Fellowship to complete a PhD on this topic.

The most important aspect for me was that it brought me into contact with people with a diagnosis of BPD. It meant I was able to begin to understand the level of distress they experienced and how difficult it was to provide effective treatment. That has inspired my whole career.

I subsequently went on to gain further funding from the NIHR to research the overlap between BPD and post-traumatic stress disorder, followed by my current focus on parent-child relationships for women experiencing difficulties during the perinatal period.

Academia can be a cut-throat environment and you receive a lot of highly-critical feedback through the peer review process when you submit a paper to a journal or an idea for a grant. The biggest challenge for me has been confidence, and realising that setbacks are just setbacks, not the end of the world.

Short-term contracts are a big problem for all junior academics, but they're perhaps worse for women. Early on, it's manageable, but the lack of stability is hard when women start their own families and need maternity leave.

It's been shown that, at junior levels, female and male academics are equally prevalent, but post-PhD, when women enter their late 20s and 30s and start having children, female academics start to disappear, seeking alternative careers.

The difficulties of being a female academic were something I was aware of, so it was helpful to have a role model in Rose McCabe, a senior lecturer in the department at the time, who became the second supervisor to my PhD.

She has children and I saw how she managed to be really successful while still being actively involved in their lives.

Mentorship schemes such as the Equality Challenge Unit's Athena SWAN Charter [**bit.ly/2WRCVmv**], which is specifically for women, are also a great help.

My mentor at Queen Mary talked about times when she would work part-time and her husband would be full-time, then they'd swap. She explained that you can still develop your career and focus on your family if you work together and each support the other in that way.

I returned from maternity leave six months ago and, so far, juggling work and parenthood is going well – but it's definitely got harder trying to work while looking after our toddler at home.

My main piece of work at the moment is as project lead on the BOOST trial, which is evaluating the Video-feedback Intervention to promote Positive Parenting (VIPP).

We've nearly completed collection of data, and then we'll be analysing it, including the video data of mothers and babies interacting, which is quite intensive.

It's gone really well. We managed to recruit 39 of the 40 mums we aimed for and the uptake has been really good: 95% of the mums we allocated to get VIPP had at least one session, and 72% completed all of the sessions.

The mums have told us that these sessions have helped them to feel more positive about their relationship with their baby, to develop more empathy with their child, and to see things from their perspective.

Getting the NIHR Research for Patient Benefit funding for BOOST, and seeing it through to a successful completion, was a real achievement. I feel like I've done something that has made a difference to those women's lives, and which might inform future helpful interventions for other women who are struggling.

I'd like to continue doing research in the area of personality disorder and parent-infant interventions, and hopefully apply for some more grants, as well as developing my teaching and contributing to educating future mental health professionals.

● For more information on BOOST, contact: **Kirsten.Barnicot@city.ac.uk**

Remote control brings close focus to virus research

Jo Gibbs, senior clinical research associate at UCL's Institute for Global Health, on how the impact of the pandemic has enabled her to draw on key lessons from her work in HIV and sexual healt

It was talking to my mum about her experiences as a nurse that really inspired me to pursue a medical career.

After studying medicine at Edinburgh University, I worked as a house officer in Edinburgh and Livingston, and then as a senior house officer in Stoke-on-Trent.

My particular interest was in infectious diseases, and when I got a six-month post in Sheffield, three months of it were in genito-urinary medicine, which I loved.

"There's been an unplanned and sudden acceleration in moving from face-to-face consultations to implementing remote healthcare"
– Jo Gibbs

It pulled together a lot of different things that I enjoy in terms of the holistic approach and type of medicine.

As with many other people, COVID-19 has directly impacted on my current work, with the amount of clinical work increasing because of the pressures on the NHS.

I have been involved in helping to change the sexual health and HIV service from "face-to-face" to remote consultations. There's been an unplanned and sudden acceleration in implementing remote healthcare – and some of the ground I've covered throughout my research career is more relevant than ever.

I am a co-investigator on Virus Watch [**bit.ly/2LOI0Is**], a study that is monitoring the spread of COVID-19 within England to inform the response to the pandemic.

It can be a challenge trying to balance everything, with more clinical work, new research projects, existing projects – and, of course, teaching has gone online.

I suppose I've taken a slightly unusual career path compared with other clinical and academic colleagues.

As I've always enjoyed research, I decided to explore academic research alongside my clinical work when I was a speciality registrar, so I did an MSc in sexual health and HIV at UCL and the London School of Hygiene and Tropical Medicine as an "out-of-programme" experience.

When I was approaching the end of my specialist training, a PhD opportunity caught my interest. It was on how we can optimally design, implement and evaluate an online clinical pathway for remote testing, diagnosis, clinical assessment, antibiotic prescribing and partner management of STIs.

I now work as a clinical academic, doing two clinical sessions a week as a consultant in sexual health and HIV, and eight sessions of research and teaching.

My research is on digital health, sexual health, health services delivery and public health, with a particular interest in the investigation, development and evaluation of innovative online clinical care pathways, from diagnostics to online management.

I'm pretty fortunate that I've generally been surrounded by supportive colleagues, including numerous inspirational women from diverse backgrounds.

However, I am conscious that women in the clinical and the academic world still face challenges climbing up the ladder. My advice is to believe in yourself – it's OK to not take the "traditional" route – and to develop a collaborative network around you.

My current research is on developing online HIV clinical care pathways to support people who are either self-testing or self-sampling for HIV, and linking them into care or other appropriate services and information.

We have recently been funded to build on this, and on our previous research, to develop an online Scottish ePrEP (pre-exposure prophylaxis for HIV) clinic, which will allow people with uncomplicated PrEP needs to be monitored and to access treatment remotely.

I am a co-investigator on INTUIT – Interaction Design for Trusted Sharing of Personal Health Data to Live Well with HIV – in the clinical public health workstream [**intuitproject.org**]. Unfortunately, this on hold due to the pandemic.

I am also a co-investigator and lead for digital health on Natsal-4, the National Survey of Sexual Attitudes and Lifestyles that has taken place every 10 years since 1990.

The last few months have shown that nothing is predictable, but I'd like to continue my mix of clinical work and hope that the research I do will have an impact – either by being implemented or by informing policy and service delivery, and by improving an individual's experience.

LEGO PROFESSOR PUTS PLAY HIGH ON SCHOOLING AGENDA

Closure of schools during the coronavirus lockdown has given parents of young children the opportunity to use play as a key tool in home learning, according to child psychiatrist Paul Ramchandani, former professor of child and adolescent mental health at Imperial College London. Ramchandani, now Lego Professor of Play at the University of Cambridge leading research into the role of play in child development, is concerned that formalised education appears to be creeping down the age range.

In an article in the Guardian, he advised parents that young children "will learn and enjoy different things from different kinds of play. Taking the time to play with your children, getting stuck in, is the most important thing."

Projects currently recruiting

- **HipDyS:** GP practices are invited to participate in this randomised 15-month study seeking to improve the diagnosis of developmental dysplasia of the hip (DDH) in infants by using a nine-item checklist as a diagnostic aid during the six-week hip checks. Data will be collected by the research team from Great Ormond Street Institute of Child Health and UCL.
noclor.norththamescrn@nhs.net

- **Hearing nasty voices:** One of the most common symptoms of schizophrenia is hearing voices. The aim of this study is to learn, through two custom-designed questionnaires, why some patients listen to and believe the distressing voices, and to enable the later development of psychological therapies that will help patients disengage from distressing voice content.
contact.noclor@nhs.net

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This paper is Forest Stewardship Council certified

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