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Promoting the best in research

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noclor
 RESEARCH SUPPORT
Contents

- 02 **FIRST THOUGHTS**
Lynis Lewis, Noclor Service Director
- 03 **CUTTING DEMENTIA RISK**
Project to identify the warning signs
- 04 **WHAT CAUSES WELLNESS?**
Link between poverty and poor health
- 06 **PROFILE: DR FIONA NOLAN**
Promoting the research role of nurses
- 08 **SHOW OF STRENGTH**
Focus on major mental health studies
- 10 **PRIMARY INSPIRATION**
Crucial support for service delivery
- 12 **VIP TREATMENT**
Help for older victims of crime
- 14 **TRAINING OPPORTUNITIES**
- 15 **FUNDING FOR RESEARCH**

Promoting the best in research



First thoughts...

It goes without saying that prevention is always a preferable option to cure – especially in these days of tight financial constraints on NHS services.

Mental health is a key factor in wellness and wellbeing. On page 8, we showcase some of the leading mental health research studies in the North Thames region. And on page 12 we focus on the ground-breaking VIP trial to offer effective treatment and psychological **support to older victims of crime.**

Dr Fiona Nolan, Camden and Islington Foundation Trust's deputy director of nursing and research, puts the case on page 6 for nurses to play a much greater role in using their clinical skills to enhance academic research – and explains why the reputation of our mental health services has spread as far as **Mongolia.**

Finally, we take a look on page 5 at some of the developments in support for new and expectant mothers – a pioneering test for Down's Syndrome, and funding for perinatal mental health care.

We hope you enjoy this issue and would welcome your feedback. Information on the support we provide to research in our partner Trusts is available at www.noclor.nhs.uk.
Lynis Lewis, Service Director
NOCLOR RESEARCH SUPPORT

One of the themes in this latest edition of the Noclor newsletter is the importance of identifying the factors contributing to mental and physical ill health, and planning early interventions.

Sir Harry Burns (page 4), a leading expert on the links between social deprivation, poverty and ill-health, began a series of Noclor conversations by addressing the question: What causes wellness?

On page 3, we look at a UK-wide project to identify the early warning signs of dementia in mid-life, led by **Professor Craig Ritchie**, former West London Mental Health Trust director of research and development.

And on page 10, we highlight the important work being done by our **Primary Care Research Delivery Team** to support general practices throughout the research cycle to improve health outcomes.

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

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

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

Early warning could cut dementia risks

As the global cost of dementia approaches an estimated £600 billion a year, a UK-wide research project is seeking to establish indicators of risk in middle age that could provide opportunities for prevention strategies.

There are around 850,000 people in the UK with dementia, and an ageing population means that the number is growing. While there currently is no cure for dementia, early identification of risk factors could make it possible to delay or even prevent its onset.

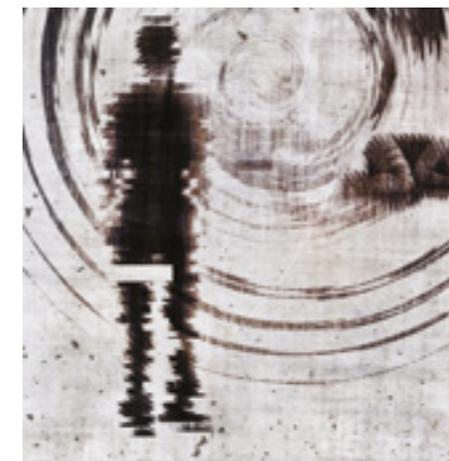
Genetics undoubtedly play a role in the development of the disease, but exposure to many of the associated risk factors – such as hypertension and diabetes – can occur in middle age.

The PREVENT project aims to identify the mid-life risks for later-life dementia, and to characterise the early changes of neuro-degenerative disease. Trials are being prepared on disease-modifying interventions and risk factor modification.

The genesis of the study was the visit of

a patient to Craig Ritchie, now Professor of the Psychiatry of Ageing at the University of Edinburgh, and formerly senior lecturer in the Centre for Mental Health at Imperial College London.

The patient explained that both of his parents had been diagnosed with Alzheimer's disease in their 70s, and asked what the risk



was for him and his children. Without a robust evidence base, an accurate answer was impossible to give.

The PREVENT study, supported by a grant from the Alzheimer's Society and resources from West London Mental Health Trust, seeks to answer such questions.

Research activities cover a standardised neuropsychiatric interview, a lifestyle questionnaire, analyses of biological indicators in participants – including markers in blood, saliva, urine and spinal fluid – and brain imaging. The procedures are repeated and analysed after 24 months.

Recruitment of the targeted 700 people aged 40-59 began two years ago, and some of the findings are now being analysed with a view to publishing pilot data towards the end of this year on high and low risk groups.

The next challenge is to secure funding for a five-year follow-up study.

Professor Ritchie also leads the European Prevention of Alzheimer's Dementia consortium, which, together with PREVENT, is generating a shared knowledge base that all participants will be able to access.

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Whys and wherefores of wellness

The increasing pressure on public service finances and resources means that the question of where and how to invest in healthcare for the future has never been more crucial

A series of health conversations is being organised by Noclor to seek answers to the question of how best to target NHS resources to ensure human health and wellbeing.

They were opened in March by Sir Harry Burns, a leading expert on the link between social deprivation, poverty and ill-health, at

an event at the British Library in London. The event – “What causes wellness? Research priorities for children and young people” – was organised in partnership with the Tavistock and Portman NHS Foundation Trust.

Sir Harry, professor of global public health at the University of Strathclyde, Scotland, said

Sir Harry Burns, Professor of Global Public Health at Strathclyde University, Scotland, has dedicated most of his career to understanding how societies create wellness.

His research and work in the field over more than three decades led to him being presented in 2014 with a lifetime achievement award for public service from the Scottish Government and the Scottish Parliament.



He trained in surgery in Glasgow, and it was during his time subsequently as Consultant Surgeon at Glasgow's Royal Infirmary in the 1980s that treating patients from the city's poorer East End districts gave him a deep insight into the complex inter-relationships between social and economic status and illness.

He was later appointed Director of Public Health for Greater Glasgow Health Board in 1994, continuing his research into the problems of social determinants of health.

In 2005, he became Chief Medical Officer for Scotland, and was knighted in 2011 for outstanding achievement and service to society.

that British doctors are trained exclusively in pathogenic thought to address the causes of disease, but the answer to what makes us well is not as simple as that. It was while working as a surgeon at the Glasgow Royal Infirmary 30 years ago that he noticed that the wounds of poorer patients took longer to heal. Initially, he put it down to a combination of bad diet and smoking. But it became clear to him over the next few years that the cause was more complex.

Sir Harry cited the work of the Austrian psychotherapist and neurologist Viktor Frenkl, a Holocaust survivor, who said: “Those who have a ‘why’ to live can bear with almost any ‘how.’”

Things were beginning to make sense for Sir Harry. The link between biology and psychology, between physical health and social circumstances – or, as he puts it, “the biological consequences of sociological chaos” – had been dismissed for too long.

There is a spectrum between pathogenesis

at one end and salutogenesis – focusing on factors that support human health and wellbeing – at the other, Sir Harry said.

Stressful events in early life change the way brain structures develop, with chaotic childhoods leading to increased risks of physical ill-health in adult life.

Poorer communities are plagued by what Sir Harry calls “cycles of alienation”. Early-life stress leads to mental ill-health in childhood, followed by behavioural problems in school, and ultimately unemployment, and poverty. Poverty, he said, is both the cause and consequence of the cycle.

The answer to the question of how meaning and purpose can contribute to one's wellbeing is not as complicated as it may seem.

Parent-child attachment and cognitive function, for example, are vastly improved through telling children bedtime stories. And merely asking homeless people their names can create a human connection to help them off the street.

Rather than spend lavishly on drugs to fix the results of ill-health, Sir Harry argued, we should prioritise changing the circumstances that cause it.

The link between biology and psychology, between physical health and social circumstances – or, as he puts it, “the biological consequences of sociological chaos” – had been dismissed for too long.

TRIAL SUPPORTS PIONEERING DOWN'S SYNDROME TEST

Pregnant women in the UK will soon be offered a new non-invasive prenatal blood test (NIPT) for Down's syndrome following trials led by **Professor Lynn Chitty** (right), clinical director of the NIHR Clinical Research Network: North Thames. The DNA blood testing will be offered instead of amniocentesis, a procedure in which a needle is used to extract amniotic fluid from around the foetus. The new test is £200 cheaper than amniocentesis and has none of its risks of causing miscarriage.



NEW MOTHERS TO GET MENTAL HEALTH CARE

An extra £290 million of government funding has been made available over the next five years for treating mental health problems that affect one in five new and expectant mothers. The funding will provide access to specialist mental health care for at least 30,000 more women through perinatal classes, community perinatal teams, and more beds in mother and baby units.

Nursing ambitions spread far and wide

PROFILE: Dr Fiona Nolan, Camden and Islington NHS Foundation Trust's deputy director of nursing and research, on why nurses have such a vital role to play in academia – and why our mental health services are now the envy of Mongolia.



Did you know that a doctor is 500 times more likely than a nurse to go into an academic job?

In mental health research, academics

tend to employ psychology graduates, who are often cheaper and perceived as being more academically able than nursing staff.

This is a perception I really want to break.

Nurses are greatly under-represented in academia, despite having valuable clinical skills. They know the services, and they know how to talk to patients with mental health problems, with their families, and with their clinicians.

After completing my degree, I was working as a community mental health nurse when a colleague asked me if I wanted to do a stint as a research nurse. I've stayed in it ever since, while still maintaining a clinical foothold. I'm

now deputy director of nursing and research for the Camden and Islington NHS Foundation Trust and a nursing research fellow at UCL. I help promote research activities in the nursing world, raising awareness and encouraging their involvement in research.

More recently, I've been involved in setting up a research team of nurses and other allied health professionals. Some may have limited experience of research, but have a lot of experience in clinical settings.

It's the first mental health nursing research team of its kind in the country, with a manager and individual mentorship. Some of them return to their normal jobs afterwards, with an exposure to research that enhances their professional performance. Others go on to complete PhD or Master's qualifications. And their success rate after entering academia has been really high.

We really need to justify our existence as mental health nurses. We lag behind psychologists and medics hugely in that respect.

Part of my motivation in developing nursing ability to do research is to make them more aware of how precarious their positions are in the NHS. The harsh economic fact is that a nurse can cost an NHS manager £20,000 a year more than a psychology graduate.

We really need to justify our existence as mental health nurses. We lag behind psychologists and medics hugely in that respect.

Nurses need to show what they can do better – be that through their high level of compassion and empathy or by

communicating with the social class that comprises the bulk of patients with serious mental health problems.

The research they've been involved in includes the SCIMITAR study on helping people with mental health illnesses stop smoking, and



Fiona Nolan and the British delegation with President Batbaatar and members of the Health Science University of Mongolia

the SCANMOVE study on quickly assessing the side-effects of anti-psychotic medication.

And the reputation of our research work in mental health nursing has now spread all the way to Mongolia.

In 2012, the British Ambassador to Mongolia hosted a delegation of British health professionals, and a Mongolian trade delegation that made a follow-up visit to London the following year was really impressed with our services. They would like theirs to follow our model – particularly in crisis management – and invited us to visit.

We wanted to develop business for the NHS, to offer the Mongolians advice on setting up their services at a cost. Although they are

well intentioned, they have no specialised mental health training or community services, and their inpatient services and practices are 30 years behind ours.

We're working to develop nursing there through an ERASMUS grant – the European Region Action Scheme for the Mobility of University Students

– to structure a training programme for mental health nursing.

The Mongolian nurses have high academic achievement and can do statistical analysis. Buddhism is the national religion, and it's a very empathetic and compassionate culture.

But the country's only hospital for mental health is a big, old asylum in the capital, Ulaanbaatar.

The public wards are almost identical to those in which I trained in the UK in the mid-1980s – with cot beds in 30-patient dormitories, and patients lined up to be spoon-fed their medication. Sometimes they had only two nurses to 60 patients, whereas we have 16-bed wards, with 4-5 staff during day shifts and 3-4 at night.

Their current services might be shocking, but

changes can come fast, particularly if their clinicians can see how our services work in the UK.

There's still a lot of stigma attached to mental health issues in Mongolia, where it is considered immoral to treat people in crisis in the community.

We had the same problems when we developed crisis teams here in the UK. But we've moved beyond that now, to see that people in a mental health crisis can be managed in the community.

The trusting relationship we've built up in Mongolia was highlighted when I was offered a visiting professorship at their National University of Medical Sciences in recognition of my work there.

The Mongolians want to use their funding to develop services like ours, and I'll be helping them with their projects. We're also looking to set up the first Asian Conference on Mental Health there.

Foreign business is something good for the NHS, but not many countries can afford it. And the NHS can't afford it on a purely altruistic basis. Still, I think developing international relationships to exchange knowledge is a valuable aspect of research and services that should be promoted.

Promoting the best in research

Show of strength in mental health research

The best of mental health and dementia research in the North Thames area was showcased on 17 February at the headquarters of the Royal College of General Practitioners in central London.

The event, hosted jointly by the North Thames Clinical Research Network and by Noclor, featured a networking reception and presentations from leading researchers on the four studies featured here.

These are among the biggest studies currently taking place across the region.



PRIMROSE

● The Prediction and Management of Cardiovascular Risk in People with Severe Mental Illnesses (PRIMROSE) study was designed to improve the detection and management of cardiovascular disease risk in people with severe mental illnesses in primary care.

The five-year programme is divided into three related work packages: to develop a prediction tool for cardiovascular risk specifically for people with severe mental illnesses; to review current evidence on behavioural and pharmacological interventions for reducing cardiovascular risk in this group; to conduct a cluster randomised controlled trial to test the cost-effectiveness of a new primary care intervention.

The programme is led by Professor David Osborn and researchers at University College London, in partnership with Camden and Islington NHS Foundation Trust and Rethink Mental Illness. Other co-investigators on the study are based at King's College London, Imperial College London, and the University of Southampton.

COFI

● The Comparing Functional and Integrated Systems of Mental Health Care (COFI) study is a natural experiment funded by the European Commission. It compares outcomes of patients who have been admitted to hospital and will then be cared for with or without continuity of care. Different types of outcomes are assessed one year after the admission.

A core question in the organisation of mental health care is whether separate clinical teams should provide in-patient and out-patient care, or whether there should be some personal continuity of care across the two services. It is a controversial issue, and reforms in various European countries move in different directions.

The study is a large, non-randomised controlled trial comparing integrated and functional systems in five countries – the UK Germany, Italy, Poland and Belgium – where both systems are used. The effectiveness and cost-effectiveness of the systems will be compared, and guidelines developed for policy decision-making.

ECLIPSE

● The Building Resilience and Recovery through Enhancing Cognition and Quality of Life in the Early Psychoses (ECLIPSE) study was established to review a new psychological treatment known as cognitive remediation therapy (CRT).

The therapy can improve cognitive and functional recovery in people with schizophrenia, leading to better social relationships and the opportunity join the workforce or enter further education. It is most effective for young people when provided in Early Intervention Services (EIS), as its impact on functioning is likely to be most powerful when administered at the earliest possible opportunity.

The study will develop a training programme and investigate different methods of CRT implementation to guide its introduction across the UK. The key factors that affect CRT experiences will be measured from the service user and patient perspectives in EIS, and the different methods of providing CRT will be analysed.

MARQUE

● The Managing Agitation and Raising Quality of Life (MARQUE) study was established in response to the government's "Challenge on Dementia", which set out a clear objective of making England the best country in the world for dementia care and research by 2020.

The study will test the model of agitation, and will improve understanding of current practice and challenges for carers. Agitation affects around 50% of people with moderate to severe dementia and is highly distressing, both for the individuals with dementia and for those around them.

The study, which is running for five years, consists of six research streams – a longitudinal cohort observational study, and qualitative studies on people living at home and those who are very ill in hospital or in care homes. The team has developed a manual to train paid carers in care homes on how best to reduce agitation, and this is currently being tested.



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Primary source of inspiration

Services that are crucial to the future of the NHS are being provided by Noclor's Primary Care Research Delivery Team.

The value of primary care research is more relevant today than ever before, with general practices now having to manage many illnesses and long-term conditions – such as diabetes, epilepsy and high blood pressure – that have been transferred from secondary care settings.

There is a need for more research sites and participants, and Noclor's Primary Care Research Delivery Team has the expertise to help facilitate this by supporting general practices throughout the research cycle.

Team members appraise each study, advise on what will and won't work, and assess the suitability of primary care settings. They advise on and help to design the recruitment strategy, assist with the delivery and set-up of the research, and also cost projects.

Database searches created by the team can be installed in any GP practice within five minutes, saving time otherwise spent reading records – and reducing service-support costs,

which can instead be spent on supporting research in other ways.

The team covers 13 clinical commissioning groups (CCGs) across north central and northeast London, giving access to all the practices they contain under one roof. Within those CCGs, six research clusters are provided with a community-based research co-ordinator to facilitate research at all the practices in that cluster.

The team's primary care research nurses pick up on the clinical areas where the co-ordinators can't assist, and help with activities that the practices don't have the resources to do themselves – such as helping to recruit consenting participants, collecting data, and inputting the information into databases.



Research can provide the evidence to either corroborate or debunk long-held beliefs

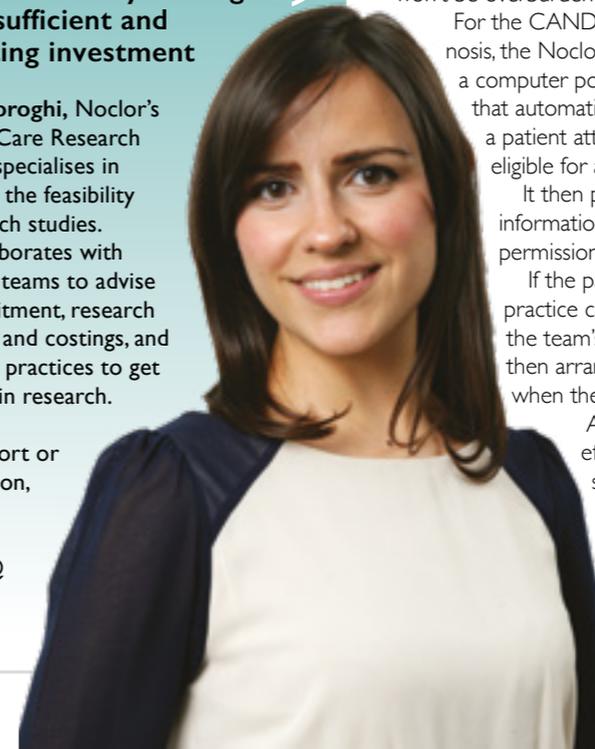
Letitia Coco-Bassey, one of Noclor's two Primary Care Research Nurses, helps recruit GPs to research studies. She ensures that patients' queries are answered before arranging for informed consent, and collects and inputs relevant data for the study.

For support or information, contact: letitia.coco-bassey@nhs.net

Research ensures the NHS's survival by making it self-sufficient and attracting investment

Selina Foroghi, Noclor's Primary Care Research Adviser, specialises in assessing the feasibility of research studies. She collaborates with research teams to advise on recruitment, research activities and costings, and helps GP practices to get involved in research.

For support or information, contact: selina.foroghi@nhs.net



They also recruit GPs to participate in research, and ensure that their heavy workloads won't be overburdened by the study.

For the CANDID study on cancer diagnosis, the Noclor team developed a computer pop-up on clinical systems that automatically notifies GPs when a patient attending the practice is eligible for a trial.

It then prints off a patient information sheet and permission-to-contact form.

If the patient signs the form, the practice can immediately fax it to the team's research nurse, who then arranges to see the patient when they're available.

And to ensure the most effective recruitment strategies possible, the team's research data officer can map demographic information to target the right practices for recruitment.

Projects currently recruiting

● **LINKAGE:** The Delirium and Population Health Informatics Cohort (LINKAGE) study aims to achieve better understanding and treatment of the long-term cognition impacts of delirium, a syndrome of severe brain dysfunction in the context of acute illness. The cohort study – involving 2,000 Camden residents over 70 – will monitor participants in the event of hospitalisation.

● **Stop HCV:** This three-year clinical trial, sponsored by Imperial College London and with a £1.6 million grant from the NIHR, aims to establish what is the minimum duration of treatment required to achieve cure in the majority of patients with Hepatitis C virus (HCV). The first site for the trial is the Mortimer Market Centre (CNWL), and recruiting began in mid-March.

For information on Noclor support: primarycare.noclor@nhs.net

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Crime victims to get VIP treatment

A ground-breaking trial is being launched to identify older victims of crime and offer effective treatment to minimise the psychological effects they have suffered.

The NIHR Public Health Programme has provided £1 million funding for the Victim Improvement Package (VIP) trial, which was developed after the Helping Aged Victims of Crime (HAVOC) study revealed that around 20 per cent of victims suffered from some form of psychiatric disorder within a month of the crime.

Despite rates of depression and anxiety in older people being roughly double the average, and more than two-thirds of them not recovering from the psychological impact of crime, very little research has been conducted in this field.

Older people tend not to seek help, to blame themselves for the crime, and suffer a level of distress that changes their lifestyle to a great degree. And as the population ages, the issue will become increasingly prominent, resulting in significant implications for resources.

Two-thirds of the people in the HAVOC

trial remained depressed after three months, and a proportion of them were offered a pilot VIP intervention, which suggested that cognitive behavioural therapy could be of benefit.

The VIP trial – conducted by a team of researchers led by Dr Marc Serfaty, a Clinical Reader in Psychiatry at UCL – will build on these findings to assess whether interventions are effective.

The victims will be identified through safer neighbourhood teams. When these police units conduct their standard visit to the victims to collect details, they will ask two brief screening questions on anxiety, and two on depression.

If they are classified as significantly distressed, the police will signpost them to their GP by providing a letter for them to take to their doctor. The impact of this signposting will be examined, and the psychological condition of the participants will then be reassessed.

The randomised trial of more than 200 participants, recruited from seven London boroughs with a mix of demographics, will compare usual care with a combination of that care plus the VIP.

Despite rates of depression and anxiety in older people being roughly double the average, very little research has been conducted in this field



The package will be delivered through the mental health charity, MIND. It will provide information about psychological symptoms and data about crime, and interventions using both cognitive and behavioural therapy to target the symptoms of anxiety and depression.

If successful, the approach of providing the VIP through multi-disciplinary co-operation between the police and mental health care services would allow the programme to be rolled out across the country, and perhaps even internationally.

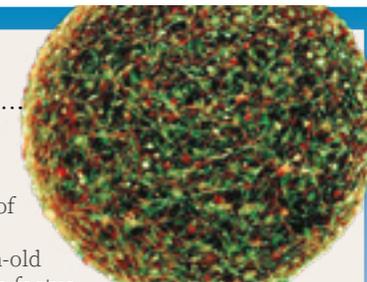
'MINI-BRAINS' ALTERNATIVE TO ANIMAL TESTING

A cheaper and more reliable alternative to animal testing in drug research could be provided by “mini-brains” made from adult stem cells.

Professor Thomas Hartung and his research team at Johns Hopkins Bloomberg School of Public Health in the US told the American Association for the Advancement of Science conference in February that the mini-brains can be used to study Parkinson's, Alzheimer's, multiple sclerosis and autism. The brains are 50 times smaller than a five pence piece, but represent the

equivalent of the brain of a two-month-old human foetus.

They are formed from adult stem cells genetically altered and then stimulated to grow into brain-like structures that begin to think on their own within eight weeks. One hundred of them can be grown in a single petri dish.



Mini-brains like these could be the future of brain research.

Image: Thomas Hartung/Johns Hopkins

MAJOR SEXUAL HEALTH STUDY AWARDED £2.5 MILLION GRANT

Professor Claudia Estcourt, reader in sexual health and HIV at the London School of Medicine and Dentistry, has been awarded a NIHR grant of almost £2.5m for a five-year research study, IMPRES_HIV, that will involve research experts from across the UK.

The study is designed to prevent the transmission of sexually transmitted infections (STIs) and HIV, developing strategies to reduce undiagnosed HIV and improve care for people with bacterial STIs. It will focus on young people and on men who have sex with men.

Pathways to training opportunities



Training courses

The following sessions are being hosted by Noclor and our associates. All the sessions are free and open to all staff who have an interest in research (including doctors, dentists, nurses, research assistants), and who are working in or associated with our partner Trusts.

April

Monday 25 -9:00am to 5:00pm

Advanced Skills in Research Delivery

Tuesday 26 -1:00pm to 5:00pm

Good Clinical Practice in Research Training Event

Wednesday 27 -2:00pm to 5:00pm

Advanced Literature Searching Training Session

May

Wednesday 11 -2:00pm to 5:00pm

Introduction to Critical Appraisal Skills, Quantitative Research, Workshop

Thursday 26 -10:00am to 1:00pm

Introduction to Critical Appraisal Skills, Qualitative Research, Workshop

Upcoming...

Principal Investigator Training

Informed Consent

Setting up and Managing the Trial Master File

Essential Skills for Research Nurses

For information and bookings of Noclor courses, visit www.noclor.nhs.uk to download your booking form or email: sadie.wilmarsh@nhs.net

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 sadie.wilmarsh@nhs.net

Finding research funding

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

National Institute of Health Research:

<http://www.nihr.ac.uk>

Medical Research Council:

<http://www.mrc.ac.uk>

Wellcome Trust:

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

Cancer Research UK:

<http://www.cancerresearch.org.uk>

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

Health Foundation:

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

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

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

More general funding sources can be found at: <http://www.rdfunding.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



Research for Patient Benefit Programme

The final competitions of the year are now under way in the **NIHR Research for Patient Benefit Programme (RfPB)**, a national funding scheme inspired by patients and practice to produce high-quality research for the NHS.

The outcome of Competition 28 will be announced in mid-to-late June, and number 29 now enters the second stage.

With more than 60% of adults in the UK overweight or obese, and more than 2.7 million people having type 2 diabetes, the latest competition forms part of the NIHR Themed Call for research into interventions or services for the prevention and treatment of obesity.

Applications for the second stage will open in mid-June and close in late July, with the final submission outcome announced in late October.