



East Anglia Hub
Mental Health Research Network



**National Institute for
Health Research**

NEWSLETTER 41

July 2011

Inside this issue:

Hub Update	1
New Studies	2-3
Hosted Studies	4-5
PPI Event Report	6-7
Service user/Carer	8
Hub Progress Report	9-10
Clinical Trials Day	10
Regional Updates	11-12
Linda's Recipe Corner	13
Contact Information	14

Hub Update

Welcome to our summer Newsletter. Once again things are changing in the Hub, and this month we said goodbye to Naomi Bateman, our Bedford CSO, who has moved to the North London Hub of the MHRN. We will miss her and we thank her for the work she has done to increase the profile of research in Bedfordshire.

We have three new studies covering a range of topics - see pages 2 and 3 - and our CSOs have been attending several events, from a meeting focusing on Patient and Public involvement (pages 6 and 7) to area events promoting Clinical Trials Day.

Updates from all the Hub areas can be found on pages 9 and 10 and we also have a report from the Hub Manager on the progress the Hub has made over the last three years.

Last but very much not least, Linda's Recipe Corner has a delicious summery recipe to brighten up anyone's lunch.



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 are:

4th August 2011

15th September 2011

27th October 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

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

Chief Investigator: Prof. Bill Deakin

Lead Organisation: University of Manchester

One of the major disabilities affecting the quality of life of people with schizophrenia is the development of a set of so-called negative symptoms comprising social withdrawal, self-neglect, loss of motivation and mild impairment of intelligence. Standard drug treatments are effective in reducing psychotic symptoms such as paranoid delusions and hearing voices, but they have little impact on negative symptoms. Two formal clinical trials suggest that a standard antibiotic and anti-inflammatory drug called minocycline commonly used in acne and other infections, reduces negative symptoms. In both studies patients with stable symptoms took either minocycline or exactly matching dummy tablets (placebo) in addition to their routine treatment for 6 or 12 months. Negative symptoms improved twice as much in those taking additional minocycline than in those taking the dummy tablets. It also lessened the weight gain that standard treatments usually cause. Other studies suggest that minocycline may also improve positive symptoms in acute episodes of illness. The aim of this proposal is to investigate whether minocycline is especially effective given early in the course of illness and to understand how it works.

The proposal is to compare minocycline with placebo capsules added to each person's treatment within 3 years of starting it. The study will follow the effects on positive and negative symptoms over 12 months. Minocycline might work by protecting brain cells from damage possibly caused by inflammation. Brain imaging will inform whether subtle changes in the grey matter of the brain in schizophrenia are lessened by minocycline over 12 months and whether this accounts for reduced negative symptoms. Measuring chemicals (cytokines) in the blood will reveal whether minocycline is working by blocking inflammation in the brain. Another possibility is simply that minocycline helps negative symptoms by helping brain cells work better and this can also be studied using modern brain imaging methods and by determining whether improvements are lost when the drug is stopped.

OCTET1: Obsessive Compulsive Treatment Efficacy Trial

Chief Investigator: Prof. Karina Lovell

Lead Organisation: University of Manchester

Obsessive compulsive disorder (OCD) is a common problem affecting 13% of the population. OCD makes people anxious and unhappy, interferes with everyday activities such as working or looking after relatives and it costs patients, their families and the country a lot of money. OCD rarely improves without treatment. New treatment guidelines were developed by experts in 2005. These guidelines recommend that people with OCD receive a form of psychological help, or talking treatment, called cognitive behavioural therapy (CBT). The guidelines suggest that this CBT might be delivered as a self help approach. In self help, CBT is delivered through a book or computer programme, with some guidance from a mental health professional. Guidance can be delivered over the telephone, by email or face to face. However, it is still not known which method of self help is most useful, or how useful they are compared to usual care.

New Studies (continued)

The proposed study will test 2 different self help treatments for OCD. These are 1) computerised CBT (cCBT) using an internet delivered OCD treatment package called OCFighter, with email or telephone support from a mental health professional; and 2) a self help book which helps people to use CBT combined with face to face, telephone or email support, from a mental health professional. This treatment is called guided self help. Both treatments will be delivered over a 12 week period. The study aims to test if the new treatments (cCBT and guided self help) are effective in the short and longer term. The study will also find out how satisfied people are with the treatments and which they prefer. Finally, the costs of each treatment to OCD sufferers, their families and the NHS will be calculated.

ShIMME - Shared Decision Making in Psychiatric Medication Management

Chief Investigator: Prof. Shulamit Ramon

Lead Organisation: Cambridgeshire and Peterborough Foundation Trust

There is a perception, supported by preliminary research, that users of psychiatric medication often experience a one-sided relationship with those prescribing medication. In particular, service users report lack of involvement or choice in the treatment selected for them. They feel ill-informed and uninvolved in decisions about their initial and on-going treatment. Many service users and mental health professionals feel that psychiatric medication might be more effective if changes in practice involving clinicians and service users were brought about.

A principal aim of this research is to test whether it is possible to increase the involvement of service users in decisions about their medication, and whether this will lead to worthwhile improvements. After a review of worldwide best practice, a training programme will be developed and used within a local NHS adult community psychiatric service. Service users, psychiatrists and community psychiatric nurses will be trained in how to make more collaborative decisions about medication. The desired effect of the training is that patients supported by clinicians will become increasingly involved and better able to make informed decisions about their medication, that they feel happier with these decisions, and that their relationships with professionals improve. The impact of the piloted intervention will be evaluated before the training programme will begin and a year after its completion, in a mixed methods evaluation strategy.

This research is important for patients because it will enable more focus on their concerns, experiences and goals relating to psychiatric medication. It is important for clinicians who will develop a better understanding of patients' concerns. The project will hopefully lead to increased mutual confidence and more appropriate and successful use of medication that is sensitive to individuals' needs.

The project has been initiated by both patients and professionals and will be progressed as a fully collaborative project. If successful, it would inform further research and could influence the training of NHS clinicians.

PROJECTS ACTIVELY SUPPORTED BY THE EAST ANGLIA HUB

Projects in set-up:

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)

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.

FEP1

Chief Investigator: Jeremy Coid
Funded by: NIHR

Follow-Up of First Episode Psychosis in East London

MCA-DoLS

Chief Investigator: Isabel Clare
Funded by: NIHR Policy research Programme

Investigating professionals' understanding, and the effects of, the interface between the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and the Mental Health Act 1983.

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.

Parades

Chief Investigator: Peter Bartlett
Funded by: NIHR

Advance Directive evaluation in Bipolar Disorder

Risk Factors of Perinatal Disorders

Chief Investigator: Paola Dazzan
Funded by: NARSAD

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

ShireCLEAR

Chief Investigator: Philip Asherson
Funded by: Industry funded

An International, Longitudinal, Observational Study of Individuals with Attention-Deficit/Hyperactivity Disorder(ADHD)

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.

Cognitive Mechanisms of Change in Delusion

Chief Investigator: Philippa Garety and Elizabeth Kuipers (London)
Funded by: Wellcome Trust

Cognitive, emotional and social causes of psychosis: a translational study

CIMTIPPA

Chief Investigator: Laura Jobson
Funded by: NIHR

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

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



Open Projects actively supported (continued)

FIAT (MfM)

Chief Investigator: Stefan Priebe
Funded by: NIHR (HTA programme)

Financial incentives to improve adherence to psychiatric medication in non-adherent patients—a cluster randomised controlled trial

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.

MPTW

Chief Investigator: Michael West
Funded by: NIHR SDO

Effectiveness of multi-professional team working in Mental Health.

Neurocognitive Endophenotypes in adult ADHD

Chief Investigator: Ed Bullmore
Funded by: MRC & Wellcome Trust

An alternative approach to understanding the core deficits in adult patients with ADHD,

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

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

Chief Investigator:
Funded by:

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 hosted by the East Anglia Hub (not actively supported):

Case-control studies of psychiatric in-patients who commit suicide in the first week of admission and suicides within 2 weeks of discharge from psychiatric in-patient care.

FEP

MDS

National Trends and Local Delivery in Old Age Mental Health Services: Towards an Evidence Base (1)

PARTNER

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

Moral ID

PAATH

ROCKY

SCJS

SPeEDS

ROOTS

ProCEED

Edie-2

Super-C

VORAMSS

A study of psychotropic medication prescribing patterns in English prisons Population risks

PaSsA

MR-IMPACT

AMICUS

Viewpoint

OCTET

REAL

START

Learning Study

The Effectiveness and Cost-effectiveness of Perinatal Psychiatry Services

Is there a need for a regional PPI forum?

On Monday 20th June, I attended the East of England Patient and Public Involvement in Research Stakeholders Workshop. The EoE Research Design Service (RDS) hosted the day, chaired by Doreen Tembo, where representatives from different research organisations in the East came together to share their PPI remit and examples of what PPI activities they do. These organisations were:

- Centre for Research in Primary and Community Care (CRIPACC – University Of Hertfordshire)
- Collaborations for leadership in applied health research and care (CLAHRC – Cambridge and Peterborough)
- Comprehensive local research network (CLRN – Essex & Herts, and West Anglia)
- Dementia and Neurodegenerative Diseases Research Network (DeNDRoN – East Anglia)
- Mental Health Research Network (MHRN – East Anglia)
- Patient and Public Involvement in Research (PPIRes)
- Primary Care research network (PCRN)

Considering the need for a regional PPI forum was the main purpose of the day. Representatives in small groups discussed:

The important issues for PPI in the East

Points included the need to embed PPI in the research culture; changing researchers' attitudes from ticking a necessary box (perhaps unwillingly) to embracing the positives which PPI input bring to research design and implementation; limited resources available for PPI; and providing a structured PPI programme for volunteers to use for proof of personal and professional development.

Examples of collaborations between the organisations

Examples mentioned were our own East Anglia Hub service user and carer group reviewing mental health research documents for RDS; the region's CLARHC and DeNDRoN organising a joint PPI event; and PPIRes working with the RDS in Norfolk and Suffolk.

The challenges for collaboration

Included making sure that people's roles and responsibilities are understood; avoiding duplication of work; and experiencing different barriers to PPI involvement such as the effects of stigma which may be stronger in mental health than in other domains.

The purpose, utility and form of a regional forum

It would be necessary to be clear on the purpose of a forum – would it be for networking, information sharing, joint programme development?; how useful would people find it?; and how it would it take place – annual meetings, a newsletter, would there be a committee?

The way forward.

Final decisions about the forum were not made on the day, but people felt positive about the possibility and thought it would be beneficial to improving and increasing PPI in Research in the East.

To add food to our thoughts and provide some helpful advice, two speakers joined us in the afternoon to talk about their own region's PPI forum. David Britt presented on the development, vision and aims of the North West People in Research Forum of which he is Lay Co-Chair. Wanting to "contribute to the highest quality of health and social care research in the NW by promoting effective PPI and Public Engagement (PE)", the forum's aims include: to support researchers to involve and engage patients and public in research; to increase awareness of research and publicise opportunities for involvement; and to share learning of PPI and PE in research.

The forum covers a wide area in the North West - Cumbria, Lancashire, Greater Manchester, Merseyside, and Cheshire and has developed from an existing advisory group over the last 3 years. Consisting of both lay people and experts, and offering an individual and corporate membership, the forum has a variety of people involved. Dr Britt strongly advised that liaising with already operational forums provides great insights for developing and maintaining an effective forum, and appointment of a facilitator is crucial to making sure that, whatever the remit, things get done!

Ade Adebajo, Consultant in Rheumatology, is the lead on implementing the CLAHRC PPI strategy, which has been agreed in collaboration with the South Yorkshire Comprehensive Local Research Network and Yorkshire & the Humber Research Design Service. The shared vision of these groups is that PPI in research will become normal practice within 5 years across South Yorkshire. The collaboration's strengths, he says, include: avoiding duplication of work; avoiding competition between the organisations for volunteers, resources and promotion opportunities; and most importantly, putting patients and public at the centre of research. They have faced their own challenges in collaborating, such as each organisation having different assessments of performance and differing views and emphases on what they find important for PPI. Achievements of the collaboration so far have included a database of patient and public groups' research interests and contacts; combined public events for promotion; and PPI training for both researchers and service users. Ade advised that engaging people in PPI is 'easier' when there are specific tasks and targets which offer people choice and a clear directive for their involvement. He was also keen to stress that any regional forum model should reflect the needs of the region and react to changes across that region.



Dr Ade Adebajo leads the way on implementing PPI in his area

Closing discussions embodied a positive attitude towards a regional PPI forum in the East, with an appreciation for the challenges this may face. I certainly enjoyed the day and the chance to meet people from other research networks.

Lorna Jacobs
Clinical Studies Officer



Are you a service user or carer?

Are you interested in becoming involved in mental health research?

The East Anglia Hub of the Mental Health Research Network (MHRN) has a group of service users and carers who are looking for two new members, one from Norfolk and another from South Bedfordshire.

Membership of the service user and carer steering group would provide the opportunity to work in the following areas:

- Reviewing of research protocols / information sheets
- Training of clinical research staff
- Interviewing clinical research staff
- Training in different areas of research
- Attending conferences / workshops

All meetings are held in Cambridge but travel expenses are reimbursed

For further information and to register an interest please contact Angela Browne, Hub Manager by telephone, email or post on;

Tel: 01223 746131

Email: angela.browne@cpft.nhs.uk

Post: MHRN EA Hub, Douglas House, Trumpington Road, Cambridge,
CB2 8AH

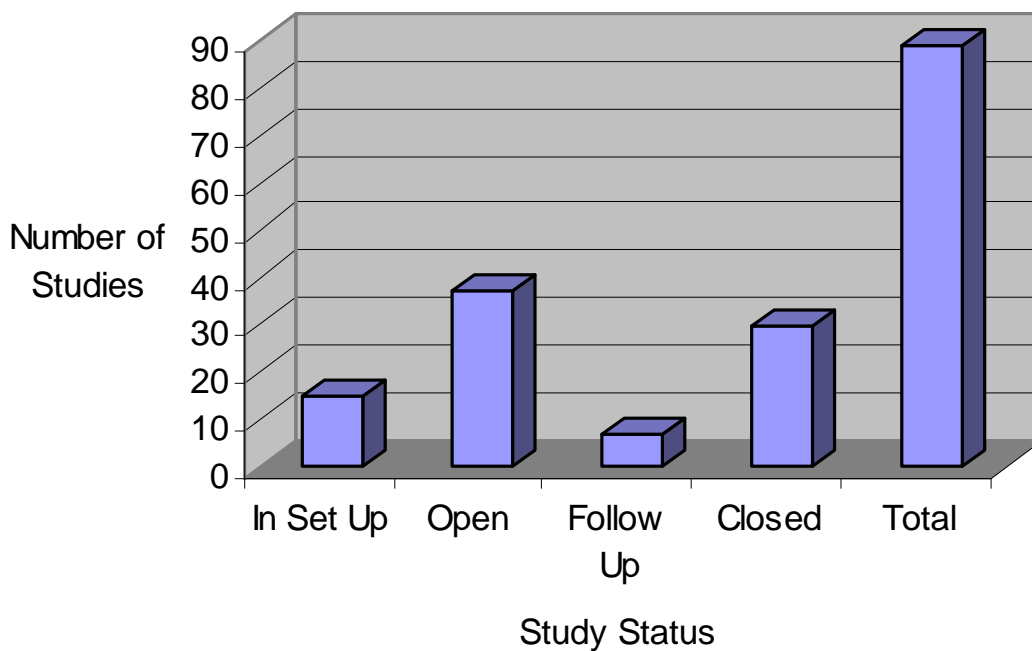
Hub Progress Report

In the last three years the number of studies on the East Anglia Hub portfolio has increased threefold from 28 in June 2008 to 89 in June 2011. Our team of Clinical Studies Officers actively work on an average of 25 studies between them at any one time across the four counties we cover in the region. The studies can be at any stage in the process and the graph below shows the current distribution of these studies based on status.



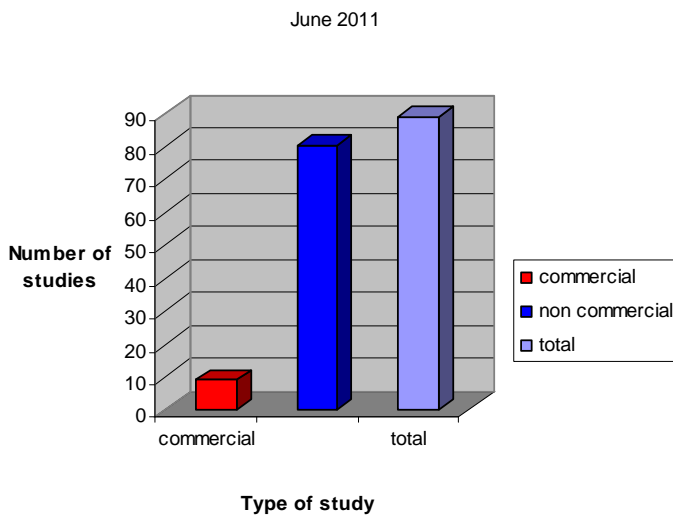
*Angela Browne
Hub Manager*

June 2011



In order to have been able to achieve the increase in studies the Hub has benefited greatly from the assistance and enthusiasm of research interested health professionals, consultants, clinical teams and administrative staff as well as academic partners and other networks. This has been evident across all four counties within our region; Cambridgeshire, Bedfordshire, Norfolk and Suffolk and shows the benefits of collaborative working.

One of the key areas for development locally is the inclusion of more commercial (Industry) studies onto the portfolio in line with the higher aims of the Department of Health. Of the 89 studies on the EA Hub portfolio 9 are commercial and 80 are non commercial indicating the inevitable differences between the two categories.



If you are interested in becoming involved in commercial or indeed non-commercial research and have not already done so, please contact us on tel: 01223 746135 or at eastangliahub@cpft.nhs.uk. This will enable us to keep you informed about potential and relevant research within your trust in the future.

Angela Browne
EA Hub Manager

Clinical Trials Day

Clinical Studies Officers across the hub hosted various events to mark National Clinical Trials Day. The day commemorates the day in 1747 when James Lind, ship’s surgeon aboard HMS Salisbury, started comparing six treatments for scurvy. He gave each of six pairs a different treatment including cider, elixir vitriol, vinegar, seawater, spices and citrus fruit. Within 6 days one of the patients receiving oranges and lemons was fit for duty. This is considered to be the first documented clinical trial.

Stands were sited at Hellesdon, St Clements, Bedford and Addenbrooke’s Hospitals. All offered information about the hub and current research studies alongside some very tasty cup cakes. Feedback from people who visited the stands was positive with people expressing an interest in our work, signing up for the newsletter and finding out about the research opportunities in their area. Staff also took leaflets and posters back to their clinical areas to display for service users and visitors. Clinical Studies Officers who promoted at Addenbrooke’s hospital found it beneficial to share their stand with researchers from other organisations in order to share learning experiences and strategies. Some areas were busier than others so we may look for alternative venues next time to increase the number of people who can take part.

Sue Jones
Clinical Studies Officer

Regional Updates

Cambridgeshire

The DR-PADUA questionnaire data collection has been going relatively well, with a current total of 15 from Bridgegate and the NHS Community Drug service in Peterborough. Approval to complete the questionnaires with Addaction clients has been granted. A first visit to Cambridge Addaction proved fruitful with 4 questionnaires in one afternoon and they are happy for regular visits to their service in support of the study. Contact is being made with other Addaction centres in the region to ask for their support.

Richard Meiser-Stedman reports that the ASPECTS study has now been widely promoted to NHS and non NHS services across the region and that “CPFT is top referrer so far, with one in already, and one more to come”, which is great news.

IMPACT maintains a steady flow of recruitment in CPFT with the total now at 54 (46 for Cambridge; 9 for Peterborough), a testament to the hard work of the study team and the continued commitment of the CAMHS teams.

The PARADES study has now been granted ethical approval and paperwork for CPFT governance approval is ready for submission.

Suffolk

The ECHO study now has a local collaborator, Gill Burgoyne who is the manager of the adult eating disorders service. Communication with CAMHS eating disorders team has also been made with their potential involvement looking likely.

The PARADES study has a confirmed local collaborator, Dr Jonathan Lyons. The trust approval process has been started.

PET has been given trust approval and an RA for Norfolk and Suffolk has been appointed and will be starting data collection in Suffolk shortly. DPIM training has started and trust approval will begin shortly.

SEPEA continues to do very well in Suffolk with the total recruitment figure of 135. The IMPACT study now has a total of 19 recruited from Suffolk, with the East Anglia region recruiting to target.

Norfolk

Following our success recruiting for the MPTW study the team have approached us to find further teams to participate in the project to cover for a shortfall in other areas. Two teams have been approached and will hopefully be able to participate in the upcoming third stage.

The audit for HOMASH2 was completed this month with a total of 179 participants from Norfolk, the research team are now conducting interviews with staff from A and E and the mental health services. The follow-up phase for this study will start in December when all 179 participants' records will be re-audited at the James Paget Hospital.

The CEQUEL study was re-launched in the trust on 22nd June; it had been on hold due to funding concerns but is now open to recruitment again. We are also looking for Consultant Psychiatrists within the trust who may be interested in becoming Investigators for this study.



The NWMHFT Research and Development department have welcomed a new full time research assistant to their team. Annabel Gage will be taking over the PET study in both Norfolk and Suffolk and we wish her every success with this project.

Update on EA MHRN Commercial Studies

The PalmFlex study is open to recruitment in CPFT and eligible patients are being actively indentified by site staff. Patient recruitment has been a nationwide challenge and an Investigators Meeting was recently held by the sponsor company Janssen Cilag. The EA MHRN was represented by Pritpal Panesar (Industry Trial Facilitator) and Alison Stribling (Clinical Studies Officer) and allowed attendees to share views on barriers to recruitment and devise site specific strategies to ensure recruitment targets are met. The day proved to be very insightful and site staff alongside the Quintiles study team (Clinical Research Organisation) will continue to address the patient recruitment challenges head on.

The OASIS study is continuing to progress well across Norfolk & Waveney Mental Health NHS Foundation Trust and Suffolk Mental Health Partnership Trust. Seven patients have been recruited thus far in Norfolk and five patients in Suffolk. As the study has approval in South Essex Partnership Trust it was recently confirmed the hub would also begin supporting recruitment in Bedford & Luton. This will initially involve identifying lead local collaborators to drive recruitment in this region. The study continues to be very beneficial in terms of building relationships with Clinicians across the network and CSO's will continue to promote the study as well as supporting Investigator set up and patient recruitment.

The EA MHRN are also working closely with the Servier study team & Dr Samar Reghunandan (Co-Investigator) to promote the CL2 study to teams in Peterborough and Huntingdon. Moving forward the aim is to attend specific team meetings to facilitate referrals into the study. The study is also being supported by the Primary Care Research Network and is a good example of network collaboration.

The Shire Clear study: Consortium for the lifespan examination of an international, longitudinal, observational study of individuals with attention-deficit/hyperactivity disorder (ADHD) is currently awaiting CPFT R&D approval and we are excited about supporting the study in the near future. Meanwhile, the non-commercial DPIM study has recently been approved in SEPT and CSOs will be supporting the Investigators with patient recruitment. The DPIM study is currently pending CPFT R&D approval.

The Industry Trial Facilitator is continuing to raise awareness of Industry studies and build contacts across the network. Most recently a presentation titled 'Building the East Anglia Mental Health Research Network - Investigators & Industry' was delivered to Clinicians at the PEAR meeting on 10 June 2011. The presentation outlined the work of the MHRN and gave Clinicians a brief insight into the roles of Commercial Investigators and was followed by a short question & answers session. The Industry promotion work continues to progress well and the next presentation is scheduled in Norfolk at the forthcoming MAC meeting on 29 July 2011.

East Anglia Hub CSOs

Di-Jest: Linda's Recipe Corner

Goats cheese and smoked bacon salad with garlic bread

(Protocol N = 4)

Ingredients:

400gram soft goats cheese (French Chevre log or similar works well (you can buy 3-4 small portions pre-packed or a 400g portion from cheese counter)

12 rashers of streaky smoked bacon (or back bacon if preferred)

Handful of walnuts, crushed into small pieces

4 Ciabatta rolls or a ciabatta loaf (enough for a couple of slices each)

Mixed baby leaf salad (or any salad leaves of your taste) – enough for 4 people

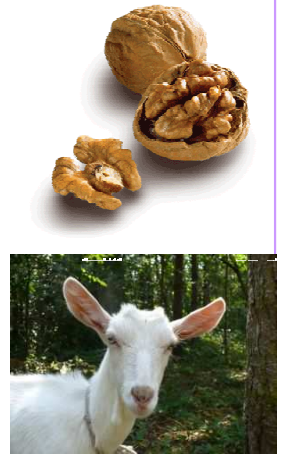
Extra Virgin Olive Oil

2 garlic gloves

Balsamic vinegar

Dijon mustard

Salt and pepper



Preheat the oven to 200°C, gas mark 6

Preheat grill at a medium heat

Make a salad dressing to set to the side: Put 3 tablespoons of the olive oil, 1 tablespoon of the vinegar, 2 teaspoons of the mustard, and a pinch of salt and pepper into a bowl and mix well with fork or whisk. Taste and add more of any of the 3 ingredients accordingly. (It can be easier to add these ingredients to a jar, close the lid and shake well)

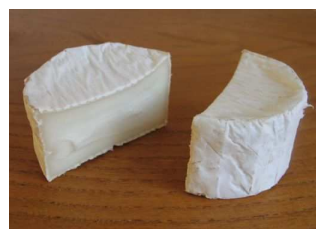
Remove any outer rind from the goats cheese if there is one. Split your goats cheese into 4 portions (if not already in portions). Shape the goats cheese into roundish patties (damp hands can help to avoid stickiness). Roll each patty in the crushed walnut pieces to give a speckled covering. Wrap each patty with 3 rashers of streaky bacon, tucking it round to cover the cheese (with back bacon you may only need 2 slices)

Put the ciabatta(s) in the oven (for about 8 minutes until golden). Place each cheese patty in a baking tray, and put under a medium grill until the bacon goes crispy on top, about 5mins. Turn them carefully to crisp the other side. While the patty is cooking, check your ciabatta and if ready, take out and put to the side to cool for a moment.

Cut the garlic gloves in half. Cut your ciabatta into slices, drizzle one side of each slice with the olive oil, and then rub the cut side of the garlic gloves onto the oiled sides of the bread. When the bacon on the patty is crispy, remove from the grill. Cheese may have oozed out of the patty – you can scrape this melted cheese up and spread on top of the patty.

Layer 4 plates with the salad and drizzle with the dressing. Place each patty in the middle of the salad. Serve the ciabatta slices in a big bowl for grabbing!.

For those who do not like goats' cheese, mini camembert or brie works equally well. Hazelnuts may be substituted for walnuts, or nuts can be left out altogether.



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 Lorna Jacobs - CSO Alison Stribling - CSO Pritpal Panesar - Industry Trial Facilitator Josephine Costello - eSO
Norwich Office	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 Sue Jones - 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	
Peterborough Office	53 Thorpe Road Peterborough PE3 6AN Tel. 01733 316701	Mariam Errington - CSO
<p style="text-align: center;">Find us on the Web: http://www.mhrn.info/pages/regional-offices.html Or email us: eastangliahub@cpft.nhs.uk</p>		