## **Research & Innovation Monthly E-bulletin**

### November 2012

Welcome to this edition of the R&I Monthly E-bulletin. This month's issue provides the usual funding opportunities, updates from our charitable partners and departmental news. If you have an item to add to December's bulletin please email it to <a href="mailto:robyn.jackson@uhbristol.nhs.uk">robyn.jackson@uhbristol.nhs.uk</a> by Monday 17<sup>th</sup> December.

### This month's message from David Wynick

As you may know the South West of England, led by Bristol, is bidding for an Academic Health Sciences Network. The timelines for the full application are short and I am pleased to announce that Mary Perkins has been seconded to work on this project with effect from Monday 19<sup>th</sup> November. This secondment coupled with her existing part-time role as Deputy Director of Bristol Health Partners, means that Mary will, in the first instance, be stepping down for the next six months as Head of Research & Innovation. Diana Benton will therefore take on the role of Acting Head of Research & Innovation. Discussions are underway as to who will act into the Operations Manager position.

I also would like to inform you all of changes to the financial management of NIHR grants. In the past, underspends against NIHR grants have been deferred at the end of each financial period and effectively carried forward to the subsequent year. With effect from April 2012, this treatment is no longer permitted.

In order to manage this change, finance needs to work closely with grant-holders to ensure that

- 1) Firm predictions regarding future spend are calculated
- 2) Spend is monitored against forecast to identify any variances
- 3) The NIHR are notified in advance if year-end variances are identified, enabling the NIHR to reflect changes in future payment profiles.

This exercise should not result in less income overall but will have the effect of delaying payments due, in recognition that the associated expenditure is behind schedule.

With best wishes
Professor David Wynick
Director of Research & Innovation

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## **R&I Departmental News**

## **NIHR 'Open Studies' Reports**

Lists of NIHR Studies (by specialty) which are open to new sites are available on the NIHR portal website:

https://portal.nihr.ac.uk/sites/ccrn/wclrn/member/Western%20CLRN%20Member%20Organisation%20Documents/Studies%20Open%20to%20New%20Sites/.

If you wish to access the lists yourself you will require a portal login (available from <a href="mike.lacey@uhbristol.nhs.uk">mike.lacey@uhbristol.nhs.uk</a> at the Western Comprehensive Local Research Network). Alternatively, please contact a member of R&I and we can provide the list for your specialty to you.

If you would like to find out more about joining a particular study please contact the R&I office for help – for Topic-specific studies (MCRN, NCRN, Stroke, Diabetes, DeNDroN, Mental Health) you will need to go via the Topic-specific network managers who may already be engaging with these studies. R&I is happy to provide contact details if you require them.

#### **Studies Open to New Sites**

The October 2012 reports detailing Portfolio studies that are seeking new sites are now available to download from the WCLRN website:

http://www.crncc.nihr.ac.uk/Resources/NIHR%20CRN%20CC/Networks/CCRN/Western/Documents/Studies%20open%20to%20new%20sites%20-%20all%20reports.zip

Please remember that all TCRN managers have asked that Trusts contact them before approaching Chief Investigators/Coordinators of studies identified in the reports as there may be an existing history of engagement with these studies by the networks.

# **Update from Above & Beyond - National Diabetes Day 14th November 2012**

## Hospitals' charity Above & Beyond funds research into role of 'magic wands' in development of diabetes

Hospitals' charity Above & Beyond (<a href="www.aboveandbeyond.org.uk">www.aboveandbeyond.org.uk</a>) is delighted to have funded an important study to gather data on whether patients newly diagnosed with diabetes may be deficient in micro-nutrients. The investigators of this study are: Karen Coulman, NIHR Doctoral Research Fellow/Research Dietician, University of Bristol, Dr Rob Andrews, Consultant Senior Lecturer, University of Bristol and Dr Graham Bayly Consultant Biochemist, University Hospitals Bristol.

The World Health Organisation defines micro-nutrients as substances needed only in miniscule amounts that are "the 'magic wands' that enable the body to produce enzymes, hormones and other substances essential for proper growth and development. As tiny as the amounts are, however, the consequences of their absence are severe. Iodine, vitamin A and iron are most important in global public health terms; their lack represents a major threat to the health and

development of populations the world over, particularly children and pregnant women in low-income countries".

There are 2.9 million people diagnosed with diabetes in the UK. While patients who have had the condition for a number of years have been found to be low in a variety of micro-nutrients, it is not yet known whether the same may be true for newly diagnosed patients. This study is also exploring whether levels of micro-nutrients change with time, or are influenced by lifestyle advice. It sets out to assess the micronutrient status of a subset of patients recruited into a randomised trial, investigating the effects of diet and exercise on patients newly diagnosed with type 2 diabetes — which accounts for between 85 and 95% of all people with the condition. This work is ongoing but has already contributed to a National Institute of Health Research doctoral training research fellowship application and a PhD project.

Sarah Talbot-Williams, Chief Executive at Above & Beyond explains:

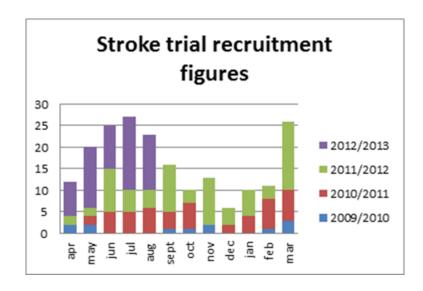
"Our charity is committed to doing all we can to support research into a range of health conditions affecting people of all ages being carried out by clinicians at University Hospitals Bristol. "We look forward to learning the outcomes of this important study into a disease affecting increasing numbers of people in the UK - and were delighted to be able to provide funding towards the work being carried out by researchers in this field, which will help inform understanding of the condition."

Each year Above & Beyond invests some £3m in projects - including research studies - that make a real difference to patient care in our city. To find out more about the work of the charity to raise funds for all Bristol's nine central hospitals and get involved, please go to <a href="https://www.aboveandbeyond.org.uk">www.aboveandbeyond.org.uk</a> or contact the fundraising team on t: 0117 927 7120 or e: <a href="mailto:fundraising@aboveandbeyond.org.uk">fundraising@aboveandbeyond.org.uk</a>

## FEATURE - Stroke Research at UH Bristol

Introduction of the FAST (Face, Arm, Speech, Time to call 999) campaign in February 2009 had a huge impact on public understanding of stroke, increasing awareness that stroke is a medical emergency and that "Time is Brain".

Stroke research started at UH Bristol in September 2008 with the help of funding from the Stroke Research Network (SRN) with one nurse and one study: "CLOTS: evaluating the effectiveness of compression stockings in the prevention of deep vein thrombosis". Progress over the next three years saw increased recruitment and development of a further 9 studies. This activity led to a successful application for funding for a part-time study coordinator in July 2011, then in January 2012 a part time research nurse.



The stroke research portfolio covers a broad range of observational and interventional studies all carefully selected to suit the clinical area and patient population, over 200 patients are now involved in stroke research at UH Bristol with 82 recruited in this financial year so far.

SOS – The Stroke Oxygen Study continues to be successful at UH Bristol; an interventional study that requires patients to be recruited within 24 hours of hospital admission and randomised to one of 3 oxygen treatments. 130 patients have taken part since it opened in 2010. We have been the highest recruiting centre regionally and nationally several times.

Both research nurses have extensive stroke experience and are based close to the ward. They meet at least 90% of stroke admissions on arrival as this has a positive impact for several reasons:

- Early recruitment and initiation of study intervention
- Information and support for the patient and their significant others
- Early recognition of deterioration/hospital events which leads to timely event reporting (and possible prevention or treatment of reversible causes)
- Interest from other patients asking "what we do" people seeing positive involvement in research has led to recruitment in some cases
- Retention no study withdrawals to date
- Reliable questionnaire return and follow-up based on excellent patient relationships.

#### Time to Target

FACE TIA: the stroke team expressed a keen interest in this study and felt sure it would be successful on the stroke unit and in the TIA clinic. The neurological symptoms associated with Transient Ischemic Attack (TIA), also known as mini-stroke, should persist for no longer than 24 hours. However little is known about the long-term impact of TIA on patient reported outcomes such as mood, quality of life and return to usual activities/social life. The aim of this study is to investigate whether or not patients have depressed mood, and/or residual functional or cognitive problems that adversely influence their day to day living, after being diagnosed with TIA. The study will also examine the costs associated with TIA, including personal economic losses e.g. time off work due to illness, and health and social care service provision. This study was opened within a week of approval and recruited its first two patients within 12 hours. The team feel that having a single point of contact in the R&I department helped enormously. Currently 45 people are taking part in this study.

CROMIS 2 – Clinical Relevance of Microbleeds in Stroke: this study examines the presence of cerebral microbleeds (CMB's) to help predict the risk of intracerebral haemorrhage (ICH) in patients who are anticoagulated following stroke secondary to atrial fibrillation and asks: Do the number and distribution of CMB's at baseline influence the risk of ICH in selected patients? CROMIS 2 will also recruit patients with primary ICH and collect DNA to increase the power of the genetic studies. The team collect clinical and imaging data from these ICH cases to investigate risk factors associated with anticoagulant-related ICH compared to non-anticoagulant-related cases. The UH Bristol site for this study was initiated on 23<sup>rd</sup> July and the first patient was recruited after 2 weeks.

The team have been highly congratulated by the R&I department for their fantastic work but maintain that their primary focus remains the same: excellent patient care and high quality data.

## **Celebrating Successes**

### E-VENT recruits its first patient!

This study is looking into the effects of electrical muscle stimulation on muscle mass, strength and function in patients receiving mechanical ventilation. Survival rates from ICU are continually improving but increasingly the physical legacy of a period of critical illness is becoming more apparent. Muscle weakness is profound and may persist for years, impacting on function, morbidity and quality of life. Investigating the potential of electrical muscle stimulation to attenuate muscle atrophy and functional decline addresses a clinical question important to patients, their carers and clinicians. Within a year of being awarded grant funding for this project it has recruited its first patient. A big congratulations to the team working on this project.

## **Upcoming Events**

### School of Social and Community Medicine Research Seminars at the University of Bristol

22<sup>nd</sup> November 2012 – Measuring and Managing High Blood Pressure in Primary Care – Can Patients Do It Better?

29<sup>th</sup> November 2012 – Improving the Quality of Food Assessment in Epidemiology

For more information and other seminars please visit <a href="http://www.bris.ac.uk/social-community-medicine/seminars/">http://www.bris.ac.uk/social-community-medicine/seminars/</a>

## CRICBristol Open Day - 19th November 2012

CRICBristol will be hosting an open day on Monday 19<sup>th</sup> November 2012, 9am to 5pm, at the CRIC building, 60 St Michael's Hill. They are inviting colleagues in healthcare and academia, and anyone who is interested in finding out more about CRIC, to attend. This will be an excellent opportunity to:

- Tour the facilities
- Find out about the background of CRICBristol and its future direction
- Have preliminary discussions with CRIC experts about how you could use these facilities to support your research

Refreshments will be available throughout the day. There will be guided tours scheduled throughout the morning and afternoon. There will also be an opportunity to meet CRICBristol staff between 12pm and 2pm, to ask any questions you may have about undertaking a research project in CRICBristol. Full details, and to book a guided tour, please visit <a href="http://www.bris.ac.uk/cricbristol/news/2012/13.html">http://www.bris.ac.uk/cricbristol/news/2012/13.html</a>

## Cardiovascular Speciality Group Research Day – 26<sup>th</sup> November 2012, Royal Bournemouth Hospital

This event is being hosted by the Western Comprehensive Local Research Network (WCLRN) from 9:30am-3:30pm. The aims of the day are to:

- Launch of the CV sub-specialities
- Showcase research successes and share best practice between the three South West networks (Western, Peninsula and Hampshire & Isle of Wight)
- A commercial and non-commercial networking opportunity

For further details and copies of the agenda please contact <u>donnaburnham@nhs.net</u> or on 0117 342 1376. To book online please visit

http://www.crncc.nihr.ac.uk/about\_us/ccrn/western/news/cvsgresearchday

## **Grants and Upcoming Awards**

## Funding Opportunities with the Health Services and Delivery Research (HS&DR) Programme

#### Commissioned call for proposals

Applicants are invited to submit proposals on the following commissioning briefs by **1pm on 17 January 2013.** 

<u>12/177</u> - New research on community hospitals – activity, appropriateness and cost-effectiveness <u>12/178</u> - Evaluating interventions to identify and reduce avoidable mortality in hospitals The commissioning briefs, application forms and guidance notes for these topics are all available on the HS&DR Programme website.

## **Funding Opportunities with the Health Technology Assessment Programme**

The <u>HTA Programme</u> produces independent research information about the effectiveness, costs and broader impact of healthcare treatments and tests for those who plan, provide or receive care in the NHS.

#### New calls for research this month:

1: The broader brief - a new way of commissioning:

The HTA Programme is launching a new initiative to potentially commission a number of varied research proposals under the same research brief. Our first 'broader brief' to be advertised is in the field of sciatica. Please contact the programme (<a href="https://

<u>Primary Research</u> – Two stage outline to full proposal

**12/201** Management of sciatica (lumbosacral radiculopathy) and suspected sciatica

The deadline for broader brief submissions is **1pm on Friday 1 February 2013.**Applicants will be advised as to whether their outline applications have been shortlisted in **March 2013** 

### 2: Changes for 2013

As previously highlighted in our bulletins, the HTA Programme will have calls with different closing dates over the next 12 months as we move to three research calls and board meetings per year from four, whilst still advertising the same volume of commissioning briefs. Below are the new calls laid out by closing date, and there are also a number of calls already open on our webpage.

3: New calls this month

Submission deadline: 1pm on Tuesday 18 December 2012.

<u>Evidence Synthesis</u> – Single stage full proposal

<u>12/187</u> Integrated multi-agency treatment interventions for substance abusing parents or carers and their children

<u>12/203</u> What are the impacts and likely impacts of Cochrane Reviews published over the past five years by Cochrane Review Groups (CRGs) that are supported by the NIHR?

<u>Primary Research</u> – Two stage outline to full proposal

- 12/189 Enhanced care for new onset depression after a cardiac event
- **12/196** Rehabilitation after joint replacement of the knee for chronic arthropathy
- 12/200 Dressings for the prevention of surgical site infection
- 12/202 Sound therapy plus counselling for tinnitus

Evidence Synthesis applicants will be advised as to whether their applications have been recommended for funding in April 2013 for applications to 12/187 and February 2013 for applications to 12/203.

Primary Research applicants will be advised as to whether their outline applications have been shortlisted in **March 2013.** 

Application forms and all associated documents for all commissioned calls are available on the <u>HTA Programme website.</u>

Submission deadline: 1pm on Thursday 2 May 2013.

Primary Research – Two stage outline to full proposal

- 12/185 Pre-conception care for women with diabetes
- 12/186 Treatments for severe chronic hand eczema
- **12/188** Self-management of pain relief, nausea and constipation for patients approaching the end of life
- **12/190** Cognitive rehabilitation for people with multiple sclerosis
- 12/191 Sexual risk reduction interventions for patients attending sexual health clinics
- **12/192** Home-based health promotion interventions for vulnerable older people
- 12/193 CTI and MRI for women with ovarian cancer
- **12/194** Psychoeducational support for parents with personality disorders who have children with severe emotional and behavioural problems

**12/195** Validation of a risk prediction model for ocular hypertension

**12/197** Treating bedwetting in children

12/199 Complex decongestive therapy for women with breast-cancer related lymphoedema of the arm

Applicants will be advised as to whether their outline applications have been shortlisted in **July 2013** 

Application forms and all associated documents for all commissioned calls are available on the HTA Programme website.

For any further enquiries please contact the HTA Commissioning team: 023 8059 5621 or htacmsng@southampton.ac.uk

#### 4: Other HTA programme calls for research

Please note our researcher-led call is currently open and welcomes proposals in any area within remit of the programme. Please visit the <a href="https://example.com/

## Wellcome Trust Clinical Primers Scheme – Applicants Deadline 12<sup>th</sup> December 2012

This scheme will begin in 2013. Supported by a Wellcome Trust 'Institutional Strategic Support Fund' award, the Scheme is aimed at clinical graduates. Successful candidates will undertake six months of biomedical research "primer" projects at the University of Bristol, with a view to preparing them up for a PhD fellowship application.

This scheme will be advertised in the Lancet and the BMJ (Clinical Research) from the 10<sup>th</sup> of November and we ask that you encourage strong potential candidates to apply. Interviews are expected to be held late in January 2013. Please note that in contrast to the 2012 scheme candidates will be matched to projects and supervisors after shortlisting.

Applicants must be fully qualified medical doctors, entitled to work within the European Economic Area and will have started, or be ready to start, their specialist training (in which case the project will be undertaken as an out of program module). Projects will be interdisciplinary in nature and so will be co-supervised by clinical and non-clinical members of staff. The training period if negotiable (range 3-6 months) and will allow time for one clinical session per week, if applicable. To apply please visit

http://www.bristol.ac.uk/red/development/opportunities/currentcallinfo.html#wtclinicalprimer or for queries please email wellcome-admin@bristol.ac.uk

### Health Foundation Funding: Insight open call for Original Research Ideas

*Insight* invites researchers to submit research proposals that will provide new knowledge on patient safety and patient-clinician relationships. The aim is to support high quality original research in the areas where:

- There is potential for the greatest impact
- There is a need to develop the evidence for improvement
- The findings are most likely to inspire improvement in the quality of care

For the guidance notes and to submit a proposal please visit: <a href="http://www.health.org.uk/areas-of-work/get-involved/insight-our-open-call-for-original-research-ideas/">http://www.health.org.uk/areas-of-work/get-involved/insight-our-open-call-for-original-research-ideas/</a>

## **Training Opportunities**

## WCLRN Valid Informed Consent Training – 21st November 2012

This course is designed to give delegates an introduction to, and an understanding of the principles of valid informed consent process with patients/participants around clinical trials on a regular basis. Preference will be given to those staff.

The course will take place on 21<sup>st</sup> November 2012 at Whitefriars, Bristol. To register please email donnaburnham@nhs.net for a booking form.

## WCLRN Dry Ice Training – 20<sup>th</sup> February 2013, Bristol, 1pm-4:30pm

This course is being held at the Education Centre and is aimed at clinical research staff preparing or working on NIHR adopted studies who will be dealing with dry ice. Preference will be given to those staff. The objectives of the course are to review the legislation, safe handling and disposal of dry ice and be provided with a standard operating procedure. Workshop contents include:

- Risk assessments and controlling risks
- Properties of dry ice
- Hazard identification and control
- Storage
- Handling
- Use
- Disposal of product and packaging
- Transportation and dispatch of dry ice
- Packaging, labelling and dispatch of biological materials
- General precautions
- First Aid
- Written test
- Questions

For a booking form and any queries please contact <a href="mailto:donnaburnham@nhs.net">donnaburnham@nhs.net</a>