



**East Anglia Hub**  
Mental Health Research Network



**National Institute for  
Health Research**

## NEWSLETTER 42

September 2011

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### Hub Update

Welcome to the September issue of the East Anglia Hub Newsletter. As Autumn approaches, we say goodbye to Mariam Errington (CSO in Peterborough), Sue Jones (CSO in Norwich) and Georgina Hurford (CAMEO Research Facilitator) - we will miss them and we thank them for all their hard work across the Hub.

We also welcome two new Clinical Studies Officers, Flora Wilson who will be taking over the Bedfordshire region - read her Meet the Team piece on page 10. - and Natalie Salimi, who will be based in Cambridge but will work throughout the Hub region.

We have two new studies in very different subjects - see page 2 - and as always we have regional updates from all the Hub areas.

The new season of events in the region has started, and we have an event report from an international conference on Mental Health held in Bedfordshire (page 6).

Last but not least, this autumn's Linda's Recipe Corner is a vegetarian and budget-friendly salad to remind us that summer is not that far behind us just yet.



### 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](http://www.mhrn.info)

Date for next committees are:

27th October 2011

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

### **ICCAM Platform - ICCAM Platform: New drugs for addiction: focus on attenuating core behavioural components of heroin, cocaine and alcohol addiction and relapse prevention**

Chief Investigator: Prof. David Nutt  
Lead Organisation: Imperial College London

Heterogeneity in relapse pathways and substance use motivation within drug or alcohol dependent subjects is widely recognised but not well characterised, which has limited the development of effective pharmacological and psychosocial interventions. Recent developments in the field suggest distinct vulnerability pathways to relapse in substance use, in which neurobiological factors play an important and determining role. Identification of objective functional neuroimaging measures of such vulnerability pathways will be of profound clinical relevance, informing more rational use of existing therapies and, more importantly, providing a strong basis for the development of future treatments, both within the pharmacological and psychotherapeutic domains.

This platform proposal employs well-characterised functional neuroimaging paradigms to identify the cerebral correlates of positive reinforcement, stress responsivity and inhibitory control in recently withdrawn drug or alcohol dependent subjects. The response of substance dependent subjects on these tasks has received much interest, as they may serve as functional neuroimaging 'biomarkers' for relapse vulnerability. Specifically, the tasks chosen target processes which are relevant to identified relapse pathways in animal model systems, which include reward, stress-responses and inhibitory control. This study will investigate the psychopharmacological modulation of brain responses to these tasks, targeting neurotransmitter pathways that have established or recognised future potential to reduce relapse to alcohol, opioid or cocaine dependence and, in comparison with responses in healthy volunteers, identify how substance misuse has altered the function and pharmacology of these pathways.

### **Guanfacine Hydrochloride in Paediatric ADHD**

Chief Investigator: Dr Harpin

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

**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)

**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.

**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

**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

**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

**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 Enviromics

**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



**Open Projects actively supported (continued)**

**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

**SEPEA**

Chief Investigator: Peter Jones  
Funded by: the Wellcome Trust

Social Epidemiology of Psychoses in East Anglia

**REACT**

Chief Investigator: Paul Wilkinson  
Funded by: MRC

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

**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

### BCMHR-CU Conference

(Bedfordshire Centre for Mental Health Research in association with University of Cambridge)  
8<sup>th</sup>-10<sup>th</sup> September 2011

The MHRN was represented by two Clinical Studies Officers at this internationally attended conference, which was hosted by the BCMHR-CU and held at the Addenbrooke's site. Our Hub stand attracted attention from local delegates as well as from attendees and speakers from much further afield; such as Italy, Palestine and Denmark. The symposia were interestingly varied covering bipolar disorders, obsessive compulsive disorder (OCD), post-traumatic stress disorder (PTSD), schizophrenia, depression and neuroscience.

Day one commenced with symposia focusing on Bipolar Disorder and OCD, during which two speakers addressed the issue of co-morbidity. Laura Darby (Cambridge) spoke about co-morbidity of Bipolar Disorder and OCD in a local CMHT, where clients with both disorders have been seen to draw more on service resources than clients with a single diagnosis in terms of appointments, medication and input from a care co-ordinator. The need to refer to research literature when working with such clients was emphasised, as there are no specific NICE guidelines for co-morbidities. Professor Eva Palova from Slovakia continued the theme with a presentation on the treatment of patients with co-morbid OCD and personality disorders. It was found that patients' engagement with and response to different modes of one-to-one and group therapeutic interventions depended on the type of personality disorder that was co-morbid with OCD, highlighting the complexities of working with this client group.

Professor Peter Jones, director of the NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Cambridgeshire & Peterborough, delivered a keynote speech looking at the impact of research on practice. He discussed the 'gaps in translation' that need to be bridged in order to turn new knowledge from research into 'innovations' that change common practice. It can take many years for this to occur. Professor Jones demonstrated how the Cambridgeshire & Peterborough CLAHRC is helping to accelerate this process, giving an example from their work on a recent study into the effectiveness of telephone interventions in a local IAPT (Improving Access to Psychological Therapies) service. By Universities, NHS Trusts, patients, carers and other stakeholders working together throughout the research process, the evidence provided by research can be implemented into clinical practice as soon as it emerges.

Samar Musmar from Nablus spoke about PTSD in Palestine. It was really interesting to hear her views and research into the topic as it is something which affects such a large number of the Palestinian population. The political conflict in the country has been going on for over 60 years. The people that are most affected are older children, up to 15 years of age. Early intervention treatment has been shown to help and minimise PTSD. Research into resilience has shown no difference between boys and girls and no age differences. The best way to treat is to start early, involve the community and involve parents.

A highlight of the second day was a presentation from Dr Carmine Pariante from the SPI labs at King's College, London, who spoke enthusiastically about neurogenesis and depression. Chronic stress and depression are associated with elevated levels of glucocorticoid hormones and with decreased hippocampal neurogenesis. Glucocorticoid resistance also leads to decreased neurogenesis. Antidepressants, by acting on the glucocorticoid receptor, can help to overcome this resistance. This increases neurogenesis which can buffer stress responses and depressive behaviour.

**Alison Stribling**  
**Flora Wilson**  
**Clinical Studies Officers**



*Mental Health  
Research Network*



**National Institute for  
Health Research**

**I N T R O D U C I N G . . .**

## the **FAST-R** service for research teams

- **Fast and easy access to people with experience of mental health problems who have been specially trained and can offer expert advice about proposed patient information sheets, consent forms and recruitment strategies before your research project goes to the research ethics committee.**
- **FAST-R can help speed the ethics approval process. Our input can flag up potential stumbling blocks to ethics and regulatory approval, giving you enough time to make any necessary changes before the proposal is considered.**
- **By using FAST-R, research teams can demonstrate they have met some of the involvement criteria demanded by ethics committees and funding organisations.**

**FAST-R is a free service from the Mental Health Research Network (MHRN), available to researchers who are working on mental health research project proposals in England.**

**To access FAST-R, or to find out more about what the service can offer, telephone 020 7848 5015 or email [FAST-R@kcl.ac.uk](mailto:FAST-R@kcl.ac.uk) or visit the MHRN website, [www.mhrn.info](http://www.mhrn.info)**

The Mental Health Research Network is part of the National Institute for Health Research and supports studies in England.

FAST-R (Feasibility and Support to Timely recruitment for Research) is a service run on behalf of the Mental Health Research Network, and coordinated by the MHRN South London and South East Hub. FAST-R was launched in May 2011.



**Institute of  
Psychiatry**



Produced by the new Mental Health Research Network South London and South East Hub, Institute of Psychiatry, PO39, De Crespigny Park, London SE5 8AF, April 2011

## Regional Updates

### Cambridgeshire

The SEPEA study is doing well with a high percentage of clinical diagnosis forms completed. Recently, the percentage of completed data referral forms has fallen slightly due to the number of First Episode Psychosis cases taken on in August, so there is a backlog to work through. James Kirkbride has started to visit the teams to present some of his intermediate findings, this has been well received by the all the Early Intervention teams.

All the National EDEN participants still within the Early Intervention for Psychosis teams have now been given the opportunity to take part in the new study SuperEDEN and there has been a good uptake. We are now widening the search for National EDEN participants to the other Secondary Care teams within CPFT. The process of contacting those participants is now well under way.

The CEQUEL study is looking for interested clinicians to take part in the Peterborough area. Please contact Alison Stribling if you are interested (Alison.stribling@cpft.nhs.uk).

Recent recruitment from our other studies include 2 recruits from IMPACT and 12 DR-PADUA questionnaires completed for the Addiction Endophenotype study. The Neurocognitive Endophenotype study has now finished recruiting with 5 referrals made to the study team based in Cambridge.

PARADES has been given CPFT Trust approval, therefore promotion work to Psychiatrists and Service user groups can begin.


***Please contact Lorna Jacobs in the Cambridge office for more information about how to access the Survey for the PARADES study. The survey asks Psychiatrists and Service Users about their knowledge and experience of using the Mental Capacity Act to plan for intense phases of bipolar disorder. People with or without any experience of using the Act are invited to take part.***

IMPACT recruitment in Cambridge was put on hold following the departure of two Research Assistants: Sonya Tsancheva has left to start the Clinical Psychology course and Nicola Mueller has got a new job as a Speech and Language therapist. They did a great job in getting IMPACT off the ground in Cambridge and Peterborough and will be very much missed. Sarah Birt has joined the team as Research Assistant, so recruitment in CPFT will soon be underway again.

Meanwhile the study is nearing R&D approval at CPFT and meetings are being scheduled with the local Investigators to organise the sites logistics.

### Bedford update:

DR-PADUA collection in Bedfordshire has been going well, with the addition of two Addaction centres to visit in Bedford and Dunstable. The total for Bedfordshire and Luton now stands at 34.



The paperwork for PARADES has now been submitted for Trust approval, which once given will mean work can start with Dr Thilak Ratnayake (the Local Collaborator in SEPT for Bedfordshire) who will be promoting the study to psychiatrists and service users.

The DPIM study has now been approved by South Essex Partnership trust (SEPT) and the EA MHRN will work closely with the Investigators to support study recruitment.

## Suffolk

After contact was made with CRI (Crime Reduction Initiative), permission was granted in the last two weeks to visit their services in order to complete the DR-PADUA questionnaire. Within that time frame 4 questionnaires have been completed. Contact has also been made with Open Road, a Suffolk-based charity which supports people with substance misuse problems, and discussions are taking place on whether they could accommodate the study.

IMPACT still continues to recruit steadily, with Suffolk contributing 30 participants to the overall total. Trust approval for ECHO is expected shortly, with CAMHS West enthusiastic to take part alongside the adult eating disorders services.

The DPIM paperwork has been submitted to R&D alongside FEP1 approval is expected, then recruitment can begin.


HOMASH2 now has all approvals in place to start the audit work on self-harm management in the A&E department and for key personnel in both West Suffolk Hospital (WSH) and Suffolk Mental Health Partnership to be interviewed by the study team.

The ASPECTS team have been working with WSH to secure the hospital as a referral site to the study, which has been approved. Richard Meiser-Stedman, the Chief Investigator is now working with WSH to approve the site as an active research site. Once approved, Lorna Jacobs will support recruitment into the study, by contacting and following up potential participants who meet study criteria. Dr Alain Sauvage will be local collaborator for the study at WSH.

## Norfolk

August and September have seen a period of steady recruitment into Hub studies. The PET study is going well with over 20 service user participants from the acute admission inpatient wards completing questionnaires about their experiences of protected engagement time. There are still a number of staff who have not completed their questionnaires and we would urge them to do so, in order that a wide range of thoughts, opinions and experiences can be represented in the final data.

A lunch event was held on 20<sup>th</sup> September at Hellesdon Hospital to publicise the HIP study to community nurses. There were presentations from the study team and from Harriet Gough, research assistant. The event aimed to raise the profile of the study and increase nurse participation; so far 10 nurses have been recruited out of a target of 20.



Other studies which have recently gained approval in the Trust are DPIM, PASSA, ECHO and PARADES and we are working to publicise these studies in various services across Norfolk.

### **Update on EA MHRN Commercial Studies**

The PalmFlex study remains open to recruitment in CPFT and eligible patients are still being actively screened and indentified by site staff. However, following the Investigators Meeting held by Janssen Cilag, recruitment into the study has unfortunately been delayed due to the summer holiday period. Meanwhile contact has been established with Intake & Treatment teams in Peterborough and Huntingdon for the CL2 study (Servier), where the EA MHRN are continuing to work closely with the study team and Dr Reghunandanan (Co-Investigator) to facilitate study referrals. The study is progressing steadily and a recruitment strategy meeting will be hosted by the study team on Friday 2nd December 2011. The SPD489-402 (Clear Study): Consortium for the lifespan examination of an international, longitudinal, observational study of individuals with attention-deficit/hyperactivity disorder (ADHD) has now been discontinued by Shire and the EA MHRN will no longer be supporting study set up and recruitment.

The OASIS study has been set up with its first Investigator in Bedford (SEPT) and recruitment will commence within the coming weeks. The hub will build on this by promoting the study across Bedford & Luton with a view to generating interest and getting new Investigators on board. The OASIS study is also continuing to progress well across Norfolk & Waveney Mental Health NHS Foundation Trust and Suffolk Mental Health Partnership Trust. Eight patients have been recruited thus far in Norfolk and seven patients in Suffolk.

The Industry Trial Facilitator is continuing to work with contacts across the network to utilise Industry promotion opportunities. Most recently a joint presentation with the Norfolk & Waveney R&D Manager Bonnie Teague was delivered at the MAC meeting held on 29 July 2011. This began with an overview presentation by Dr Teague and was followed by a presentation titled 'Building the East Anglia Mental Health Research Network, 'Investigators & Industry'. The aim of this section of the presentation was to raise awareness of commercial research amongst the Clinicians and was followed by a short discussion. The presentation ended with a brief outline of the OASIS & CEQUEL studies. Industry promotion continues to progress well across the network and a presentation to clinicians in Suffolk is currently being scheduled.

### **East Anglia Hub CSOs**

## Meet the Team

Hello, my name is Flora Wilson and I joined the MHRN East Anglia Hub as a Clinical Studies Officer at the start of September. I will be supporting studies running in Bedfordshire, and will be based at Bedford Hospital.

I graduated with a BSc in Psychology from the University of Bristol in 2006. During my degree I worked as a part-time research assistant on studies in the psychology department, and also did voluntary work with a Community Mental Health Team drop-in service.

After graduating, my first full-time NHS role was as a support worker with a Recovery Service in Brighton. This involved supporting people with severe and enduring mental health problems in making the transition from inpatient or high-support settings to living more independently. I helped develop care plans with clients to work towards their goals, which could include having a better understanding of their mental health problems, being able to manage their finances or medication independently, and accessing education or work programmes. This work brought me into contact with service users with a wide range of backgrounds and difficulties, and helped me to see what can be achieved when working with people within the principles of Recovery.

Following this, I joined a newly commissioned Improving Access to Psychological Therapies (IAPT) service in West Sussex as a trainee Psychological Wellbeing Practitioner. While working in supervised practice I underwent a one year part-time training course at the University of Surrey to gain a PGCert in Low Intensity Psychological Interventions in 2010. I then spent a further year working with the service as a qualified PWP, delivering CBT based interventions to patients with depression and anxiety disorders in Primary Care settings. As the service was newly established, my role also included promoting what we offered to other local services and having a significant input into how the service developed, which I really enjoyed.

My experience to date has been very much on the front line of delivering mental health care. I see the CSO role as an exciting opportunity to combine my clinical skills and research knowledge in order to contribute to the development of mental health treatments and services. Research is crucial to improving the experience of service users, their carers and the staff working with them, so I hope to be able to play a part in making this happen.

Everyone that I have met since starting has been very welcoming and clearly enthusiastic about the research being supported by the hub. So far, I have been mainly shadowing other CSOs to ensure that I am up to speed with the studies I will be working on. These will include *Expert Carers Helping Others (ECHO)*, *DNA Polymorphisms in Mental Illness (DPIM)*, and *CIMTIPPA*, looking at cultural differences in the memories of British and Iranian trauma survivors. I'm excited to have such an interesting variety of studies allocated to me right from the start and look forward to getting up and running in my new role.



# Di-Jest: Linda's Recipe Corner

## Chickpea salad with Feta Cheese and Cherry Tomatoes Protocol n = 4

### Ingredients:

2 tins of chickpeas  
1 punnet of cherry tomatoes  
250 grams of feta cheese  
150 ml natural yogurt  
2tbs mayonnaise  
2 cloves garlic  
Mild mustard  
Sugar  
Fresh mint leaves



Bring the chickpeas to a simmer and leave for 10-15 minutes until tender. Meanwhile, cut the cherry tomatoes into quarters and roughly chop the mint leaves (Leave 6-8 of them whole and set aside)



To make the dressing, mix the yogurt and mayonnaise, crush the garlic and stir through and add mustard to taste - the dressing should be fresh and slightly sharp. Use a little sugar to bring out the flavours without adding sweetness, then stir in the chopped mint. Leave to infuse for about 30 minutes, stirring every so often.

Drain the chickpeas and allow to cool. When still a little warm, toss in the cherry tomatoes and crumble in the feta so that it melts just a little, then stir through the dressing and serve immediately with the left over mint leaves sprinkled over the top.



This salad is best eaten at room temperature, and makes a good lunch for four if served with crusty bread. Alternatively use it as a side dish, in which case it will serve 6 - 8 people.

Location	Office Address	Staff
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<b>Norwich Office</b>	The Knowledge Centre Research and Development Office Hellesdon Hospital Drayton High Road Norwich NR6 5BE Tel: 01603 421334 Fax: 01603 421308	Kathryn Betts - Senior CSO
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