



East Anglia Hub
Mental Health Research Network



**National Institute for
Health Research**

NEWSLETTER 43

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Hub Update

A warm welcome to the final newsletter of 2011. It has been a busy autumn for the Hub. We have said goodbye to Pritpal Panesar, our Industry Trials Facilitator. We thank him for all the work he completed supporting and promoting commercial research in our area and wish him well in his new career.

The Hub has adopted four new studies covering a range of topics - see pages 2 to 4 for details and our Clinical Studies Officers have been attending events in the region - reports are on pages 7 and 8.

In Meet the Team on page 11, find out all about Natalie Salimi, who joined us in September and Linda's Recipe Corner features two delicious recipes which are guaranteed to cheer up your winter.

Finally we would like to take this opportunity to say a big Thank You to all those individuals and teams who have made research possible in 2011. Enjoy the festive season, and we look forward to working with you all again in 2012.



How to run a project on the Network

Applications to run a project on the MHRN must be made to the 3As Committee.

Application forms can be downloaded from: www.mhrn.info

Date for next committees is:

8th December 2011

NIHRMHRN Aims and Benefits

Aims:

- To organise and deliver large-scale research projects to inform policy and practice as it develops, and to help services implement change.
 - To broaden the scope and capacity of research, including full involvement of service users and carers in commissioning and delivering research
 - To help identify the research needs of mental health (particularly in health and social care), working with frontline staff, service users and carers
- To develop research capacity through a range of initiatives at a local, regional and national level.

Benefits:

- Provides instant access to a number of clinical and academic centres
- Brings together research and providers of mental health and social care services
- Offers a broad scope, covering all mental health disciplines
- Offers support and guidance on research governance issues, data protection and ethical matters
- Co-ordinates the management of all subcontracts to individual centres

New Studies

The association between autism spectrum conditions (ASCs) and psychosis: investigating the importance of chromosome 15 at q1113

Chief Investigator: Professor Anthony Holland
Lead Organisation: University of Cambridge

Autistic Spectrum Conditions (ASCs) have been described as having the highest heritability of any childhood onset psychological disorder. It is now thought that there are several different genotypes leading to the ASC phenotype, and/or there are copy number repeats or other variants of many genes each of small effect but when these are inherited together their effects are additive resulting in the ASC phenotype.

Candidate genes (i.e. genes that may contribute to the development of ASC) have been found on several chromosomes including 2, 7, 16, and 19. However, there has also been an increased focus on chromosome 15 and the role of epigenetic factors in the causation of ASC. It has been estimated that between one and two percent of people with ASC have an interstitial duplication of a particular chromosomal region (15q11-13), with a significant number of these duplications involving the chromosome 15 of maternal origin.

People with ASCs are at greater risk for psychotic bi-polar disorder and schizophrenia spectrum disorders than the general population. The central hypothesis in this study is that the genetic model that has been put forward to explain the high rates of psychotic illness in the mUPD subtype of PWS may also account for the co-occurrence of psychotic illness with ASC and that this may explain the similarities between the atypical psychoses seen in the two different groups.

The study team proposes to expand a pilot study that was conducted about the genetics of autism and psychosis. Early results from that pilot are positive, with 7 of 15 people with ASCs and psychosis having 15q copy number variations (CNVs; small areas of duplication or deletion of the DNA sequence). The larger study proposed here would continue the focus on chromosomal region 15q11-13, and will examine the phenomenology of the psychosis to determine whether, when psychotic illness is associated with chromosome 15 CNVs, it has a characteristic phenomenology and course.

Results from this research could provide: a) confirmation that this atypical psychosis is a genetically distinct disorder from other psychoses; b) the ability to determine the likely predisposition in people with an ASC to psychotic illness, which could be valuable in terms of prevention or early detection and treatment, and c) further evidence of the role of imprinted genes in the causation of both ASC and psychosis. In addition, it would also support the future study of the protein or proteins coded by genes in this region and establishing their function, thus paving the way to an understanding of some of the factors that make individuals vulnerable to psychotic disorder, a major factor in cases of premature death (Harris and Barraclough, 1998) and long-term disability.

New Studies (continued)

Understanding and Preventing Adverse Effects of Psychological Therapies (AdEPT)

Chief Investigator: Professor Glenys Parry
Lead Organisation: University of Sheffield

This study is aiming to gain a greater understanding of the phenomenon of negative effects in psychological therapies.

There are several strands to the project including:

- A systematic review into negative effects in psychological therapies.
- Analysis of existing data sets to explore associations of variable and deterioration/drop-out.
- A meta-analysis of negative effects in existing Randomised Controlled Trials that have only reported improvement rates.
- A qualitative study design conducting an in-depth exploration of both therapists' and clients' experiences of failed therapies (what went wrong and how this might have been prevented).
- Development of tools for therapists and clients to raise awareness and decrease the likelihood of negative effects occurring.

New Ways of Working in mental health services: assessing and informing the emergence of Peer Worker roles in mental health service delivery

Chief Investigator: Steve Gillard
Lead Organisation: St George's, University of London

The new Mental Health Strategy – No Health without Mental Health – underlines the importance of personalised, recovery focused mental health services that respond to the needs, choices and aspirations of each individual. The strategy also calls for frontline staff with the expertise and skills to deliver individualised care, while at same time restating the requirement for new ways of delivering services that offer cost and productivity benefits for the NHS. In response to these demands, many Mental Health NHS Trusts in the UK are introducing Peer Workers – people with personal experience of mental health issues – into their staff teams, building on innovative work that has been taking place in the voluntary sector and peer-led mental health organisations. While there is some research that indicates the benefits peer support has to offer, there is very little research on the successful introduction of peer workers.

This research aims to test the existing evidence on introducing Peer Worker roles in a range of UK mental health service settings in the statutory and voluntary sector in order to identify what works best in different contexts. The findings will be used to develop guidance on recruiting, training and supporting Peer Workers.

New Studies (continued)

Randomised controlled trial of the clinical and cost effectiveness of a specialist mood disorders team for refractory unipolar depressive disorder

Chief Investigator: Professor Richard Morriss
Lead Organisation: University of Nottingham

A pragmatic randomised controlled trial of a specialist mood disorder intervention versus treatment as usual will be conducted. Patients will be individually randomised with stratification by mental health trust to either treatment by a specialist team offering tailored psychological and pharmacological treatment or treatment as usual. Eligible patients will be followed for 24 months and the primary outcomes will be observer rated depressive symptoms and cost effectiveness from a health and social care perspective. Along side the RCT, implementation analysis and audit of the standard care and specialised care for depression will be carried out.

The NICE Guidelines for depression outline a stepped care model whereby patients with moderate to severe depression who have not responded to first, second or third line treatment should be able to access both specialist pharmacological and psychological treatment. While the expertise to do this is already available in mental health trusts in Nottinghamshire, Derbyshire and Lincolnshire, they are not commissioned for this purpose and there is no service structure to provide such individualised and coordinated care. One reason this has not happened is that there are no randomised controlled trials of such coordinated specialist mood services for depression in the world scientific literature.

Participants will be recruited from community mental health teams, mental health out-patient clinics, self-help groups (including self-referral) and general practitioners



**iPad App testers
wanted**



Here at the University of Cambridge we are developing an iPad App aimed at individuals with Schizophrenia. We are looking for volunteers with a diagnosis of Schizophrenia who are willing to provide feedback on the usability of our App. Feedback sessions will be based in central Cambridge and can be as long or short as you like. No technical skills required.

Please get in contact at jc746@cam.ac.uk or on 01223 760 667.

PROJECTS ACTIVELY SUPPORTED BY THE EAST ANGLIA HUB

Projects in set-up:

BeneMin

Chief Investigator: Bill Deakin
Funded by: NIHR EME

The Benefit of Minocycline on Negative Symptoms in Schizophrenia: Extent and Mechanisms

CORE Phase 1 study 1, CORE Phase 1b, CORE Phase 1c

Chief Investigator: Sonia Johnson
Funded by: NIHR

Optimising team functioning, preventing relapse and enhancing recovery in crisis resolution teams: the CORE programme (CRT Optimisation and RElapse prevention)

Guanfacine Hydrochloride in Paediatric ADHD

Chief Investigator: Dr Harpin
Funded by: Industry funded

A phase 3 double blind placebo controlled multi centre randomised withdrawal long term maintenance of efficacy and safety study of extended release Guanfacine Hydrochloride in Children and Adolescents aged 6-17 with Attention Deficit/ Hyperactivity Disorder

ICCAM Platform

Chief Investigator: David Nutt
Funded by:

New drugs for addiction: focus on attenuating core behavioural components of heroin, cocaine and alcohol addiction and relapse prevention

Open Projects:

ASPECTS

Chief Investigator: Richard Meisser-Stedman
Funded by: MRC

Cognitive Behavioural Therapy (CBT) as an early intervention for post-traumatic stress disorder (PTSD) in youth: preliminary efficacy and mechanisms of action

Causes and Effects of Stimulant Dependence

Chief Investigator: Karen Ersche
Funded by: MRC

This study aims to investigate the genetic basis for stimulant dependence and wants to determine the effects of chronic stimulant abuse on the brain.

CEQUEL

Chief Investigator: John Geddes (Oxford)
Funded by: The Medical Research Council

Comparative Evaluation of Quetiapine-Lamotrigine combination versus Quetiapine monotherapy (and folic acid versus placebo) in patients with bipolar depression.

CIMTIPPA

Chief Investigator: Laura Jobson
Funded by: NIHR

Investigating Cultural Influence on the Memory of Trauma and Implications for Posttraumatic Psychological Adjustment

N-ALIVE

Chief Investigator: John Strang
Funded by: MRC, EPSRC and BBSRC

Prison-based Naloxone-on-release randomised controlled trial to reduce heroin overdose deaths.

OCTET1

Chief Investigator: Karina Lovell
Funded by:

Obsessive Compulsive Treatment Efficacy Trial

Risk Factors of Perinatal Disorders

Chief Investigator: Paola Dazzan
Funded by: NARSAD

Examining stress response in women at risk of perinatal mental health disorders

SHIMME

Chief Investigator: Shulamit Ramon
Funded by: NIHR RfPB

Shared decision making in psychiatric medication management

Crossing the Divide

Chief Investigator: Declan Murphy
Funded by: NIHR

Assessing diagnostic procedures for Autism Spectrum Disorders and Attention Deficit Hyperactivity Disorders in early adulthood

DPIM

Chief Investigator: Hugh Gurling
Funded by: MRC

DNA polymorphisms in mental illness—Identifying genes and their mutations increasing susceptibility to ADHD, Alzheimer’s dementia psychosis and alcoholism

ECHO

Chief Investigator: Janet Treasure
Funded by: NIHR

Does a proven intervention to improve functioning of carers also benefit the anorexia nervosa sufferer for whom they care? A pilot study of our Expert Carer Helping Others (ECHO) intervention.

EU-GEI

Chief Investigator: Peter Jones
Funded by: European Union 7th Framework Programme

European network of national schizophrenia networks studying Gene-Environment Interactions Work Package 2: Functional Environments



Open Projects actively supported (continued)

FEP1

Chief Investigator: Jeremy Coid
Funded by: NIHR

Follow-Up of First Episode Psychosis in East London

HIP

Chief Investigator: Richard Gray
Funded by: NIHR RfPB

Cluster randomised controlled trial of the Serious Mental Illness Health Improvement Profile

HoMaS2

Chief Investigator: Navneet Kapur
Funded by: NIHR

Hospital management of self-harm in England—study 2

IMPACT

Chief Investigator: Ian Goodyer
Funded by: National Institute for Health Research Technology Assessment Programme

Randomised Controlled Trial of Brief Psychodynamic Psychotherapy, Cognitive Behaviour Therapy and Treatment as usual in adolescents with moderate to severe depression attending routine child and adolescent mental health clinics.

Janssen 3010

Chief Investigator: D.S Gonzalez-Naranjo
Funded by: Industry funded

Exploring the tolerability, safety and treatment response (maintained/improved efficacy), based on total Positive and Negative Syndrome Scale (PANSS) score, of a transition to flexibly dosed paliperidone palmitate in subjects with schizophrenia previously unsuccessfully treated with oral or long-acting injectable (LAI) antipsychotics.

OASIS

Chief Investigator: Tony Hale
Funded by: Industry funded

To monitor the short-term (up to 12 weeks) use and safety of two types of Quetiapine by psychiatrists under normal conditions of use

PET

Chief Investigator: Fiona Nolan
Funded by: NIHR RfPB

A preliminary comparison of acute mental health inpatient wards which use Patient Engagement time, with other wards delivering standard care alone

Parades

Chief Investigator: Peter Bartlett
Funded by: NIHR

Advance Directive evaluation in Bipolar Disorder

PaSsA

Chief Investigator: Peter Langdon
Funded by: NIHR RfPB

A randomised controlled trial of group cognitive behavioural therapy for anxiety disorders amongst people with Asperger Syndrome

REACT

Chief Investigator: Paul Wilkinson
Funded by: MRC

Cortisol Hyper-Reactivity to Stress - A Putative Biomarker for Major Depressive Disorder

SEPEA

Chief Investigator: Peter Jones
Funded by: the Wellcome Trust

Social Epidemiology of Psychoses in East Anglia

Servier CL2 20098-072

Chief Investigator:
Funded by: Industry

Efficacy of agomelatine given orally during 16 weeks in patients with Obsessive-Compulsive Disorder.

SuperEDEN

Chief Investigator: Max Birchwood
Funded by: NIHR

Sustaining Positive Engagement and Recovery (SUPEREDEN) – the next step after Early Intervention for Psychosis

Other projects (open or in follow-up) hosted by the East Anglia Hub but not actively supported:

FIAT

FEP

MDS

Conversion Disorder

DOMINO-AD

LEGS

Sudden death in Psychiatric in-patients and the relationship with psychotropic drugs

National Confidential inquiry into suicide and homicide by people with mental illness (NCISH)

A study to investigate the prevalence

of mental illness among victims of homicide and the demographic, clinical and criminological characteristics of victim

PAATH

ROCKY

SCJS

VORAMSS

A study of psychotropic medication prescribing patterns in English prisons

Population risks

MR-IMPACT

AMICUS

OCTET

REAL

START

Learning Study

MCA-DoLS

Alastair Campbell lecture on stigma

On the 15th September 2011, CSO's from the East Anglia MHRN (Natalie Salimi, Pritpal Panesar and Georgina Hurford) attended a lecture presented by Alastair Campbell, titled 'Time to breakdown the stigma and discrimination surrounding mental illness-from someone who knows'. This was part of the Time to Change campaign which aims to get people talking openly about mental health. The lecture was introduced by Professor Peter Jones and concluded in a question and answer session.

Alastair Campbell, who is a Cambridge graduate and best known for his role as Director of Communications for Tony Blair, discussed his own experience of mental ill health - making frequent reference to his own 'breakdown' in 1986. He spoke of the importance of support received from family and friends, and none more so than the support received from Tony Blair, who despite being aware of Mr Campbell's own concerns about his mental health, encouraged Mr Campbell to become his political aide. This received widespread media coverage and can arguably be described as being a pivotal point in helping to break down social stigma in mental health. Nationally, the message promoted the idea of "if it's good enough for the Prime Minister, then its good enough for the country".

Alastair Campbell opened the lecture by describing himself as the 'happy depressive' and gave a personal reflection on how his career and family life influenced his own interpretation of the meaning of happiness. The discussion progressed on to Mr Campbell highlighting how it is often only after we near an end point that our senses are truly awakened, and that we can then experience renewed appreciation of the things which we so frequently overlook and take for granted. Such thought-provoking accounts encouraged the audience to question their own perceptions of happiness and mental health.

The lecture concluded with a question and answer session in which Mr Campbell was asked by a member of the audience about his opinion on the terminology used in mental health, a subject that highlights an ongoing debate. Mr Campbell responded by stating that people should not be afraid to use clinical labels in describing conditions associated with mental health.

The lecture was organised by Cambridgeshire and Peterborough Foundation Trust, who work closely with the Time to Change campaign to get people talking about mental health. As Clinical Studies Officers working for the Mental Health Research Network, it was encouraging to see the promotion of openness and challenging stigma, which is so supportive of the work the organisation does in promoting mental health research.

Natalie Salimi
Pritpal Panesar

Clinical Studies Officers

College of Mental Health Pharmacy Annual Conference

On the 30th September Natalie Salimi, Clinical Studies Officer from the East Anglia Mental Health Research Network joined forces with representatives from The Dementias & Neurodegenerative Diseases Research Network (DeNDRON) to promote the NIHR Clinical Research Network at The College of Mental Health Pharmacy (CMHP) annual conference.

CMHP has the overall objective of advancing education and research in the practice of mental health pharmacy and both the seminars, which were further complemented by the poster exhibitions, provided pharmacy team members with high quality education and support about mental health conditions and their management.

The Mental Health Research Network were invited with DeNDRON to promote the NIHR research networks, encouraging pharmacists to consider the ease with which they can get involved with Industry Trials and to discuss the various ways these are currently supported by each of the networks.



The joint East Anglia Hub/DeNDRON stand

The promotional stand attracted varied discussions. There were pharmacists seeking out information on how to get research started leading to discussions around Research and Development teams, criteria for MHRN adoption and the FAST-R service. Others shared their own experience of working in the field of mental health and the importance of research to improve existing services. Such conversations highlighted an important part of the MHRN's work, which is the promotion of patient and carer involvement in the studies supported by the network. This facet of the MHRN's work embeds patient and carer involvement throughout the research process, through the MHRN led groups **SUIR** (Service Users in Research) and **FACTOR** (Families/Friends and Carers Together in Research). Discussions on how families and carers could get involved with mental health research were shared throughout the day.

Over the course of the day, discussions with attendees promoting current advances in pharmacology on other stands as well as with practitioners attending the conference, appeared to point to a consensus concerning research. For many, research is seen as an additional pressure to an already pressurised workload, and this is further exacerbated given the financial climate. Attending conferences like the CMHP's annual event is fundamental to dispelling some of the myths around research and is a fantastic opportunity to promote the role of the MHRN in facilitating research in difficult times for clinical teams. It is clear that there is much work to do to foster the perception that in the long term, well-supported research may deliver better treatment outcomes in a more cost effective service.

Natalie Salimi
Clinical Studies Officer

Regional Updates

Cambridgeshire and Peterborough

DR-PADUA collection for the Stimulant Dependence study has been continuing at Cambridge Addaction, with a total of 13 questionnaires from this service now completed. DR-PADUA collection at 2 services in Peterborough continues, with the totals for Bridgegate at 19 and at the NHS Community Drugs Team at Lincoln Rd at 12. All the drug services continue to offer great support for data collection, and new services have come on board. Data collection has started at Huntingdon Addaction, but there have unfortunately not been any eligible clients so far. Wisbech Addaction and the Drug Intervention Programme in Peterborough have also agreed to support the study and CSOs from the Hub team will be visiting the services soon.

Recruitment for IMPACT in CPFT is now up and running again, after a pause over the summer to allow for staff changeover.

Promotion for the PARADES study in the Trust is underway.

The survey asks Psychiatrists and Service Users about their knowledge and experience of using the Mental Capacity Act to plan for intense phases of bi-polar disorder. People with or without any experience of using the Act are invited to take part.

Please contact Lorna Jacobs in the Cambridge office on
01223 746087, lorna.jacobs@cpft.nhs.uk
for more information about how to access the Survey for the PARADES
study.

Bedfordshire update

It is an exciting time in Bedford as three studies have very recently been granted Trust approval. These are ECHO, PARADES and CIMTIPPA. Researchers in Bedford are awaiting submission of some outstanding documents and confirmation from SEPT R&D in order to start recruitment to these studies. Meetings are currently taking place between the Bedford CSO, study team members and investigators to discuss promotion and recruitment strategies.

DR PADUA collection is continuing at CAN Luton, Healthlink in Bedford, and Addaction in Bedford and Dunstable. The total across the county is now 44.

One investigator is set up for the OASIS study and has started screening patients in clinics. The study team are seeking more psychiatrists who routinely prescribe Quetiapine, to be involved as investigators. If you are interested please contact Flora Wilson on 07956 463208 or via email: flora.wilson@nhs.net

Bedfordshire (continued)

DPIM is also open to recruitment and two investigators, Dr Madhavan Seshadri and Dr Lalana Dissanayake, have started approaching potential participants on inpatient wards with CSO support. They are hoping to recruit their first participant very soon. Patient invitation letters have recently been approved that will enable us to start recruiting community patients. One Community Mental Health Team has been approached about identifying patients for the study and further promotional visits are planned in the coming weeks.

Suffolk

HOMASH2 data collection for the audit on self-harm case management has now started at West Suffolk Hospital (WSH).

The ASPECTS study is still awaiting approval at WSH.

ECHO has now been approved in the trust and the Suffolk CSO is in the process of setting this project up within the adult services. FEP 1 has also been given approval and data collection has been handed back to the study team to proceed.

The DPIM study has been given approval also and with considerable support from the PI the first patient has been identified - an exciting development. DR-PADUAS questionnaires still continue to be completed with a total of 11 collected so far.

At the end of August Ipswich CAMHS had recruited 14 participants for IMPACT. Bury St Edmunds CAMHS at the end of September had recruited 17 participants giving a total of 31 for Suffolk. SEPEA figures still continue to grow with a total of 150 people on the log book.

Norfolk

It has been a good couple of months of recruitment in Norfolk. The PET study has been the top recruiter with 68 recruits in total so far. The HIP study is another high recruiter with 22 nurses and 25 patients recruited so far and coming in at a close third is the Addiction Endophenotype study, with 46 DR-PADUA questionnaires completed in total so well done to all involved in Norfolk.

There is still plenty of work to do with our new studies which have been given Trust approval recently. The Norfolk team are keen to get first recruits into the ECHO, PARADES and DPIM studies and will be working towards this goal over the coming months.

East Anglia Hub CSOs

Meet the Team

Hello, my name is Natalie Salimi and I joined the MHRN East Anglia Hub as a Clinical Studies Officer at the start of September. I am supporting studies running in Cambridgeshire and Peterborough, and am based at Douglas House in Cambridge.

I graduated with a BSc in Psychology from Bath Spa University in 2007. During my degree I volunteered with the National Autistic Society and completed work placements in Barnett and Ealing psychiatric hospitals in London, working in both inpatient and outpatient psychiatric environments.

After graduating, I went on to complete my postgraduate diploma at University of Nottingham, and obtained psychology accreditation (GBR). Alongside my studies at Nottingham, I worked as a support worker to provide support for assisted living for those with Autism. This led the way to me taking on the role of behavioural mentor and learning support assistant, which I enjoyed greatly - especially the creative thinking which was needed to overcome learning and behavioural challenges in the people I was supporting.

I gained my first NHS role as a support worker with a forensic inpatient mental health team at Leicestershire Partnership Foundation Trust. This involved working on a female unit, engaging the patients in activities and supporting them in therapy sessions. I also worked with a psychologist to run a group called “stop and think”, which was aimed at providing structured problem solving sessions to patients.

Following this post, I took up an assistant psychologist position with an inpatient learning disability service for adult mental health in Ely. This role provided invaluable experience of multi disciplinary team working, in which the importance of communication was highlighted in order to provide holistic care to a complex and diverse patient group. Working in the assessment and treatment hospital, I conducted individual low intensity cognitive behavioural therapy sessions whilst also supporting in group forensic treatment programmes. I also began research into care pathways for Learning Disability service users, and presented a poster at the National Annual European Care Pathways Conference which demonstrated the approach that was being established within the care team. Alongside this I was working on developing a transitions manual aimed at supporting both the care staff and client with emotional management of client transitions between services; something which I still continue to work on in my spare time.

Trying to carve out time away from clinical practice to carry out research has allowed me to understand the obstacles that clinicians face when combining research with clinical work. However, feeding back in to the pool of evidence-based practice that clinicians rely upon is essential and I welcome the opportunity to use my own experience to support this in my new role as CSO.

I appreciate the warm welcome I have received on joining the Hub team. It is lovely to be a part of a team who are clearly just as passionate about research as they are about home baking. My CSO journey, as for many ‘newbies’, has begun with shadowing other CSOs and attending training required for the research studies I am supporting. The studies I will be supporting include *Expert Carers Helping Others (ECHO)*, *EU-GEI* and *Super EDEN*. I’m excited to have such interesting studies allocated to me right from the start and look forward to getting up and running in the role. I am looking forward to getting to know a range of fantastic people along the way.



Di-Jest: Linda's Recipe Corner



Flourless dairy-free chocolate cake

Protocol N = 12



Ingredients:

2 small oranges

6 eggs

1 tsp baking powder

50g cocoa (drinking and baking powder)

200g ground almonds

250g caster sugar

½ tsp bicarbonate of soda

Put the whole oranges in a pan with cold water, bring to the boil and cook for 2 hours. Drain, and leave oranges to cool slightly.

Halve oranges and remove pips, keeping peel on.

Pulp the oranges in a blender.

Place the pulped oranges in to a mixer along with the eggs, baking powder, sugar, bicarbonate soda, almonds and cocoa, and mix.

Pour the mixture into a lined 20cm spring form cake tin, and place in to the oven. Cook for 60 minutes at 180 C (adjust for fan-assisted ovens)

This is a delicious moist cake, and if you use gluten-free baking powder it is gluten-free as well as dairy-free.



Di-Jest: Linda's Recipe Corner



Christmas stained glass window biscuits

Protocol n = 20

EXTRA

Ingredients:



- 150 grams butter
- 60 grams caster sugar
- 60 grams soft dark brown sugar
- 60 grams golden syrup
- 360 grams plain flour
- 1 tsp bicarbonate of soda
- 1.5 tsp ground ginger
- 1/2 tsp ground cinnamon
- Colourful boiled sweets
- Thin ribbon



Method

Heat the oven to gas mark 4/180C/350F. Line a tray with baking parchment. Melt the butter with both types of sugar and the golden syrup. Sieve the flour, bicarbonate of soda, ground ginger and ground cinnamon into a large bowl. Add the melted butter/sugar/syrup and mix together.

Knead the mixture until it comes together, adding a teaspoon of water or so if necessary. Take care to keep the dough soft but not sticky. Flatten the dough into a round 2 cm thick, wrap with cling film and leave to chill for 30 minutes.

Roll out the dough on a flour-dusted work surface until about 0.5 cm thick. Stamp out shapes using a Christmassy biscuit cutter, or use any shape you like.

Put each shape onto the baking tray and cut out the centre of each one, placing a boiled sweet in each hole. Make a small hole at the top of each biscuit so feed a ribbon through, so the biscuits can be hung on the Christmas tree.

Bake in the oven for 10-12 minutes or until golden. Remove from the oven and leave to cool on the baking tray. The boiled sweets will have melted, creating a stained glass effect. Thread a ribbon through each cooled biscuit and decorate your tree.



Location	Office Address	Staff
Cambridge Office	Douglas House 18 Trumpington Road Cambridge CB2 8AH Tel. 01223 746135 Fax 01223 746188	Angela Browne - Hub Manager Linda Benton - Hub Secretary Natalie Salimi - CSO Lorna Jacobs - CSO Alison Stribling - CSO Josephine Costello - eSO
Norwich Office	The Knowledge Centre Research and Development Office Hellesdon Hospital Drayton High Road Norwich NR6 5BE Tel: 01603 421268 Fax: 01603 421308	Kathryn Betts - Senior CSO
Suffolk Office	Suffolk House St Clements Hospital Foxhall Road Ipswich IP3 8LS Tel: 07958 118906	Lauren Wright - CSO
Bedford Office	Bedford Hospital Weller Wing Kempston Road Bedford MK42 9DJ Tel. 01234 299930	Flora Wilson - CSO
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